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- K2 is a powerful cofactor for transporting excess calcium away from arteries and into bones*
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WELLNESS & PREVENTATIVE CARE

In addition to the results from our annual Salary & Expense Survey in this issue, wellness and preventative care takes center stage, featuring articles on creating time as a wellness DC, personalized nutrition for patients, nutritional testing, some startling stats on the "sleep pandemic" experienced by many patients, and much more.

F4CP releases ‘Guiding a Natural, Safer Care Journey’ white paper

To celebrate Patient Experience Week in April, the Foundation for Chiropractic Progress (F4CP) released the white paper “Guiding a Natural, Safer Care Journey” that highlights the numerous ways that chiropractic care enhances the patient experience.

Americans are increasingly seeking natural, drug-free methods to manage their pain — yet despite patient preferences and clinical guidelines recommending non-drug pain management as a first-line care pathway, many physicians still tend to initially prescribe opioids or other prescription drugs.

Educating other providers in the referral network, such as medical primary care physicians, orthopedic physicians, and physical and occupational therapists, can help more of their patients experience pain relief and satisfaction with their care without the risk of opioids or other pharmacologic interventions.

To download the white paper, go to f4cp.org.

Researchers call for new health guidelines to treat female patients

Women with obesity, hypertension and diabetes can present differently than male patients, and researchers from the University of Colorado (CU) Anschutz Medical Campus have presented a paper expressing a need for new, sex-specific health care guidelines for treating women.

The paper, published in the Journal of the American College of Cardiology, points to women being excluded from the majority of research studies up until the 1990s for chronic illnesses and the risk factors that contribute to them. The research that has been conducted on women’s health has focused primarily on diseases in regard to fertility and reproduction.

The paper argues that research is needed to understand how risk factors affect the female body in order to optimize prevention and treatment.

“We are currently using the same guidelines for both men and women,” the paper’s authors said in a statement. “However, we do not have the evidence we need to know if this is justified in all disease states.”

Sex and gender, the authors argue, should be incorporated into clinical trials to ensure the results apply to all patients, and that guidelines for treating women with chronic conditions require more study.

Osteoporosis Awareness and Prevention Month

Promoting exercise to maximize bone health is the theme for Osteoporosis Awareness and Prevention Month in May, commemorated by the Bone Health and Osteoporosis Foundation (BHOF).

While seniors are in the spotlight concerning osteoporosis, “Parents need to start thinking about ensuring that their kids get enough bone-building activities early in their lives,” according to the BHOF, to prevent osteoporosis and fractures later in life. Peak bone mass — the strongest and densest bone an individual can achieve — is reached in the early to mid-20s. Regular exercise and a strong diet with appropriate amounts of calcium and vitamin D are key.

Approximately 10 million Americans age 50 and above have osteoporosis, and another 44 million have low bone density, an opportunity to start a conversation with patients of any age.

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Richard Vach
EDITOR-IN-CHIEF
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† For a complete copy of the TruEase® Clinical Trial Study, visit trugen3.com/truease.
Brandon Curry named Chiropractic Assistant of the Year

During Parker Seminars Las Vegas 2022 in February, Brandon Curry, the community outreach coordinator and chiropractic assistant (CA) at Advanced Spine and Sports Care in Chicago, Ill., received the CA of the Year award.

After starting his career as a licensed massage therapist in November of 2016, Curry attended Parker University, starting this coming fall, to become a DC. One of his biggest career aspirations is to introduce chiropractic to underserved areas.

"After I received the award, I was approached by many people who shared their connection to my story. I want to continue to be that source of inspiration to kids growing up in underserved communities," he says.

ChiroEco.com/bcurry

Study shows how obesity can rewire the immune system and response to immunotherapy

When mice with atopic dermatitis — a common type of allergic skin inflammation — were treated with drugs that target the immune system, their skin generally heals quickly. But scientists in a study have discovered that the same treatment studied in obese mice makes their skin worse instead; obesity and its impacts change the molecular underpinnings of allergic inflammation.

The findings of the study, reported in the journal Nature, shed light on how obesity can change and limit the function of the immune system and, potentially, how clinicians might be able to better treat allergies and asthma in obese people.

ChiroEco.com/obese-immune

Exercise shown to release protein reducing bowel cancer risk

Experts have identified how exercise can lower the risks for patients of getting bowel cancer and slow the growth of tumors. Scientists at Newcastle University have shown that physical activity causes the cancer-fighting protein interleukin-6 (IL-6) to be released into the bloodstream, which then repairs the DNA of damaged cells.

The small-scale study involved analyzing the blood samples of 16 men aged 50-80, all of whom had lifestyle risk factors for bowel cancer.

"Physical activity of any type, and any duration, can improve health and reduce bowel cancer risk, but more is always better," said study author Sam Orange, PhD.

ScienceDaily.com

How good is Facebook at targeting interests?

Recent research from North Carolina State University offers insight into why Facebook’s targeted advertising can sometimes be more like a wild pitch. Researchers already knew Facebook creates interest profiles for users based on each user's activities, but the new study finds this process doesn't seem to account for the context of these activities.

"For example, if you posted something about how much you dislike green cheese, the algorithm Facebook uses to infer your interests would likely notice that you shared something about green cheese," says Aafaq Sabir, lead author of a paper on the work and a PhD student at NC State. "But Facebook's algorithm wouldn't register the context of your post: that you do not like green cheese. As a result, you may start getting targeted ads for green cheese."

Facebook has been open about targeting advertising to individual users based on each user's interests. It has also made clear that it infers a user's interests based on that person's activities. However, it hadn't been clear exactly how that process works.

"The implications of inferring inaccurate interests on one of the largest social media platforms in the world are significant in two ways," says Anupam Das, co-author of the paper and an assistant professor of computer science at NC State. "This inaccuracy has both economic ramifications — since it is reflected in the effectiveness of paid ads — and privacy ramifications, since it raises the possibility of inaccurate data being shared about individuals across multiple platforms."

For more information about the Facebook studies, visit news.ncsu.edu.

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SCHOOL NEWS

F4CP, NCMIC, Foot Levelers partner to provide New Graduate Practitioner Toolkit for chiropractors

The Foundation for Chiropractic Progress (F4CP), a not-for-profit organization dedicated to educating the public about the value of chiropractic care, has collaborated with long-time supporters NCMIC and Foot Levelers to produce a New Graduate Practitioner Toolkit.

The toolkit will be distributed to the partnering chiropractic colleges to be given to their graduating students. It is designed for graduating students and includes materials such as: the DCR 1.0, the Chiropractic Assistant Handbook, and the New Practitioner Guide.

In addition to these resources, the new graduate students are also awarded a free one-year F4CP membership. The New Graduate Practitioner Toolkit is available now for 2022 graduating students.

“We are thrilled to collaborate with the foundation on a project that supports chiropractic students,” said Mike McCoy, CEO, NCMIC. “Upon entering the profession, there is nothing more important than having quality resources and access to an abundance of materials that will help these graduates achieve success.”

“When given the opportunity to support graduating students who are on their way to becoming practicing doctors, we could not be happier to help,” said Kent Greenawalt, chairman, CEO, Foot Levelers.

“It is our generous donors that make it possible to support our members and new graduates,” said Sherry McAllister, DC, president, F4CP. “It is extremely important to us that these new practitioners feel they have high-quality resources necessary to begin their chiropractic journeys and we want to make sure they know that we are here to support them.”

For more information, visit f4cp.org.

CHIROPRACTIC NEWS

Doctors of chiropractic — use this form to support the Chiropractic Medicare Coverage Modernization Act

The Chiropractic Medicare Coverage Modernization Act (H.R. 2654) would allow Medicare beneficiaries access to the chiropractic profession’s broad-based, non-drug approach to pain management, which includes manual manipulation of the spine and extremities, evaluation and management services, diagnostic imaging and utilization of other non-drug approaches that have become an important strategy in national efforts to stem the epidemic of prescription opioid overuse and abuse.

H.R. 2654:

• Provides patient access to all Medicare-covered benefits allowable under a chiropractor’s state licensure.
• Requires that DCs complete a documentation webinar.
• Appropriately defines a doctor of chiropractic (DC) as a “physician” in the Medicare program.
• Is bipartisan legislation, introduced by 16 cosponsors from both political parties.

For doctors of chiropractic to support H.R. 2654, fill out this automated form at votervoice.net/ACA/Campaigns/84139/Respond.
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As COVID-19 infection rates continue to fluctuate, medical experts, economists and business leaders are focusing greater attention on Long COVID. A new white paper, “Long Covid’s Impact on Adult Americans: Early Indicators Estimating Prevalence and Cost,” uses mathematical models to estimate the magnitude of this public health crisis on national and state levels.

The paper was produced by the Solve Long Covid Initiative. Among the key findings, it is estimated that:

- 22 million U.S. adults are living with Long COVID (LC) — close to 7% of the population.
- 7 million are experiencing Disabling Long COVID (DLC) — 2.3% of the population.
- As of January 2022, the cumulative cost of LC is estimated at more than $386 billion. (This estimate includes lost wages, lost savings and medical expenses incurred by individuals. It does not include costs incurred by businesses or government agencies.)
- California has the highest number of cases of all 50 states, with more than 2.4 million LC cases and 817,000 DLC cases. Cumulative personal financial burden is estimated at $43.2 billion.
- Nearly 1% of Americans, or about 3.31 million people, reported that they have never had a health checkup in their life. (Source: Business Insider)

Americans use preventative health care “at about half the recommended rate.” (Source: CDC)

Chronic diseases, such as heart disease, cancer and diabetes, are responsible for 70% of deaths among Americans each year. (Source: CDC)

Nearly half of all U.S. adults have high blood pressure. (Source: Heart.org)

As COVID-19 infection rates continue to fluctuate, medical experts, economists and business leaders are focusing greater attention on Long COVID. A new white paper, “Long Covid’s Impact on Adult Americans: Early Indicators Estimating Prevalence and Cost,” uses mathematical models to estimate the magnitude of this public health crisis on national and state levels.

The paper was produced by the Solve Long Covid Initiative. Among the key findings, it is estimated that:

- 22 million U.S. adults are living with Long COVID (LC) — close to 7% of the population.
- 7 million are experiencing Disabling Long COVID (DLC) — 2.3% of the population.
- As of January 2022, the cumulative cost of LC is estimated at more than $386 billion. (This estimate includes lost wages, lost savings and medical expenses incurred by individuals. It does not include costs incurred by businesses or government agencies.)
- California has the highest number of cases of all 50 states, with more than 2.4 million LC cases and 817,000 DLC cases. Cumulative personal financial burden is estimated at $43.2 billion.

“Long Covid’s impact is profound on all facets of life, work and community, and will only intensify in the months and years ahead,” said Oved Amitay, president and CEO, Solve M.E. “Local, state and federal leaders need to establish effective programs to support people facing these life-changing conditions.” Complete statistics are available at solvecfs.org/long-covid-map.
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The ULTIMATE -1-DAY BUSINESS Training...GUARANTEED

You will LEARN in 1 Day “How-To MONETIZE” the Services that you Provide as a CHIROPRACTOR

FACT: Our Doctors Have $20,000+ Collection DAYS
Not weeks, Not months, but yes, DAYS!!!

The Date: Saturday, JULY 23rd, 2022
The Time: 9:30 am - 4:30 pm, (Includes a Gourmet Lunch)
The Location: Our CORPORATE Training Center - South Florida
The Investment: $249 per Doctor, (Includes 1 FREE Staff member)

Your Hosts: Dr. Eric Kaplan & Dr. Perry Bard

“Attending The CHIRO EVENT is the 1 thing you owe to yourself, your patients & your family”
- Dr. Carey Girgis, Ohio
(11 Spinal Decompression Tables)

“I’m now 97% cash & thanks to the CHIRO EVENT & Drs. Kaplan/Bard, I am now in a position of TOTAL control”
- Dr. Rich Lohr, Illinois
(12 Spinal Decompression Tables)

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Why we love it
DISC-GARD+ is a specially formulated vitamin and mineral supplement with other nutrients curated to work with chiropractic care, support connective tissues, ligaments and intravertebral discs. Ligament damage is one of the top causes of chronic, long-term pain and inflammation within painful joints in the spine. DISC-GARD+’s formula is designed to deliver the ideal amount of ingredients critical for bone tissues, tendons, cartilage and ligaments.

Why you should choose this product
Gluten-free DISC-GARD+ contains vitamins D, C and B-6, with calcium, magnesium, manganese, potassium and zinc, plus glucosamine HCL and MSM. It is manufactured in an FDA Registered Facility using Good Manufacturing Practices (GMPs).

For more information, visit dclabs.com.

SCHOOL NEWS
Palmer College of Chiropractic to phase out California campus

The Palmer College of Chiropractic Board of Trustees has voted unanimously to phase out the College’s West campus located in San Jose, Calif. After thoughtful consideration and as a proactive business decision, the campus will cease operations in June 2025 when its building lease expires.

“The most strategic higher-education institutions constantly evaluate changing business environments to increase the value of their degrees,” said Trevor V. Ireland, DC, chairperson of the Board of Trustees. “They review who they serve and make smart, proactive decisions focused on strengthening their institutions and wisely investing their resources.”

Palmer plans to provide current Palmer West students the opportunity to finish their degrees at Palmer West through March 2025. Eligible students also will have the option to attend Palmer College’s main campus in Davenport, Iowa, or its Port Orange, Fla., campus.

“A culmination of challenges, including the escalation of the building lease, the high cost of living, the employment market, and the college’s cost to deliver the program in California compelled the decision to phase out the West campus,” said Ireland. “This difficult decision was made after thorough due diligence.”

“Palmer College leads the chiropractic profession and sets the standard for real-world preparation for successful careers in chiropractic,” said Dennis Marchiori, DC, PhD, Palmer College chancellor and CEO. “We are confident the needs of current and future students are best served by focusing on the unparalleled opportunities that exist on Palmer’s main and Florida campuses.”

Large investments have been and continue to be made to enrich student life and learning opportunities at the Iowa and Florida campuses. The institution combines a rich history with forward-thinking, state-of-the art facilities and educational practices.

“By adjusting our on-campus offerings at our two flourishing locations, Palmer is better equipped to meet its mission of educating students in the science, art and philosophy of chiropractic today and well into the future, maintaining our role as the trusted leader in chiropractic education,” Marchiori said.

For more information, visit palmer.edu.

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Wellness Essentials from Metagenics is comprehensive nutritional support in convenient packets, delivering three specialized Metagenics formulas in two convenient packets daily.

It’s designed to promote overall health, as well as provide gentle, daily support for metabolic detoxification to help men and women keep feeling their best.*

Features:
• Helps eliminate the guesswork and confusion regarding daily foundation nutrition
• Offers high-quality vitamin and mineral nutrition designed for easier absorption
• Supplies purity-tested omega-3 fatty acids to support a positive mood and cardiovascular health
• Provides nutritional factors that enhance the removal of undesirable compounds from the body

For more info, go to metagenics.com.

* These statements have not been evaluated by the Food and Drug Administration. This product is not intended to diagnose, treat, cure or prevent any disease.
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The Only Non-invasive Laser FDA Approved, IRB and Clinically Proven for Fat Reduction, Weight Reduction, and Inch Loss.

“We followed the plan with exactly what they said and they came out in 2.5 days. We smashed the record—we did $70,000 in cash sales.”
—Laura Dempsey, Premiere Health & Wellness Center

“We are just finishing up our last day of our invisa-RED demo days. So far I’m completely blown away—we’ve done over $30,000!”
—Angela Cox, Anthony Medical & Chiropractic Center

“In the last three days we had an average inch loss of 2.32 inches from all of the patients and we collected a total of $36,000. Stephen and his crew did an amazing job taking care of us and making sure that we knew what we were doing by the time they left. I just can’t say enough great things about them. They’re amazing at the work that they do. They’ve really helped our clinic.”
—Christopher Blaha, Motion Medical Center

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Deliver REAL Results

The Only Non-invasive Laser FDA Approved, IRB and Clinically Proven for Fat Reduction, Weight Reduction, and Inch Loss.

Success as of April 2022:

- **585,882** Inch Loss
- **1,363,744** Pounds Lost
- **64,600** Successful Patients

**TECHNOLOGY**

- 15 Minute Treatment (Unattended)
- Burns Up To 1 lb. of Fat Per Session
- Instant Results
- 4 Patients Per Hour
- Performed by Non-medical Technician
- Non-invasive Class II Device
- Dual Coherent Laser (680nm / 980nm)
- Photobleaching (Variable Pulse)
- Cellular Respiration / ATP Synthesis
- Increase Lymphatic Health / Detoxification

**CLINICAL STUDY**

**Type:** FDA, IRB Approved (NCT03811093)

**Double Blind Timeline:** 3 weeks, 9 treatments per patient

**Sample Size:** 800

**Diet and Exercise:** None

**Outcome Measures:**
- 95% Confidence Interval
- Body Fat % Lost: 1.24% to 2.82% (1.75% avg.)
- Pounds of Body Fat Lost: 2.33 to 6.60 lbs. (4.53 lbs. avg.)
- Fat Energy Metabolized per Treatment: 1,761.66 calories avg.
- Inches Lost: 8.13 to 12.20 inches (10.16 inches avg.)
- Adverse Reactions: 0
- Success Rate: 100%
- P-Value: 0.01%

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ON THE REBOUND

DC practice numbers are on the way back up as post-pandemic life starts to take shape

BY ALLISON M. PAYNE
TIME TO READ: 19-20 MIN.

WHEN THIS YEAR'S SURVEY WAS RELEASED, MOST OF THE AMERICANS WHO WANTED THE COVID-19 VACCINE HAD RECEIVED IT, AND MANY WERE TAKING A BOOSTER SHOT — and while the Omicron variant of the virus was still out there, most health care providers, including chiropractors, were operating in a “business as usual” manner. Finally, Americans seemed to feel confident in returning to a near-normal life in a post-pandemic world. For chiropractic, this has meant good news.

Information we received via our survey showed some very steady upticks across the board — on average, billings, collections, salaries and total chiropractor compensation have all gone up, as has spending on things like office space and advertising. Last year these numbers showed ups and downs, but this year the trend is a steady rise.

Over the last few years, the traditional gender gap of 80/20 between male and female chiropractors has narrowed, with a small dip last year we attributed to women who had had to leave the workforce due to dealing with the pandemic — studies had shown that women were largely in charge of educating children and other pandemic-related responsibilities. This year the percentage of women responding to our survey rose to 27%, narrowing that roughly 80/20 gap. When it comes to chiropractic school enrollees, an almost 50/50 split between males and females persists.

There is strength in numbers, as chiropractors have been increasingly joining forces with other health care providers to bolster patient satisfaction as well as manage cost savings. Approximately 44% of DCs said they have employed a massage therapist as part of their practice (a big jump from last year), followed by 16% of chiropractors who have employed an acupuncturist and 11% who employ a fitness trainer.

Our 25th Annual Salary & Expense Survey suggests that last year’s dips (such as massage, which took a large pandemic hit) have been, as we predicted, temporary, most likely an inevitable impact from the coronavirus pandemic that has faded as patients have resumed their regular health care habits in the new normal.

Gender and salary

From an all-time high of 28% female in 2020 and a drop last year to 25%, the percentage of female chiropractors in the survey...
About this survey

Our 25th Salary and Expense Survey had 409 participants responding to an anonymous, confidential web-based questionnaire. During March and April 2022, Chiropractic Economics magazine invited practicing chiropractors (and CAs on their behalf) to complete the yearly survey.

We extended the invitation by email as well as through announcements in our e-newsletters and social networking sites. Additionally, we encouraged a number of state, national and alumni associations to distribute the survey to their members.

**Regional representation** — Our response to this year’s survey was wide-ranging, with participants from 43 states. The regional breakdown is as follows: Midwest, 28%; South, 35%; East, 14%; and West, 23.

rebounded this year to 27%. Female chiropractors had been largely impacted during COVID-19 shutdowns in terms of job losses or leaving employment to care for families and other duties. Females’ salaries increased this year — but what hasn’t changed is the discrepancy in salaries between male and female DCs. Male chiropractors still report more income than females — significantly more. This year, males made $165,000 while females reported $105,000. In last year’s survey, total compensation for men came in at about $161,500, while female chiropractors’ total compensation weighed in at only $80,039; and in 2020 those numbers were $153,000 and $104,000, respectively. So, while the number of female chiropractors has seen mostly growth over the last few years, they remain consistently behind their male counterparts in terms of earnings, even at times when overall earnings are on the rise.

The challenge of diversity in chiropractic

Last year, given increased national attention to issues of race and diversity, we added a new question: Are you a minority-owned practice or do you work for a minority-owned practice? This year we hoped our responses would reflect changes from last year’s stark divide of 15% minority-owned to 85% non-minority-owned practices. It didn’t happen. This year showed 87% non-minority-owned practices.

**Where do we go from here?**

Most chiropractors’ incomes and earnings have increased modestly but significantly; however, our average respondent reported seeing 142 patients per week — a decrease from last year’s average of 168. This may be a lingering pandemic effect as practices build back up to pre-COVID-19 levels, or, as suggested by the overall increased revenue, that patients are simply purchasing more products and services per visit.

**Statistics** — You will find references to averages (or means) in this year’s survey. Reader feedback has indicated that the survey is better understood by only stating averages. The average is the number calculated by dividing the total by the number in the set — an arithmetic average.

### 3-Year Comparison of Respondent Information

#### Personal Characteristics

<table>
<thead>
<tr>
<th>Year</th>
<th>2022</th>
<th>2021</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Age</td>
<td>52.7</td>
<td>52.1</td>
<td>48.6</td>
</tr>
<tr>
<td>Male</td>
<td>71.3%</td>
<td>74.6%</td>
<td>71.8%</td>
</tr>
<tr>
<td>Female</td>
<td>27.3%</td>
<td>25.1%</td>
<td>28.2%</td>
</tr>
<tr>
<td>Years in Practice</td>
<td>12.7</td>
<td>17.2</td>
<td>18.2</td>
</tr>
<tr>
<td>Solo Practitioner</td>
<td>66.8%</td>
<td>62.7%</td>
<td>56.8%</td>
</tr>
<tr>
<td>Group Practitioner/Partner</td>
<td>23.2%</td>
<td>22.3%</td>
<td>23.9%</td>
</tr>
<tr>
<td>Associate</td>
<td>9.2%</td>
<td>10%</td>
<td>14.6%</td>
</tr>
<tr>
<td>Franchise Owner</td>
<td>1.3%</td>
<td>1%</td>
<td>0.7%</td>
</tr>
</tbody>
</table>

#### Practice Characteristics

<table>
<thead>
<tr>
<th>Area</th>
<th>2022</th>
<th>2021</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suburban</td>
<td>57%</td>
<td>54%</td>
<td>55%</td>
</tr>
<tr>
<td>Urban</td>
<td>29%</td>
<td>31%</td>
<td>27%</td>
</tr>
<tr>
<td>Rural</td>
<td>14%</td>
<td>15%</td>
<td>18%</td>
</tr>
<tr>
<td>No. of Employees</td>
<td>2.5</td>
<td>2.6</td>
<td>2.8</td>
</tr>
<tr>
<td>Hours/Week in Patient Care</td>
<td>31-40</td>
<td>31-40</td>
<td>31-40</td>
</tr>
<tr>
<td>Average PVA</td>
<td>61.4</td>
<td>59.6</td>
<td>58.1</td>
</tr>
<tr>
<td>Average Patient Visits/Week</td>
<td>171</td>
<td>168</td>
<td>142</td>
</tr>
<tr>
<td>Average New Patients/Week</td>
<td>10</td>
<td>9.1</td>
<td>10.4</td>
</tr>
</tbody>
</table>

#### Income Comparisons

<table>
<thead>
<tr>
<th>Year</th>
<th>2022</th>
<th>2021</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Gross Billings</td>
<td>$664,245</td>
<td>$650,658</td>
<td>$649,369</td>
</tr>
<tr>
<td>Average Gross Collections</td>
<td>$469,209</td>
<td>$424,782</td>
<td>$448,015</td>
</tr>
<tr>
<td>Average DC Salary</td>
<td>$132,565</td>
<td>$102,444</td>
<td>$90,475</td>
</tr>
<tr>
<td>Average DC Total Comp.</td>
<td>$182,916</td>
<td>$172,859</td>
<td>$144,027</td>
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</tbody>
</table>

#### Expenses

<table>
<thead>
<tr>
<th>Item</th>
<th>2022</th>
<th>2021</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advertising</td>
<td>$11,802</td>
<td>$10,005</td>
<td>$13,155</td>
</tr>
<tr>
<td>Malpractice Insurance</td>
<td>$2,381</td>
<td>$2,469</td>
<td>$3,065</td>
</tr>
<tr>
<td>Office Lease or Mortgage</td>
<td>$33,709</td>
<td>$26,518</td>
<td>$27,315</td>
</tr>
</tbody>
</table>
The average DC profile

Our salary and expense survey attracted a wide range of doctors across the nation, with responses from practitioners between the ages of 25-87 years old, and from those who have been in practice for less than a year to 30 years or more.

By averaging the responses to many of this year’s questions, we can see what the average respondent might look like:
- Male (27% of respondents were female)
- 53 years old
- A solo practitioner (56%)
- Licensed in one state (80%)

Our average respondent:
- Owns one clinic (88%)
- Prefers to practice in the suburbs (54%)

- Sees 142 patients each week; patient-visit average (PVA) of 68
- Attracts almost 10 new patients each week
- And sees patients about 31-40 hours a week (45%)

The average respondent has:
- Average billings of $664,250 and collections of $467,800 for a reimbursement rate of 70%
- Sells products to patients for 8% of gross revenues
- Pays CAs $36,600 and himself $112,900
- And enjoys average total compensation of $181,600

Finally, this typical respondent spends roughly $33,700 per year on office leases or mortgages, $11,800 on advertising, and $2,400 on malpractice insurance.

Overview of 2022 Respondents

<table>
<thead>
<tr>
<th>Personal Characteristics</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Age</td>
<td>52.7</td>
</tr>
<tr>
<td>Male</td>
<td>71%</td>
</tr>
<tr>
<td>Female</td>
<td>27%</td>
</tr>
<tr>
<td>Years in Practice</td>
<td>12.7</td>
</tr>
<tr>
<td>Solo DC</td>
<td>67%</td>
</tr>
<tr>
<td>In a Group or Partnership</td>
<td>23%</td>
</tr>
<tr>
<td>Associate</td>
<td>15%</td>
</tr>
<tr>
<td>Independent Contractor</td>
<td>4%</td>
</tr>
<tr>
<td>Franchise Owner</td>
<td>1%</td>
</tr>
<tr>
<td>No. of State Licenses</td>
<td>1</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Clinic Characteristics</th>
<th></th>
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<tbody>
<tr>
<td>Clinics Owned</td>
<td>1.0</td>
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<tr>
<td>Urban</td>
<td>29%</td>
</tr>
<tr>
<td>Suburban</td>
<td>53.7%</td>
</tr>
<tr>
<td>Rural</td>
<td>14%</td>
</tr>
<tr>
<td>Employees</td>
<td>0-1</td>
</tr>
<tr>
<td>Average PVA</td>
<td>67.9</td>
</tr>
<tr>
<td>Average Patients/Week</td>
<td>142</td>
</tr>
<tr>
<td>Average New Patients/Week</td>
<td>9.6</td>
</tr>
<tr>
<td>Percentage Non-White Patients</td>
<td>28.6%</td>
</tr>
<tr>
<td>Cash Only</td>
<td>17.9%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Specialists In Clinic</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>LMT</td>
<td>44%</td>
</tr>
<tr>
<td>Acupuncturist</td>
<td>16%</td>
</tr>
<tr>
<td>MD/DO</td>
<td>9%</td>
</tr>
<tr>
<td>Nutritionist</td>
<td>8%</td>
</tr>
<tr>
<td>PT</td>
<td>6%</td>
</tr>
<tr>
<td>Fitness Trainer</td>
<td>11%</td>
</tr>
<tr>
<td>Other</td>
<td>7%</td>
</tr>
<tr>
<td>None</td>
<td>27%</td>
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</table>

<table>
<thead>
<tr>
<th>Income</th>
<th></th>
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<tbody>
<tr>
<td>Average Billings</td>
<td>$664,245</td>
</tr>
<tr>
<td>Range</td>
<td>$1-$3.6M</td>
</tr>
<tr>
<td>Average Collections</td>
<td>$467,793</td>
</tr>
<tr>
<td>Range</td>
<td>$1-$2.75M</td>
</tr>
<tr>
<td>% Income From Retail</td>
<td>11%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Average Salaries</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total DC Comp</td>
<td>$181,621</td>
</tr>
<tr>
<td>Average DC</td>
<td>$112,885</td>
</tr>
<tr>
<td>Average Associate</td>
<td>$63,197</td>
</tr>
<tr>
<td>Average PT</td>
<td>$57,750</td>
</tr>
<tr>
<td>Average Nutritionist</td>
<td>$17,500</td>
</tr>
<tr>
<td>Average Fitness Trainer</td>
<td>$31,506</td>
</tr>
<tr>
<td>Average CA</td>
<td>$36,571</td>
</tr>
<tr>
<td>Average LMT</td>
<td>$30,430</td>
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</table>

<table>
<thead>
<tr>
<th>Average Expenses</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Advertising</td>
<td>$11,802</td>
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<tr>
<td>Office Lease/Mortgage</td>
<td>$33,709</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Modalities Provided</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Chiropractic</td>
<td>99.3%</td>
</tr>
<tr>
<td>Instrument Adjusting</td>
<td>58.7%</td>
</tr>
<tr>
<td>Electrotherapy</td>
<td>54.9%</td>
</tr>
<tr>
<td>Exercise Programs</td>
<td>53.1%</td>
</tr>
<tr>
<td>Nutrition</td>
<td>47.3%</td>
</tr>
<tr>
<td>Kinesiology Tape</td>
<td>47.2%</td>
</tr>
<tr>
<td>PT/Rehab</td>
<td>46%</td>
</tr>
<tr>
<td>Decompression</td>
<td>28.5%</td>
</tr>
<tr>
<td>Laser Therapy</td>
<td>27.9%</td>
</tr>
<tr>
<td>Massage</td>
<td>26.7%</td>
</tr>
<tr>
<td>Acupuncture</td>
<td>19.3%</td>
</tr>
<tr>
<td>IASTM</td>
<td>18.3%</td>
</tr>
<tr>
<td>Weight-Loss Programs</td>
<td>18.3%</td>
</tr>
<tr>
<td>Homeopathy</td>
<td>8.3%</td>
</tr>
<tr>
<td>Medical Services</td>
<td>4.4%</td>
</tr>
<tr>
<td>Other</td>
<td>3.4%</td>
</tr>
</tbody>
</table>
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Billings and collections

Average collections decreased compared to last year’s numbers, while average billings rose a bit.

Average gross billings were reported at $664,244 which is an increase from last year’s $650,700. Collections were reported at $463,161, which is an increase from $424,800 in 2021.

This year’s billings and collections numbers equal an average reimbursement rate of 69%, a 4% increase over 2021. DCs appear to be billing for more overall, and receiving a slightly higher percentage of that money back than in previous years.

How do MDs compare?

As chiropractors assess their earnings and expenses, familiarity with their financial environment in the health care industry can provide valuable context to their conclusions.

Some DCs team up with MDs to create a more comprehensive practice; others consult regularly with general practitioners in their community. As such, we annually compare our salary survey to data collected by Medical Economics.

In Medical Economics’ 92nd Physician Report, published in June 2021, respondents indicated that the average salary for a family care physician was $234,000. This is sharply contrasted with specialist physicians, who typically top out at about $400,000, with cardiology and urology being the top specialties.

Comparatively, the average total compensation reported for DCs in this year’s survey was $181,600; this is up from $172,900 in 2021.

Medical Economics also reported that the highest median income came from the West and Midwest regions, but salaries for all regions were between $254,000-$290,000. They found that urban physicians earned more ($276,000) than their suburban and rural counterparts ($268,000 and $265,000, respectively).

In addition, Medical Economics found that median earnings were significantly higher for men than women, with a $70,000 gap in pay, compared to a gap of $74,000 that persisted for the prior two years’ surveys. They also noted that private-practice physicians earned $14,000 less than in the previous survey year.

To compare more statistics between chiropractors and medical doctors, visit Medical Economics at medicaleconomics.com.

How patients pay for treatment

While a DC’s true specialty lies in the ability to provide successful chiropractic care, you likely have several other income sources, such as retail, diagnostics or consulting.

DCs still report that their major source of income comes from patient chiropractic care, highlighting the dedication and commitment DCs have to their patients. About 86% reported patient treatment as their major source of income, which is the same as in 2021.

Other sources of income include retail products at 8%; diagnostic testing at 8%, and consulting at 3%.

We also asked what percent of treatment is paid for by the following: cash from patients, individual or group health insurance, Medicare, Medicaid, personal injury coverage, Workers’ Compensation, barter or trade, and other.

The majority of treatments are paid in cash (42%) or by individual or group health insurance (30%). Personal injury coverage paid 15%; Medicare paid 13%; Medicaid paid 3%; Workers’ Compensation paid 1%; and barter/trade paid for 1% of treatments.

### Sources of Income

<table>
<thead>
<tr>
<th>Sources</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Treatment</td>
<td>85.5%</td>
</tr>
<tr>
<td>Diagnostic Testing</td>
<td>8.1%</td>
</tr>
<tr>
<td>Retail</td>
<td>7.6%</td>
</tr>
<tr>
<td>Consulting</td>
<td>3.2%</td>
</tr>
<tr>
<td>Other</td>
<td>2.7%</td>
</tr>
</tbody>
</table>

### Patient Treatment

<table>
<thead>
<tr>
<th>Source</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash</td>
<td>42.4%</td>
</tr>
<tr>
<td>Insurance</td>
<td>29.7%</td>
</tr>
<tr>
<td>Personal Injury</td>
<td>14.9%</td>
</tr>
<tr>
<td>Medicare</td>
<td>12.6%</td>
</tr>
<tr>
<td>Medicaid</td>
<td>3.2%</td>
</tr>
<tr>
<td>Workers’ Comp</td>
<td>1.1%</td>
</tr>
<tr>
<td>Barter/trade</td>
<td>1.1%</td>
</tr>
<tr>
<td>Other</td>
<td>0.4%</td>
</tr>
</tbody>
</table>

### Major Practice Expenses

<table>
<thead>
<tr>
<th>Expense</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office Lease / Mortgage</td>
<td>$33,709</td>
</tr>
<tr>
<td>Advertising</td>
<td>$11,802</td>
</tr>
<tr>
<td>Malpractice Insurance</td>
<td>$2,381</td>
</tr>
</tbody>
</table>

4-Year Comparison of Average Gross Billings and Collections

<table>
<thead>
<tr>
<th>Year</th>
<th>Avg. Gross Billings</th>
<th>Avg. Gross Collections</th>
</tr>
</thead>
<tbody>
<tr>
<td>2022</td>
<td>$664,244</td>
<td>$463,161</td>
</tr>
<tr>
<td>2021</td>
<td>$650,700</td>
<td>$424,800</td>
</tr>
<tr>
<td>2020</td>
<td>$636,200</td>
<td>$412,300</td>
</tr>
<tr>
<td>2019</td>
<td>$622,700</td>
<td>$401,200</td>
</tr>
</tbody>
</table>
JOIN THE THOUSANDS OF CHIROPRACTORS THAT TRUST AND SELL L-ARGININE COMPLETE

Thanks to you, thousands of chiropractic patients have experienced the following health improvements:

- Lower blood pressure
- Less pain and numbness from peripheral neuropathy
- Lower cholesterol
- Better circulation
- Increased cardiovascular endurance
- Better sexual health

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The miracle molecule Nitric Oxide, which is a natural vasodilator, is normally produced in the body. However, due to many varying factors, most people suffer from a deficient amount of Nitric Oxide production. Science has shown that by combining certain levels of L-Arginine and L-Citrulline, we can create a Nitric Oxide boost in the body. The amounts of L-Arginine and L-Citrulline in L-Arginine Complete provides a boost of Nitric Oxide production for more than 20 hours; this dilates and relaxes the blood vessels, improving blood circulation.

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DOCTOR TESTIMONIAL

“As a natural healthcare provider for over 35 years, I’ve come to know that ‘health assurance’ is more important than ‘health insurance.’ L-arginine Complete has been an integral part of that health assurance plan for me and my patients. I continue to see dramatic pre and post blood improvement on all inflammation markers such as glucose, AIC, cortisol, homocysteine, and C-reactive protein. I’ve also now come to expect excellent improvement with patients that suffer with peripheral neuropathy, cardiovascular issues, and high blood pressure once they start taking L-arginine Complete. Many of my patients, with the blessing of their primary care physician, are no longer having to take blood pressure medication. Oh by the way, at age 68 my blood pressure is 120/78!”

– Dr. Terry M. Gibson D.C.
TheFatLossExpert.com, Chico, CA

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Solo DCs vs. group practices

This year’s survey showed a slight increase in the number of DCs practicing in groups (or partnerships) at 23%; this represents a 1% rise from last year’s 22%. However, since 2013, the number has hovered between 22-30%, showing that a fair number of DCs have found success in joining forces.

The 56% of doctors reporting as solo practitioners fell from last year’s 63%. Those indicating they were working as an associate increased this year to 16%, as did the number of franchisees at 2%.

When it comes to billings and collections, solo practices saw significant increases in both amounts this year. Solo DCs reported average billings of $429,800 and collections of $313,700, compared to average billings of $369,653 and collections of $263,737 last year.

The solo reimbursement rate was up a couple of percentage points (73% compared to 71% last year).

Group practice billings and collections fared better over solo DCs across the board, in keeping with the established trend, but reimbursement rates were slightly down this year. This year’s group billings were $1,069,270 (compared to $1,064,210 last year) and collections came in at $797,348 compared to $827,496 in 2021. The group practice reimbursement rate decreased a bit from last year, coming in at 75% from last year’s 78%.

The average total compensation for solo DCs this year was $166,800 compared to $123,850 last year. The average total compensation for a DC practicing in a group setting increased from $210,500 last year to $218,400 this year. Salaries for solo DCs averaged $94,500, a big increase from $82,500 last year, and those participating in a group practice averaged $139,300.

Note: Total compensation for unincorporated DCs is defined as earnings after tax-deductible expenses, but before income tax. For DCs in a professional corporation, it is the sum of salary, bonuses and retirement/profit-sharing contributions made on their behalf.

Solo practices spent $2,400 on insurance (an increase from last year’s $2,045), and $11,800 on advertising. Group practices spent more on insurance than last year ($3,800 compared to $3,600 in 2021). They also spent $21,225 on advertising, almost the same as the $21,000 they spent in 2021.

Group practices are spending more this year on office space, too, at $50,000 compared to $42,700 last year. Solo practices spent a lot more on office space this year at $33,700, compared to last year’s $20,750.

Comparison of Solo & Group Practices

<table>
<thead>
<tr>
<th>Clinic Label</th>
<th>Solo</th>
<th>Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinic</td>
<td>62.7%</td>
<td>58.1%</td>
</tr>
<tr>
<td>Wellness Center</td>
<td>24.3%</td>
<td>22.4%</td>
</tr>
<tr>
<td>Medical Spa</td>
<td>0%</td>
<td>0.7%</td>
</tr>
<tr>
<td>Rehab Center</td>
<td>5.8%</td>
<td>21.1%</td>
</tr>
<tr>
<td>Franchise</td>
<td>1.9%</td>
<td>0%</td>
</tr>
</tbody>
</table>

Clinic Statistics

<table>
<thead>
<tr>
<th>Metric</th>
<th>Solo</th>
<th>Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of Employees</td>
<td>1.7</td>
<td>2.0</td>
</tr>
<tr>
<td>No. of FT Employees</td>
<td>1.7</td>
<td>3.1</td>
</tr>
<tr>
<td>PVA</td>
<td>53.4</td>
<td>59.3</td>
</tr>
<tr>
<td>No. Patients/Week</td>
<td>115.2</td>
<td>195.1</td>
</tr>
<tr>
<td>New Patients/Week</td>
<td>6.4</td>
<td>13.7</td>
</tr>
<tr>
<td>Cash Only</td>
<td>16.4%</td>
<td>23.9%</td>
</tr>
<tr>
<td>Average Billings</td>
<td>$429,750</td>
<td>$1,069,270</td>
</tr>
<tr>
<td>Average Collections</td>
<td>$313,676</td>
<td>$797,348</td>
</tr>
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</table>

Compensation

<table>
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<th>Solo</th>
<th>Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average CA</td>
<td>$34,001</td>
<td>$42,282</td>
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<tr>
<td>Average LMT</td>
<td>$38,306</td>
<td>$36,771</td>
</tr>
<tr>
<td>Average DC</td>
<td>$94,506</td>
<td>$139,325</td>
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<tr>
<td>Average Total DC Comp.</td>
<td>$166,812</td>
<td>$218,397</td>
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Specialists Provided

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<tr>
<th>Specialist</th>
<th>Solo</th>
<th>Group</th>
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<tbody>
<tr>
<td>LMT</td>
<td>12.9%</td>
<td>6.8%</td>
</tr>
<tr>
<td>Acupuncturist</td>
<td>2.4%</td>
<td>3.4%</td>
</tr>
<tr>
<td>Nutritionist</td>
<td>4.2%</td>
<td>3.5%</td>
</tr>
<tr>
<td>PT</td>
<td>2.3%</td>
<td>6.6%</td>
</tr>
<tr>
<td>Fitness Trainer</td>
<td>1.9%</td>
<td>3.8%</td>
</tr>
<tr>
<td>MD/DO</td>
<td>1.8%</td>
<td>4.9%</td>
</tr>
<tr>
<td>Other</td>
<td>2.8%</td>
<td>1.5%</td>
</tr>
<tr>
<td>None</td>
<td>18.7%</td>
<td>3.1%</td>
</tr>
</tbody>
</table>

Expenses

<table>
<thead>
<tr>
<th>Expense</th>
<th>Solo</th>
<th>Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office Lease or Mortgage (year)</td>
<td>$33,709</td>
<td>$49,987</td>
</tr>
<tr>
<td>Advertising</td>
<td>$11,802</td>
<td>$21,225</td>
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<tr>
<td>Malpractice Insurance</td>
<td>$2,381</td>
<td>$3,842</td>
</tr>
</tbody>
</table>

Solo vs. Group: Average Billings and Collections

Solo vs. Group: Average DC Compensation
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*Based on a survey of Chiropractors, orthopedists, podiatrists, massage therapists, physical therapists, retail pharmacists, and athletic trainers (PPOS Clinical Survey).
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In response to reader requests years ago, Chiropractic Economics expanded its “integrated clinics/DCs only” breakdown to provide a more comprehensive look at the profession.

We continued that trend this year by asking respondents to indicate if they were practicing as a DC only, in an integrated clinic or in a multidisciplinary clinic. An integrated clinic includes those practices with both a DC and a medical doctor on staff. A multidisciplinary clinic is defined as having a practicing DC and any other complementary medicine practitioner on staff (e.g., acupuncturist, PT, LMT).

This year 65% reported offering chiropractic care only, approximately the same as last year; 41% said they operated as a multidisciplinary clinic, significantly more than last year; and 30% responded as an integrated clinic.

Here is a breakdown of income by clinic type:

- **Billings** — Integrated health care practices reported the highest billings ($1,400,000), while multidisciplinary practices reported billings of $715,000 and DC-only practices came in at $602,600.

- **Collections** — Likewise, integrated practices saw the highest collections ($930,400) while multidisciplinary clinics reported collections of $487,000, and DC-only practices had collections of $434,000.

- **Salaries and total compensation** — Multidisciplinary, integrated and DC-only clinics saw a range of salaries. Integrated DCs had an average salary of $108,500 annually, compared to $121,000 in 2021. Multidisciplinary clinics had an average of $116,500, and DC-only clinics had the highest salary at $134,850.

Total compensation for unincorporated DCs is defined as earnings after tax-deductible expenses, but before income taxes. For DCs in a professional corporation, it is the sum of salary, bonuses, and retirement/profit-sharing contributions made on their behalf.

Regarding total compensation, integrated DCs tied with DC-only clinics at an average of $163,000. Multidisciplinary clinics came in at $129,260.
**Types of clinics**

More practices identified as “rehab centers” this year (7.9%) than last year (5.3%). However, those clinics labeled as “wellness centers” showed a slight decrease, going from 24.6% last year to 22.5% this year. The term “medical spa” appears to have largely disappeared, as less than 1% reported that designation.

Most practices — 74.3% — identified as “clinics.”

---

**DCs vs. Integrated and Multidisciplinary Clinics: Significant Comparisons**

<table>
<thead>
<tr>
<th>Practice Type</th>
<th>Multi</th>
<th>Integrated</th>
<th>DC Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Solo</td>
<td>41.3%</td>
<td>29.6%</td>
<td>65.1%</td>
</tr>
<tr>
<td>Group/Partnership</td>
<td>31.2%</td>
<td>66.7%</td>
<td>19%</td>
</tr>
<tr>
<td>Franchisee</td>
<td>3.7%</td>
<td>0%</td>
<td>1.5%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Clinic Label</th>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Clinic</td>
<td>62.4%</td>
<td>77.8%</td>
<td>77.8%</td>
</tr>
<tr>
<td>Wellness Center</td>
<td>30.3%</td>
<td>13.7%</td>
<td>16.5%</td>
</tr>
<tr>
<td>Medical Spa</td>
<td>0%</td>
<td>1.5%</td>
<td>0%</td>
</tr>
<tr>
<td>Rehab Center</td>
<td>11.4%</td>
<td>18.5%</td>
<td>3.4%</td>
</tr>
<tr>
<td>Franchise</td>
<td>0.9%</td>
<td>0%</td>
<td>2.3%</td>
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</table>

<table>
<thead>
<tr>
<th>Location</th>
<th></th>
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<tbody>
<tr>
<td>Urban</td>
<td>32.9%</td>
<td>35.1%</td>
<td>28.3%</td>
</tr>
<tr>
<td>Suburban</td>
<td>51.9%</td>
<td>41.3%</td>
<td>38.1%</td>
</tr>
<tr>
<td>Rural</td>
<td>15.2%</td>
<td>6.3%</td>
<td>23.6%</td>
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</table>

<table>
<thead>
<tr>
<th>Clinic Statistics</th>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>No. of Employees</td>
<td>2.3</td>
<td>2.8</td>
<td>2.6</td>
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<tr>
<td>No. of FT Employees</td>
<td>2.1</td>
<td>5.3</td>
<td>1.6</td>
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<tr>
<td>PVA</td>
<td>64.4</td>
<td>97.3</td>
<td>71</td>
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<tr>
<td>Patients/Week</td>
<td>157.5</td>
<td>181.4</td>
<td>150.1</td>
</tr>
<tr>
<td>New Patients/Week</td>
<td>8.8</td>
<td>16.8</td>
<td>8.2</td>
</tr>
<tr>
<td>Cash Only</td>
<td>23.3%</td>
<td>29.1%</td>
<td>26.3%</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Expenses</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Office Lease/Mortgage (year)</td>
<td>$25,721</td>
<td>$29,091</td>
<td>$25,849</td>
</tr>
<tr>
<td>Advertising</td>
<td>$8,440</td>
<td>$14,667</td>
<td>$8,950</td>
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<tr>
<td>Malpractice Insurance</td>
<td>$2,540</td>
<td>$2,667</td>
<td>$2,174</td>
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<table>
<thead>
<tr>
<th>Compensation</th>
<th></th>
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<tbody>
<tr>
<td>Average CA</td>
<td>$35,963</td>
<td>$34,333</td>
<td>$35,671</td>
</tr>
<tr>
<td>Average LMT</td>
<td>$33,059</td>
<td>$30,001</td>
<td>$27,353</td>
</tr>
<tr>
<td>Average DC</td>
<td>$116,505</td>
<td>$108,493</td>
<td>$134,845</td>
</tr>
<tr>
<td>Average Total DC Comp.</td>
<td>$129,259</td>
<td>$163,040</td>
<td>$163,342</td>
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<tr>
<td>Average Total Billings</td>
<td>$714,922</td>
<td>$1,568,438</td>
<td>$602,555</td>
</tr>
<tr>
<td>Average Total Collections</td>
<td>$487,063</td>
<td>$930,378</td>
<td>$433,930</td>
</tr>
</tbody>
</table>

---

**A Look at Average DC Compensation**

**DC vs. Integrated Health Care vs. Multidisciplinary Clinics: Comparison of Financials**

---

**What type of clinic do you operate?**

- Chiropractic Only
- Multidisciplinary
- Integrated

---

**DC Salary vs. Total DC Comp.**

- Multidisciplinary Clinic
- Integrated Health Care Clinic
- DC Only

---

**Billings vs. Collections**

- Multidisciplinary Clinic
- Integrated Health Care Clinic
- DC Only
The gender gap

Our annual survey consistently illustrates an approximate 80/20 male-to-female split that makes up the working chiropractic industry, and this ratio has been relatively consistent but slowly rising for the past few years. This year’s results saw a small increase after a decrease last year, likely due to the post-COVID return to work many women experienced, but a number still closing in on the ratio at chiropractic schools these days, which is closer to 50/50.

We’ve seen an increase in female respondents over the last few surveys, except for a small dip in 2021; this year, 27% of respondents were female as opposed to 25% in 2021, 28% in 2020 and 23.3% in 2019. These results allude to an overall positive trend we’ve seen regarding closing the gender gap. Even though salaries and total compensation increased for both males and females, male respondents are still making more.

This year’s female DCs reported earning an average annual salary of $87,500 compared to $71,750 last year. Total compensation is $104,900 this year compared to $80,000 last year.

Male respondents saw an increase in annual salary with an average of $141,000, rising from $112,000 in 2021. Total compensation for men showed a smaller jump, with an average of $165,000 compared to $161,500 last year.

Twenty-nine percent of female DCs reported working 31-40 hours in patient care per week; 15% reported working 21-30 hours. Of the male respondents, 80% reported working 31-40 hours, with 54% working 21-30 hours.
DCs by U.S. region

Most DCs' compensation figures increased compared to 2021's numbers. Reported regional DC total compensations (rounded) for 2022 were:

- **Midwest** — $121,300
- **West** — $191,600
- **East** — $134,000
- **South** — $152,300

The Midwest saw the largest reimbursement rate this year, with an average of 73%. The South, West and East followed behind at 71%, 70% and 65%, respectively.

Comparing the Regions

<table>
<thead>
<tr>
<th>Personal Characteristics</th>
<th>West</th>
<th>South</th>
<th>Midwest</th>
<th>East</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Age</td>
<td>52.8</td>
<td>52</td>
<td>51.2</td>
<td>53.2</td>
</tr>
<tr>
<td>Male</td>
<td>69.7%</td>
<td>71.5%</td>
<td>71.5%</td>
<td>70.4%</td>
</tr>
<tr>
<td>Female</td>
<td>30.3%</td>
<td>28.5%</td>
<td>28.5%</td>
<td>29.6%</td>
</tr>
<tr>
<td>Solo</td>
<td>55.9%</td>
<td>52%</td>
<td>50.5%</td>
<td>56%</td>
</tr>
<tr>
<td>Group/Partnership</td>
<td>21%</td>
<td>22.1%</td>
<td>25%</td>
<td>24.1%</td>
</tr>
<tr>
<td>Associate</td>
<td>13.3%</td>
<td>16.5%</td>
<td>15.4%</td>
<td>12%</td>
</tr>
<tr>
<td>Franchisee</td>
<td>2.1%</td>
<td>2.2%</td>
<td>1.4%</td>
<td>1.2%</td>
</tr>
<tr>
<td>Years in Practice</td>
<td>16.3</td>
<td>16.3</td>
<td>14.8</td>
<td>16.6</td>
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<tr>
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<tr>
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<tr>
<td>Average Collections</td>
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NEW STUDY: Chiropractic relief for spinal fusion patients

Chiropractors from Chiropractic Doctors Association of Hong Kong (CDAHK) and Open University teamed up to explore spinal alignments and neurological pathology with the hopes of improving treatment for spinal fusion patients.

The team published a new paper in Journal of Family Medicine and Primary Care, where chiropractic adjustment was used to release restriction, as well as soft tissue mobilization was applied to alleviate stiffness. AI robotic rehabilitation was administered to decompress the spine. The patients reported diminished symptoms and restored strength.

The study aimed to bridge the gap between primary and tertiary care in the treatment of degeneration with spinal fusion patients who were gradually developing neurological impairments.

— TINA BEYCHOK
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Doctors of chiropractic aged 46-55 earned the most with about $200,000, while the youngest and the oldest groups of DCs earned less.

Aging gracefully

As you grow older, your salary as a DC should increase also. The results of this year’s survey showed that experience and age still reign — mostly — when it comes to earning larger paychecks. DCs aged 46-55 earned the most with about $200,000, with those 56-65 earning a bit more than $150,000, those 36-45 earning $150,000, and the rest making less than $100,000. The youngest and oldest groups of DCs, those 26-35 and 66-85, earned the least money.
Location matters

With more available retail space, a developing infrastructure and a large range of potential patients, it shouldn’t be a surprise that many DCs choose to set up their practice in the suburbs. Over the course of many surveys, the majority have responded that the suburbs are the ideal location for their practice.

This year was no different, with 57% of DCs reporting the suburbs as their location preference.

Although the numbers were similar to last year’s, there was a very slight uptick in suburban DCs at 57% compared to 54% last year. The number of urban practices dipped slightly from 31% last year to 29% this year. The number of rural practices dipped a bit from last year at 14% from 2021’s 15%.

Suburban chiropractors reported the highest average salary at $150,500, with their urban counterparts reporting an average of $98,000. Rural practices increased to an average salary of $94,000, versus $81,000 last year.

Suburban practices had average billings of $699,950 and collections of $479,275 for a reimbursement rate of 68%. Rural practices reported a reimbursement rate of 77%, with $480,000 for billings and $372,000 for collections. Urban DCs had average billings of $686,100 and collections of $469,000 for a reimbursement rate of 68%.
Our national discussion over the last 24 months has repeatedly touched on two issues — the COVID-19 (coronavirus) pandemic, and the state of racial relations in the U.S. To incorporate this timely information into our survey we added new questions last year pertaining to these topics.

Last year, most DCs who responded to our survey reported some pandemic-related loss of income, though 24% said they lost no income. This year income has increased almost universally across groups, suggesting the effects of the pandemic are waning in most areas.

When asked what percentage of their patients were Black, Hispanic or of color, the DCs in our survey reported numbers in nearly the widest possible range, from 1% to 99%. According to our data, approximately 23% of patients seen in suburban clinics are non-white, followed by 53% in urban practices and 10% in rural practices. While this data suggests that non-white individuals are definitely embracing chiropractic as a treatment choice, the number of chiropractors of color lags behind, as our survey showed only 13% of practices are minority-owned.

Who’s working for you?

We asked respondents for anonymous salary information on full-time employees only — not part-timers. We defined “full time” as employees who work 30 hours or more a week.

Approximately 18% of DCs in our survey do not have any employees, while approximately 20% employ one or two full-time people, and 25% of respondents reported they employ five or more people.

The average salary paid to full-time employees was: DC: $112,900; associate: $63,200; PT: $57,750; CA: $36,570; and LMT: $30,430.

Business expenses

For more DCs, operating as a businessperson is invariably a huge part of being a doctor of chiropractic. And as the business world continues to change and evolve, generally, so do the expenses involved in running a practice.

We’ve highlighted three standard spending areas in the profession: malpractice insurance, advertising, and an office lease or mortgage.

- **Office lease or mortgage** — Average yearly costs were $33,700, an increase from $26,500 last year.
- **Advertising** — Average costs in this year’s survey were $11,800, an increase from last year’s $10,000.
- **Malpractice insurance** — Respondents reported an average expense of $2,400, less than last year’s $2,500.
Product offerings

Our survey shows approximately 88% of chiropractors in our survey sell at least one product in their practice. As this number has consistently remained high over the years, it’s clear that DCs across the board find success through the integration of quality care and providing patients with the best products available.

A commitment to retailing top-industry products benefits the DC financially, but doing so also creates an important relationship between patients and the products they need to achieve wellness.

So which products do respondents offer? Are you selling the same products as other DCs? The top five include:

1. Hot/cold compresses — 52%
2. Nutritional products/supplements — 51%
3. Topical creams/ointments — 47%
4. Pillows, kinesiology tape, orthotics — 43% each
5. Educational material — 42%

Of chiropractors surveyed, 29% sell cannabidiol (CBD) topical products to patients, while 30% sell edible products containing CBD; these topicals and supplements are made from the non-psychoactive component of the cannabis plant.

Today’s special(ist)

Your skill in treating patients with regular adjustments and issues related to the musculoskeletal system can undoubtedly position you well for a comfortable career. But if you feel stagnation coming on and are looking for new paths to explore, year after year our survey demonstrates that joining forces with complementary specialists is a surefire way to expand your practice, boost your bottom line, and perhaps revive your passion.

In 2022, 73% of DCs reported having other specialists working in or consulting with their practice. Those specialists include LMTs, PTs, acupuncturists, fitness trainers and nutritionists, in addition to MDs and DOs.

The specialists who become a part of your health care team allow you to offer a wider range of treatment options and programs. When evaluating how this benefits you, the numbers speak for themselves: Clinics employing specialists see more patients per week (157, compared to 150 patients per week in non-specialist clinics); bill more (average of $714,922 versus $602,555); and collect more (average of $487,063 versus $433,930).

Chiropractors employing specialists averaged a higher total compensation ($176,000) than those without specialists ($130,000); those with specialists also averaged a higher salary than those in practices without specialists ($123,000 and $104,000, respectively).

How Specialists Boost Your Income

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<tr>
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<td>Salary</td>
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<tr>
<td>DC</td>
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<td>Associate</td>
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<tr>
<td>PT</td>
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<tr>
<td>CA</td>
<td>$44,871</td>
<td>$38,597</td>
</tr>
<tr>
<td>LMT</td>
<td>$31,798</td>
<td>$26,676</td>
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Modalities offered

While 73% of respondents have at least one specialist on staff, the most common specialist was an LMT (44%).

Other popular specialists include:

- Acupuncturist, 16%
- Fitness trainer, 11%
- MD/DO, 9%
- Nutritionist, 8%
- PT, 6%

And 7% of respondents indicated “other” for specialists they have in their clinic.

Respondents (both clinics with specialists and clinics without) also reported that they offer a wide range of modalities, even if they do not have specialists who provide them. 

- Chiropractic, 99%
- Instrument adjusting, 57%
- Electrotherapy, 55%
- Exercise programs, 53%
- Nutrition, 50%
- Kinesiology tape, 49%
- PT/rehab, 43%
- Laser therapy, 30%
- Decompression, 29%
- Massage therapy, 25%
- Weight-loss programs, 20%
- IASTM, 19%
- Acupuncture, 18%
- Homeopathy, 9%
- Medical services, 4%
- Other, 5%
- None, 0%
THE TAKEAWAY
Keep ahead of the “Wellness Revolution” by stocking the wellness products and services your patients are purchasing elsewhere and giving your practice a spa-like makeover.

THERE’S NO BETTER FEELING THAN leaving the chiropractor after getting a spinal adjustment. Relieved from back pain and feeling ready to take on the day: What could be better?

Well, what if your trip to the chiropractor provided you with more than just your typical adjustment? The future of chiropractic care is moving toward accommodating full-service wellness clinics that provide not only traditional spinal adjustments, but also other services to help with patients’ overall health.

Going beyond adjustments
With chiropractic clinics adding wellness services such as massage therapy, cupping, nutritional supplementation and X-rays, the chiropractic industry is shifting to take a deeper look at patients’ long-term health goals and help with more than just improving back pain.

While most people traditionally only associate chiropractic care with spinal adjustments, the industry is beginning to gain popularity for addressing and treating other various physical and mental health conditions. This shift in chiropractic care comes as many people are starting to learn about the endless health benefits it can provide.
a practitioner of the system of integrative medicine concerned with the diagnosis, treatment and prevention of mechanical disorders of the musculoskeletal system, and the effects of these disorders on the function of the nervous system and general health.

Erchonia’s 25 year partnership with these amazing Doctors has given us the ability to educate thousands of people on the importance of Chiropractic Care and Low Level Laser Therapy. Over 10,000+ hours of educational classes, clinical studies and application has made Erchonia the world leader in laser therapy.

Thank you to everyone who has continually supported us and our mission to change the healthcare industry and minimize the need for prescription drugs.
Some health issues that chiropractic care can help treat include insomnia, chronic headaches, immune system function, infertility, depression and lowering blood pressure. Many people have also turned to chiropractic care to help with treating pain as a natural replacement to opioids. These are just a few of the many health issues chiropractic care can address, so it only makes sense that the future of the industry will incorporate full-service wellness clinics that provide patients with additional services to aid in helping prevent pain and other health problems.

Since chiropractors have the knowledge and ability to perform additional services such as massage therapy, it only makes sense that they optimize their patients’ experiences through providing these services that will work together to help patients feel their best. While back pain is the number-one reason people go to see a chiropractor, most times it isn’t the only health problem that can be treated through chiropractic care. In my career as a chiropractor, I have found much success through focusing on educating, inspiring, empowering and providing lasting care for patients to live their lives to their fullest potential.

Professional experience
My wife Vanessa and I founded a chiropractic wellness clinic after we both graduated from the renowned Palmer College of Chiropractic.

After gaining popularity with too many clients to handle, we decided to franchise and continue on our mission to help patients achieve their optimal health through cutting-edge chiropractic care and a variety of wellness services. Whether our patients come to us with specific needs, or they are looking to take steps toward a healthier, thriving lifestyle, we are here to help them achieve their goals.

Since chiropractic care can help in many areas of our patients’ lives, we offer corrective care, family wellness, personal injury (auto accident), prenatal and pediatric, as well as massage therapy. We make sure our clinics offer a wide variety of services to accommodate our diverse group of patients, who range from newborns to the elderly.

To determine which treatment best suits each patient, we take a 3D scan, a full-body laser scan that shows the body’s entire composition. These scans help us determine what services will be most beneficial and help track patient progress. We also invented our own software to help keep our patients’ information in one easily-accessible area for all of our locations. By using these modern technologies and software, we’ve been able to create a great system to ensure all clinics give the same patient experience.

Benefits to a spa-like atmosphere
We strive to make our clients happy and healthy, which is why we model all of our clinics to imitate a spa. This helps create a relaxing atmosphere, where our patients can unwind and receive the necessary treatments to help them feel like the best version of themselves. Through providing full-service wellness clinics that resemble a spa, we look to the future of both the chiropractic and wellness industries.

Making patient experience a top priority for your chiropractic clinic is something I believe is the key to success. Giving patients the best experience possible will keep them coming back and will help them see the benefits chiropractic care has to offer. Creating a relaxing ambience, focusing on details such as color, lighting, sounds and scent, will improve your clinic’s environment and help your patients feel more comfortable during their treatments. Paying attention to these small details will improve client satisfaction and give your clinic an extra boost among competitors.

Traditional chiropractic offices are unattractive and can be hard for patients to feel comfortable in. To help avoid what is known as “White Coat Syndrome,” where people have anxiety and high blood pressure when entering medical clinics, chiropractic clinics should not look anything like a traditional doctor’s office. Instead, providing a calm environment in your clinic is a great way to help your clients look forward to coming to get their appointments because they know it’s a time they can relax and focus on themselves despite their busy schedules.
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A look to the future

Today, the global wellness industry is one of the world’s fastest growing markets. According to the Global Wellness Economy Monitor, the United States is number one in consumer dollars spent within the wellness industry. With Americans spending so much money on wellness products and services, merging chiropractic care further into the wellness industry will help keep up with the demand caused by the “Wellness Revolution.”

Since the beginning of the COVID-19 pandemic, many people have become hyperaware of their health. With chiropractic care focusing on preventative health rather than treating symptoms after people are already experiencing pain, it makes sense that the chiropractic industry as a whole is expected to grow over the next decade.

With continued growth in both the wellness and chiropractic industries, many chiropractic clinics will begin adapting to include more wellness services. This will allow clinics to not only keep up with the growing demand for chiropractic care but also the attention to overall health. With the ability to improve not only physical health but also mental health, everyone is a potential client for chiropractic care. There are benefits for infants, athletes, busy parents, the elderly and anyone who walks through the clinic door.

As more and more people begin to learn about the benefits of chiropractic care and the industry continues to gain more popularity, it is exciting to see what the future brings. With other chiropractic clinics beginning to shift to focus on overall wellness care, we will see more people living pain-free.

We can leave the chiropractic industry better than we found it, offering wellness services to cater to each patient’s specific needs. CE

JASON HELFRICH, DC, is CEO and co-founder of 100% Chiropractic, a family of full-service wellness clinics. After years in the restaurant business, he decided to make a drastic career change. In 2004 he and his wife, Vanessa, decided to pursue their Doctor of Chiropractic degrees and both graduated with honors from the Palmer College of Chiropractic. Following their graduation, the couple opened their first 100% Chiropractic in Colorado Springs, Colo. With rapid success, the couple decided to begin franchising and have been expanding the brand across the nation, with 60 locations open and 40 currently in build-out. For more information about 100% Chiropractic, please visit 100percentchiropractic.com.
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Renaissance
St. Augustine

SE
JULY 8-10, 2022
Boca Raton Resort & Club
Boca Raton

AUGUST 25-28, 2022
Hyatt Regency Orlando
Orlando

SW
NOVEMBER 18-20, 2022
Naples Grande Beach Resort
Naples

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THE NATIONAL CHIRO.COM/OVERVIEW
SLEEP DISORDERS + COVID = THE NEW PANDEMIC

More than 1 out of 4 of your patients are not getting enough sleep, which is taking a toll

BY JOE KRYSZAK, MBA

TIME TO READ: 6-8 MIN.

THE TAKEAWAY
Take the opportunity to have open conversations with patients about their sleep patterns, and provide proven, natural and organic products to help them break the cycle of insomnia.

AMERICANS HAVE NEVER BEEN KNOWN TO HAVE GREAT SLEEPING HABITS, and COVID is exponentially compounding the issue. Even before COVID, just a few countries ranked lower than the U.S. in total sleep per night. An amazing 27% of Americans say they are not well-rested, with over 1.2 million workdays and $14.3 billion in economic losses lost annually due to lack of sleep.1

More important than the economic damage a lack of sleep brings, the mental and physical toll is worse. After breathing and keeping hydrated, sleep is the most critical factor in people’s health. Yes, sleep is that important. A lack of sleep can be mentally and physically devastating.

COVID and chronic sleep deprivation
According to the Cleveland Clinic, “Some of the most serious potential problems associated with chronic sleep deprivation are high blood pressure, diabetes, heart attack, heart failure or stroke. Other potential problems include obesity, depression, impairment in immunity, and lower sex drive.”2 That study, in itself, is depressing.

Speaking of depression, let’s be clear on what are the major causes of insomnia/lack of sleep. Recent Mayo Clinic research cites the major causes of insomnia as stress, depression, poor eating habits, lack of exercise and a demanding work schedule.3

Unfortunately, the bad news only gets worse due to COVID. COVID has caused a significant spike in anxiety and depression — both major causes of insomnia. According to data compiled by the U.S. Census Bureau and National Center for Health Statistics, more than 4 in 10 U.S. adults have developed symptoms of depression or anxiety in 2020, a sharp increase from pre-COVID studies.

Not only is the mental stress of COVID making insomnia worse for Americans; it is also taking a massive physical toll. Two major factors of the physical toll are the facts that 1) Sleep-deprived people get much more acute cases of COVID, and 2) People who have gotten COVID are suffering from far greater insomnia after they recover.

A recent Cleveland Clinic study found that people with certain sleep disorders have more severe outcomes from COVID.4
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COVID-19, including a 31% higher rate of hospitalization and mortality.\footnote{This is logical, as people with poor sleep patterns are less healthy, more obese and have lower immunity than those who sleep well. The study found that people with an unhealthy lifestyle and COVID get far more significant damage to the body than healthy people who contract COVID. In addition, poorer immunity makes it much harder for the body to recover.} This is logical, as people with poor sleep patterns are less healthy, more obese and have lower immunity than those who sleep well. The study found that people with an unhealthy lifestyle and COVID get far more significant damage to the body than healthy people who contract COVID. In addition, poorer immunity makes it much harder for the body to recover.

The frightening conclusion? Sleep disorders make COVID worse, and COVID makes sleep disorders worse. It is a vicious cycle.

### Pandemic Causes Spike in Anxiety & Depression

<table>
<thead>
<tr>
<th>% of U.S. adults showing symptoms of anxiety and/or depressive disorder*</th>
<th>2019</th>
<th>Jun 2020</th>
<th>Dec 2020</th>
<th>Jun 2021</th>
<th>Dec 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Symptoms of anxiety disorder</td>
<td>26.1%</td>
<td>26.5%</td>
<td>30.2%</td>
<td>30.9%</td>
<td>30.7%</td>
</tr>
<tr>
<td>Symptoms of depressive disorder</td>
<td>26.1%</td>
<td>21.6%</td>
<td>24.4%</td>
<td>30.1%</td>
<td>30.4%</td>
</tr>
</tbody>
</table>

* Based on self-reported frequency of anxiety and depression symptoms. Derived from responses to Patient Health Questionnaire (PHQ-2) and the Generalized Anxiety Disorder (GAD-2) scale. Sources: CDC, NCHS, U.S. Census Bureau

Even after recovering from COVID, sleep disorders get worse. A report from Medical and Life Sciences News concludes, “Unexplained symptoms have been arising in those who have recovered from COVID-19. The disease, which affects the central nervous system, has been inducing a multitude of symptoms in those who have recovered, including brain fog, changes in attention, debilitating headaches, muscular weakness, and most often, insomnia.”\footnote{The frightening conclusion? Sleep disorders make COVID worse, and COVID makes sleep disorders worse. It is a vicious cycle.}

### Sleep medication issues

The solution to this pandemic is not more prescription sleep medication. Like most prescriptions, sleep medications treat the symptoms, not the root cause. According to the Mayo Clinic, sleep medications have some serious side effects,\footnote{Sleep medication issues} including:

- Dizziness or lightheadedness, which may lead to falls
- Headache
- Gastrointestinal problems, such as diarrhea and nausea
- Prolonged drowsiness, more so with drugs that help you stay asleep
- Severe allergic reaction
- Sleep-related behaviors, such as driving or eating when not fully awake
- Daytime memory and performance problems

The solution to the Sleep Pandemic? DCs. Chiropractors must take a leadership role in this insomnia pandemic, just as they have done with the opioid crisis and COVID. That leadership role entails working with insomnia patients and developing personalized treatments to help them sleep better. Those treatments include having open conversations with patients about their sleep patterns, making sure patients are consistently visiting your office for treatments, and providing proven, natural and organic products to help them break the cycle of insomnia.

### CBD and sleep

According to the National Institutes of Health study “Cannabidiol in Anxiety and Sleep: A Large Case Series,” one possible solution for providing a natural, organic sleep solution is cannabinoids.
A 2019 study showed that “Cannabidiol may hold benefit for anxiety-related disorders.” The study outlined how CBD with a low-THC product has proved to be effective in the fight against anxiety and insomnia. The study results showed that patients taking the CBD/low-THC combination had great results. “Anxiety scores decreased within the first month in 79.2% of the patients and remained decreased during the study duration. Sleep scores improved within the first month in 48 patients (66.7% of the patients) but fluctuated over time.”

Of course, patients also have a responsibility to improve their sleep health. Patients should educate themselves on the root causes of their insomnia and research which options they feel most comfortable with. Hopefully, they will conclude that prescription medication is not the answer but instead determine that a healthier, more balanced lifestyle can break the vicious cycle of their sleep disorder.

JOE KRYSZAK, MBA, is president of Stirling Professional CBD, the brand built by and for chiropractors and professional offices, giving back to the chiropractic industry. Since 2014, Stirling has grown, extracted and produced the purest CBD available. Stirling Professional brings amazing CBD+ products to your patients with the industry-leading lineup of 2,500-mg CBD lotions, THC and THC-free capsules and gels, and four great solutions for better sleep. We bring affordable solutions to your patients. For more information, go to stirlingprofessional.com.

References can be found online at chiroeco.com.
YOUR PATIENT’S JOURNEY: THE LEAD CONVERSION PROCESS

A unique selling proposition template

BY MARK SANNA, DC, ACRB LEVEL II, FICC

THE TAKEAWAY
Look at the “sales” and “closing” processes in a new light to improve your patient journey process and gain further insight into needs and solutions.

THE JOURNEY SOMEONE TAKES TO BECOME A NEW PATIENT in your practice begins when you first enter their consciousness as a potential solution to their problem. This qualifies the person as a “lead.”

A lead is an individual who has a problem your practice can solve, and whose attention you have captured. Despite the belief of many chiropractors to the contrary, the primary goal of marketing is not to convert leads into new patients. This is the role of the sales process. The goal of marketing is to capture the attention of someone who has a problem you can solve.

The myth of lead quality
Once your marketing has attracted someone’s attention, many chiropractors are under the impression that based upon their education, training and skills, that people should rush to schedule an appointment. Unfortunately, it doesn’t work that way.
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This results in chiropractors becoming frustrated, thinking that there are no “quality” leads in their area. There are countless quality leads in your community, and your competition in capturing their attention is not the other chiropractors or health care providers in the area — it is human nature. When confronted with a decision to change their behavior, the default setting for most individuals is not to choose an alternative to your practice. It is to do nothing at all. Your job is to motivate them to take action.

Most chiropractors understand that it is much easier to convert someone referred by a source known to the person than a “cold” lead who has had no other frame of reference against which to compare your practice. “My wife referred me” can be the sweetest sound to a chiropractor’s ears. However, the key to unlimited new patients and infinite practice growth lies in your ability to convert cold leads into new patients. Adopt the mindset that every lead has a potential lifetime value for your practice that is a multiple of the value of their current purchase. This will magnify the value of each encounter with cold leads and can motivate you through the conversion process.

The lead conversion (sales) process

Health care providers typically deign being thought of as participating in sales. They feel that it is beneath their status as professionals.

If it is helpful, think of sales as lead conversion. Lead conversion is the process of converting someone’s attention into action. This process is reproducible and is easy to follow and repeat. It has clearly defined steps and goals (green lights) at each step. It is results-oriented, and it is clear when each step is accomplished.

Most importantly, the sales/lead conversion process is measurable. Something that can be measured can be managed. A combination of measurement and management, with consistent course correction, leads to an improvement in the process and your results.

The 5-step sales process

Once your marketing has captured someone’s attention, there are five steps in the sales process:

• Build Rapport
• Discover Needs
• Offer Solution
• Handle Objections and Close
• Follow Up and Repeat

Let’s review some pro tips for the successful completion of each step in the process.

Tips for building rapport

When seeking to build rapport with someone, the first step is to be your genuine self. People can instantly sense when you are not being sincere. Be open and friendly.

We tend to like people who are like us. Mirroring and matching mannerisms and speech, including tone and speed, improves the sense of connection someone experiences when interacting with you. If you are with a slow talker, slow your pace down. If you are with someone who prefers to speak at a more rapid pace, pick yours up. Show real interest in the person.

One reason many chiropractors say they became health care providers is that they are motivated by an interest in helping other people. Be curious about the person, their background, life experiences and who they are as a human being. We all love to be complimented. Give compliments when appropriate. You’ll know when they land correctly from the smile they produce on the face of the receiver.

The green light indicating you have achieved rapport and are ready for the next step can be seen in the person’s body language. Look for leaning in, head nodding and an open demeanor.

Tips for discovering needs

It is not uncommon for the sales novice to rush to the “close” at this point in the process. Don’t rush to solve the person’s problem, even when you think they might be an excellent candidate for care. Take the time to dig deeper.

It’s been said that we have two ears and one mouth because we should listen twice as much as we speak. This is never truer than in the needs discovery process. Have a list of open-ended questions that help the person express the needs underlying their desire to seek a solution.

Ask, “How long have you been dealing with this?” “What else have you tried to solve your problem?” “How did that work out?”
for you?” and “What would happen if you didn’t do anything?” Recap what you’ve heard by paraphrasing the person’s responses in your own words. This tells the listener that you are a doctor who is really hearing them and that you are identifying their true needs. This is the most important step to not drop the ball.

This is not the time to show off how much you know. It’s the time to show off how much you care—by listening. Remember that everyone’s favorite radio station is WII-FM (What’s In It For Me). The green light indicating you have successfully accomplished needs discovery is that you have jotted down a list of the patient’s highest-priority needs. Note any specific needs that the prospect is most expressive, emotional or enthusiastic about. These will be especially useful when closing.

Tips for offering a solution
Another rookie mistake is to sell your service and not the solution. The purchase of a hand drill at a hardware store provides an excellent example. No one ever bought a drill because they wanted a drill. They bought a drill because they wanted a hole in something. Remember that you are selling the benefits of the hole and not the drill.

In chiropractic, no one ever became a new patient because they wanted an adjustment. What they wanted were the benefits of that adjustment: pain relief, less stress, better sleep and so on. Your job in offering a solution is to connect the dots between your service and the solution to the person’s problem. You do this by connecting the prospect’s needs, challenges and desires with the features and benefits of your service.

Be curious about the person, their background, life experiences and who they are as a human being.

This is why the needs discovery step is essential. You must know what the person’s needs are before you attempt to solve them. We’ll review some of the most common needs in the next step when we review how to handle the most common objections people have to starting care. The green light for solution offering is that you have clearly connected the benefits of care at your practice to the prospect’s needs.

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Tips for handling objections and closing
A useful acronym for the most common objections you will encounter in the sales process is: MT NUT. M represents money. Most people have, or can get access to, the money for care but will only spend it if they see the value. Listen and confirm if money is really the issue and provide solutions, including budget-sized payment plans and financing when appropriate.

T represents time. Most people don’t make time for themselves. This is especially true with busy moms who tend to put the needs of their family before their own. If you spark their interest, people will make the time for your care.

N represents need. If there is no evident need, draw out the need with open-ended questions.

U represents urgency. Most buyers look for the “right time.” They must feel the need to take action now. Sell the pain of not making a decision. Let them weigh the benefits of action versus the consequences of not taking action.

T represents trust. In the end, it comes down to whether your prospect believes in you and your service or not. The more confident you are in connecting your solution with their problem, the more successful you will be in generating trust.

Keep a log of recurring questions and concerns. Note which of your responses produce the best resolution to them. Practice them and repeat them when called for in the future. Take the pressure off yourself to close the sale. Closing is not a stand-alone event. It is only one step in the process. Tune in to buying signals and clues. Don’t give too many options and remember to close the sale. The green light in handling objections and closing is that the person agrees to become a patient.

Tips for following up
Send a post-first-visit text with a video or make a post-first-visit phone call. This helps confirm the person’s decision to undertake care and combats the feelings of buyer’s remorse. Prepare a New Patient Welcome Kit that includes a practice brochure and some cool branded swag.

Most importantly, establish lines of communication and keep them open and engaging with high-value content that reinforces the patient’s decision to experience chiropractic care. The green light for follow-up is an important level of patient retention and referrals.

With practice, in no time you’ll be converting more prospects into new patients and more new patients from one-time patients into lifetime patients.

MARK SANNA, DC, ACRB Level II, FICC, is a member of the Chiropractic Summit and a board member of the Foundation for Chiropractic Progress. He is the CEO of Breakthrough Coaching and can be reached at mybreakthrough.com or 800-723-8423.
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IS YOUR PRACTICE MISSING OUT ON MASSAGE?
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BY RUSSELL GREENSEID, DC
TIME TO READ: 8-10 MIN.

THE TAKEAWAY
Boost your business, increase the effectiveness of adjustments, and offer patients what they’re already going elsewhere for.

ONCE CONSIDERED AN EXTRAVAGANT LUXURY, the Eastern practice of massage therapy is now an integral component of Western holistic medicine. Many chiropractors and other health care practices now offer a variety of medical massage therapy services to their patients.

Over the years, massage therapy has proven itself in the medical community as a highly effective alternative treatment for relieving stress, joint pain, muscle tension and pain caused by muscle-related injuries. By offering massage therapy as part of your services, you can help retain your patients and help prevent chiropractors from injuring themselves by lessening the burden of hand work and muscle maneuvering.

Massage therapy as part of your medical treatment plans
According to the American Massage Therapy Association (AMTA), the majority of people are no longer getting a massage as a means of “pampering,” but instead are seeking out massage as part of a medical or therapeutic treatment plan.

Last year, 63% of consumers who got a massage for health and wellness reasons stated it was part of a treatment plan from a doctor or medical provider, according to the 2021 AMTA Consumer Survey. Two factors that come into play in determining massage therapy candidacy are income and gender. According to the survey, males with a higher household income are more likely to inquire about getting a medical
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When massage therapy and chiropractic care are used in tandem, the results can create a synergy that far exceeds their individual benefits.

Meaning, it could become a profitable, additional service option for your practice to provide.

**Combining massage therapy and chiropractic care**
While massage is not a replacement for regular medical care, it can help relieve pain from injuries, reduce depression, relieve anxiety and even help manage patients’ cancer symptoms.

When massage therapy and chiropractic care are used in tandem, the results can create a synergy that far exceeds their individual benefits. While massage therapy can relax muscles, loosen tendons and improve circulation, chiropractic care improves range of motion and flexibility, and reduces pain. Both services offer immediate long-lasting benefits that improve physical and emotional well-being, including improved sleep at night.

**What type of massage therapy should you offer?**
Most chiropractors offer a type of musculoskeletal massage — also referred to as medical massage — which includes deep tissue and trigger-point massage.

Medical massage therapy requires advanced certification to perform as it focuses on healing injuries, improving function or increasing circulation. A medical massage therapist typically works inside of a hospital or clinic, works under the directives of a physician, and holds an advanced National Certification.

**MASSAGE CUSTOMERS WHO STATED IT WAS PART OF A TREATMENT PLAN FROM A DOCTOR OR MEDICAL PROVIDER**

63%

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(You get the idea.)
Board of Therapeutic Massage & Bodywork (NCBTMB) certification in addition to a general massage therapist license.

A general massage therapist may use a mix of similar techniques along with a variety of massage types including hot stones or aromatherapy. While a massage from a general massage therapist may also help relieve pain, the main goal of the massage is typically to promote relaxation and reduce stress, not to provide medical treatment for a particular condition.

To get a better understanding of the range of massage types available, here’s a list of the most common massages on the market:

- **Swedish massage.** This gentle, full-body massage is great for helping release tension and muscle knots. The technique uses long, flowing strokes, kneading, deep circular movements, vibration and tapping to help you feel relaxed, energized and invigorated.

- **Deep massage.** This type of massage uses more pressure than Swedish massage. The strokes are slower and more forceful than Swedish massage, designed to reach the deeper layers of muscle and connective tissue. A deep tissue massage is an excellent option for relief for those with muscle problems or soreness from injuries.

- **Sports massage.** Similar to Swedish massage, sports massage can be full-body or focused on the part of the body that needs attention. It’s particularly beneficial in helping prevent and treat injuries for those who participate in sports. It’s also used for relieving pain and muscle tension.

- **Trigger-point massage.** This type of massage focuses on areas of muscle tissues that develop areas of tightness — also known as trigger points — causing pain in other parts of the body. A trigger-point massage is directed to these specific areas to relieve pain often caused by injury or overuse.

- **Hot stone massage.** This type of therapeutic massage uses heated stones instead of hands to ease muscle tension, improve blood flow, relieve pain and stress, and promote relaxation. Swedish massage techniques are also sometimes used with gently applied pressure. Cold stones can also be used, depending on the practice.

- **Reflexology.** This type of massage is delivered with gentle to firm pressure on different pressure points of the feet, hands and ears — a great option for those who are not completely comfortable being touched in a full-body massage. Reflexology can improve relaxation and restore natural energy levels.

- **Shiatsu massage.** This type of Japanese massage (meaning “finger pressure”) is administered using pulsing, strong rhythmic pressure of the fingers, thumbs, feet and palms. Pressure is directly applied onto the “qi” to promote energy flow throughout the body. Shiatsu massage is known to improve relaxation and overall emotional and physical well-being.

### Significant health benefits

Overwhelming research supports massage therapy’s numerous health benefits. Along with standard medical treatment, massage therapy has been proven to:

- relieve muscle pain
- reduce soreness
- improve circulation
- increase energy
- improve the immune system
- lower heart rate and blood pressure

Further studies have shown massage to be helpful with digestive disorders, lower and upper back pain, neck pain, fibromyalgia, headaches, stress-related insomnia, nerve pain, and soft tissue strains or injuries.

With so many healing properties, it’s no wonder more patients are asking for massage therapy as part of their health treatment plan.
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**Massage therapy isn’t for everyone**

While most people benefit from one form of massage therapy or another, it’s important to consider the patient’s health condition, especially if they are pregnant, have cancer or are experiencing undiagnosed pain.

A massage should never feel uncomfortably painful, but some forms of massage can leave one feeling sore the next day. It’s important to be fully certified in massage therapy, as applying too much pressure during massage can result in serious problems. Massage therapy may not be suitable for patients with bleeding disorders, burns, wounds, infections, broken bones or fractures, deep vein thrombosis or osteoporosis.

**Medical massage therapy and insurance coverage**

Massage therapy is not only beneficial for most patients but also good for business. Insurance companies will often cover medical massage treatments prescribed by a doctor for the purposes of improving mobility and/or relieving muscle pain.

Certain insurance billing codes allow certified massage therapists to bill for their services. When a doctor prescribes medical massage therapy services, the therapist administering the treatment can use that script to get reimbursed for the services provided — so it’s a win-win for everyone.

Including massage therapy as part of your chiropractic care can help boost your business and improve patient satisfaction. With a growing shift to holistic well-being, your practice can stand out from the rest as a leading provider in overall mental and physical wellness services. It’s good for your practice, with lasting, powerful effects for your patients. CE

**RUSSELL GREENSEID, DC,** is a chiropractor, major shareholder and chief of staff at Metro Healthcare Partners in Brooklyn, N.Y. He is a trusted advocate and respected voice in the chiropractic field with a doctor of chiropractic degree from New York Chiropractic College in Seneca Falls, N.Y. He resides in Short Hills, N.J., with his wife and two sons. Visit metrohealthnyc.com for more information on Greenseid and his multidisciplinary team of professionals.
ARE YOU WORKING IN OR ON YOUR BUSINESS?

Answer these questions to determine whether you have a business or simply a job

BY BRIAN P. MICHAUD, CLTC
TIME TO READ: 7-9 MIN.

THE TAKEAWAY
Your business and succession plans should go hand in hand, and will change constantly due to economic, business climate and personal life changes.

CAN YOU LEAVE YOUR BUSINESS for 4-6 weeks, and would the business run just as smoothly as if you were there?

Stop for a minute and think about the question, “What do you do every day when you go to work?” Have you ever thought to yourself when you get home at the end of the day, “What did I do all day?” Have you ever had a week’s worth of that question? If you are a business owner, you have.

You have asked yourself, “What did I do all day?” Ok ... well ... you did the obvious: You opened the office. You met your staff and checked in on them. You saw your patients. You handled pressing phone calls and emails. You ate lunch (maybe). Ran some errands. Got back into the office. Saw more patients. Looked at your well-intentioned “to-do” list. Started a new list and transferred 80% of what you wanted to get done on today’s to-do list to tomorrow’s “to-do” list.

You made sure that there were no “fires” to put out before you went home. The day flew — and you get to do it all over again tomorrow.

How many more days will fly by?

Owning your own practice is a lot of work. I don’t need to tell you this.

You work on marketing, billing, collections, babysitting (employee issues), leases, forecasting, patient counseling and treatment. Not to mention, in the back of your mind, your home life and everything that comes with that. If you can relate
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to what I mention in this paragraph, then it’s a fair statement that you are working in your business. Welcome to being a business owner.

What is working on your business?
When you went to college you were taught the fundamentals that your college outlined as required courses you needed to take. Then you started on your clinical work. You learned what you need to learn to pass your boards and to become a great practitioner. But I will challenge you (and the colleges), what were you taught about being a good, successful business owner? How many semesters of business courses did you take? If you are like most, not many. When you decided to go into practice for yourself, who assisted you with the fundamentals of being a business owner? Was it a business coach (everyone needs a business coach, but that’s another topic for another day)? Was it a practice owner you studied under when you got out of college? Did you seek out information on the internet? Was it knowledge you gained from all those business courses you took in college? Was the information you garnered about starting and running your own practice: smart, sound and good?? That’s what I thought…

Now is the time to start working on your business
Not only do you run the day-to-day operations of your business, but I am also going to challenge you to do more. But the “more” I am going to ask you to do is for you and your future. Even if you have been in business for yourself for years and years and you feel you are successful (when I say successful, in this case I mean financially good).

When was the last time you looked at your business plan? “My business plan?” you may be asking yourself. But, yes, your business plan. Remember, that thing you “designed” years ago and never looked at since you initially put one together? Better yet, when was the last time you looked at your succession plan (you know … your exit strategy)? That’s what I thought. You may be asking yourself, “But why?”

Business plans and succession plans
Both these plans go hand in hand. Both should be clear, front and center, and reviewed on a regular basis. They change as constantly as the economy, the business climate and your personal life. Yes, that often.

The business plan I laid out at the beginning of the year has changed dramatically. And since my business has changed, so has my succession planning. This is the thing … you can’t get to where you want to if you don’t have a plan (map) to get you there. Sounds kind of simplistic, but this simplistic tool is crucial and makes a dramatic difference in your financial position upon retirement.

Business planning
Your business plan gives you an idea about your business, how it’s been going and where you want it to go. This plan outlines where you want to get to and how you will get there.

It doesn’t have to be long, but it needs to be specific and defined. It should be one year out, five years out, 10 years out, and conclude upon retirement. It contains the goals you want to achieve and time frames as to when you want to achieve them.

If you are like most, you have all these ideas in your head, and they are all great ideas. But these ideas very often get rotated from most important to least important. Getting them on paper and in your plan will help you with clarity.
Succession planning (exit strategy)
Your succession plan gives you an idea about when you want to exit your business and how. This is something that is thought about (usually) 2-4 years before you want to exit.

However, this should be thought about 10-20 years before you want to exit. Albeit, the planning for your exit won’t be specifically detailed that far out, but it will assist you when making business decisions with your business plan.

Growing/guiding your business is crucial
Putting effort into designing these two plans isn’t a waste of time. Knowing how to plan and run your business so you can maximize the financial outcome of your exit is vital.

There are many planning steps that need to take place to make you the most successful practice owner you can be. What better time to start, than now?

I will leave you with this: If you need to be at your business, day in and day out, for it to run day to day ... I would challenge that you don’t have a business. You have a job. **CE**

BRIAN P. MICHAUD, CLTC, is CEO for Consult Encompass LLC and Encompass Group LLC, and a business consultant and financial strategist. He can be reached at 860-930-5330 or bmichaud@trustencompass.com.

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PREGNANCY AND MOVEMENT
The importance of remaining active during and after a pregnancy

BY LAURA BRAYTON, DC, CSP, CSCP, CACCP
TIME TO READ: 7-9 MIN.

THE TAKEAWAY
Light exercise, alignment of the pelvis, stabilization of the arches of the feet and recognizing hormonal influences on the body are all parts of attending to pregnant patients before and after birth.

AFTER YEARS OF CARING FOR WOMEN before, during and after pregnancy, I have found that the women who are physically fit prior to pregnancy and then maintain an active lifestyle throughout their expectant journey not only feel much better during the entire 10 months of gestation, they also have a more efficient labor and delivery.

Growing and birthing a baby takes tremendous physical resources and endurance, which is why women who enter pregnancy with a healthy lifestyle mindset have fewer medical complications and interventions during the birth process.

Due to the increase in blood volume in a pregnant woman's body, her need for cardiac endurance allows her to most effectively pump the blood throughout her body without increased fatigue.

Exercise that gets the heart rate slightly elevated keeps the heart primed for the additional weight gain (approximately 30 pounds) that occurs during a healthy pregnancy. Additionally, strength training keeps the muscles strong for not only carrying the extra load of baby but also preparing for the marathon of birth, which requires strong legs for squatting to help move the baby down the birth canal and activate pelvic floor muscles for delivery.

The benefit of balance
As a maternity chiropractor, I know that the key to lining-up the baby's position with the mama's pelvis (i.e. birth canal) is strongly dependent on the balanced alignment of the pregnant woman's pelvis at the time of delivery.

Like a basketball going through a hoop, the most flow in birth occurs when the two objects are directly lined up for an ease of passage. Therefore, my job is to support a pregnant woman's pelvis in maintaining proper alignment throughout the pregnancy and especially as she prepares to give birth.

Sounds easy — however, a little hormone called relaxin can create some challenges in the pelvis holding its alignment because the job of this hormone is to create ligament laxity, allowing the pelvic basin to fully open during baby's delivery. The ovaries and uterine lining begin secreting large amounts of relaxin at conception of the embryo and therefore, even women in their first trimester of pregnancy may experience pain related to hypermobility of their spinal and pelvic joints.

Sacroiliitis and pubic symphysis dysfunction are related to the relaxin hormone both during and after pregnancy, as the relaxin hormone may stay at higher levels in a woman's body until six months after she stops breastfeeding. Despite a woman's body having increased mobility during the perinatal phase of her life, if she continues to keep active with walking, strength training, yoga and low-impact cardio exercise like spinning, the muscles surrounding her pelvis and spine will continue to help create stability.
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The role of custom stabilization

Additionally, I have found that custom orthotics that support all three arches of the foot to be extremely valuable for pregnant and postpartum women as the arches are also susceptible to laxity and stretch from the relaxin hormone. When the arches of the feet are not well-supported, the alignment of the pelvis is unable to stay level when a person is in a weight-bearing state like walking or standing. We also know that exercise while weight-bearing will not be as effective if the muscles and joints are compensating for asymmetrical collapse in the arches.

When mama's pelvis is able to hold its alignment better between chiropractic adjustments, she not only experiences less pain and improved quality of life, the baby's in utero development is maximized for optimal growth as intrauterine restrictions are minimized. Vertex babies during the third trimester have decreased hip flexion, less cervical strain and minimal cranial distortion; therefore, they also benefit from mama's balanced pelvis, even weeks prior to birth.

Constricted in-utero position can also create breastfeeding challenges, irritability, elimination issues and sleep interruptions in the newborn. Additionally, a baby in the head-down position at the end of the pregnancy will not be an automatic-scheduled Cesarean section like a breech or transverse positioned baby. If a mama is able to avoid a surgical birth, she typically will have a much easier recovery after the birth, which also positively impacts her milk supply, ability to bond with baby and improved mood.

Resuming activity after baby's birth

Most birth providers will recommend waiting at least six weeks after the baby is born before a woman is able to return to her

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exercise routine. However, gentle yoga postures, stretching and non-strenuous walks even days after birth can also assist the body in returning to equilibrium.

Like exercise during pregnancy, it is very important to listen to the body's needs for movement without the expectation that it is ready to return to its pre-pregnancy state of exercise, especially high-impact activities like running and jumping. Due to the high levels of relaxin hormone that continue to circulate in her body after birth, there is higher risk for injury, so care must be taken to go slow and gentle in her return to exercise.

Relaxin can cause permanent flattening of the arches, requiring ongoing use of custom orthotics...

After the baby arrives, it's just as important for her to stabilize and balance her body as it was during pregnancy. Relaxin can cause permanent flattening of the arches, requiring ongoing use of custom orthotics to restore proper foot function for overall body alignment and healthy movement. Stabilizing orthotics can support a new mama in a quicker recovery from the birth as she cares for her infant.

**Complete alignment care**

Supporting mamas in staying active and fit during and after pregnancy is dependent on helping them feel good throughout all stages of the pregnancy and beyond. As chiropractors, we serve as essential members of a woman's birth team, ideally caring for her from preconception all the way through the post-partum phase. When her body and especially her pelvis are in alignment, she will thrive throughout her pregnancy journey, which sets her up for an empowered birth experience and easier transition into motherhood.

**LAURA BRAYTON**, DC, CSP, CSCP, CACCP, is a graduate of New York Chiropractic College and the University of North Carolina at Chapel Hill. As a holistic chiropractor and speaker, she holds certifications in chiropractic pediatrics, Webster Technique for breech presentation, Sacro-Occipital Technique (S.O.T.) and craniotherapy, and is an advanced-level practitioner of Nambudripad’s Allergy Elimination Technique (NAET). She is an active member of the Association of New Jersey Chiropractors and the American Chiropractic Association, and was selected by New Jersey Family magazine as one of NJ’s Favorite Kids’ Docs in 2010-2021. She created the “Well-Adjusted Mama” podcast, and launched her online program, “Brayton Birth Method,” to educate and empower women through the perinatal journey. She is owner and founder of Hoboken Family Chiropractic + Wellness, in Hoboken, N.J. Check her out on Facebook and Instagram @drlaurabrayton and at drlaurabrayton.com.

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**Are You Working In or On Your Business?**

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Nutrition, Weight-Loss Services for All

New technologies are removing the time factor for nutrition counseling

By Jerome Rerucha, DC, BS, CSCS, CHPS

Time to Read: 9-11 Min.

The Takeaway
Nutritional services for chiropractors used to be time-consuming and require extensive patient-management duties, but modern technology is knocking down the barriers to providing holistic nutrition and weight-management care.

We All Know as Chiropractors the “Triad of Health” (ideal structure, emotional well-being and nutrition) provides the pillars for a healthy patient. As chiropractors we have the adjustment as our signature service, which sets us apart from all other practitioners. Many chiropractors offer additional products and services to complement the adjustment; nutritional supplements are at the top of the list, and rightfully so.

Pinpointing nutritional deficiencies
Nutrient deficiency relates to virtually all of the most common chronic degenerative diseases of our current day. These include cardiovascular disease, immune system weakness, brain and mental imbalance, indigestion, metabolic syndrome, and pain and inflammation, just to name a few.

Understanding functional medicine, lab testing, research validation, symptom surveys, patient history, muscle testing techniques and clinical experience provide conclusive reasons for the practicing clinician to be confident and successful offering nutritional supplement services. All of these methods should maintain widespread application in the current clinical landscape.

However, the foundation of nutrition is the food we eat and what we drink. Whether a person wants to be their healthiest, slim down and lose their belly, or is an athlete looking for optimum performance to build muscle, learning to eat correctly is a giant difference-maker in every situation. Maybe the patient’s desire is to reduce pain and inflammation, better control or reverse diabetes, lower blood pressure, balance cholesterol, and improve or reverse other chronic...
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Health research and weight loss

Research and epidemiological studies agree on what is the biggest underlying cause to people’s health problems worldwide.

“Globally, the leading cause of morbidity and mortality is now chronic non-communicable diseases, closely associated with the obesity epidemic, and the widespread adoption of unhealthy diets and behaviors.”

Most natural health care practitioners and consumers intuitively know that the food we eat has a tremendous impact on how our bodies look, develop, perform and heal. But the problem lies in that of the three pillars of the Triad of Health, healthy eating is the most time-consuming to explain, the most difficult to manage, seems the most confusing to patients, and every day there seems to be some new quick-fix nutrition theory to exacerbate the existing confusion.

The weight-loss market is continuously growing. The general public are looking for help and are spending money to prove it. In 2021, $255 billion was spent solely on weight loss and every year consumers are spending an additional 8%+ more. But it is clear that the U.S. populace is getting fatter. Why does the average person, who wants to be healthier or lose weight, seek help from a gym trainer or a weight-loss group instead of their doctor of chiropractic, who is the true expert in all things health?

Overcoming the fad diets and quick fixes

The mass population’s health failures will maintain until natural health clinicians, who provide an efficient system, replace silver-bullet product claims, prepackaged chemical-laden food, magic pills, “secret” bio hacks, one-dimensional diet books with no accountability, and the latest marketing fads.

Solutions for everyone need to include education on real food. The healthy eating system of the future must implement the client’s body composition (not weight alone) measured regularly, comparing their results to food logging and how the individual food intake affects each individual’s physiology — healthy or poor. Reinforcing the positive behaviors and prescribing one or two priorities of improvement is not overwhelming and provides consistent short- and long-term results to the client — all while adjustments, supplements or rehab are being offered.

For generations the average person hasn’t known what to do in regard to diet and is overwhelmed by quick-fix lies, deprivation diets, skipping meals or eliminating whole macro groups (fat-free, carb-free, meat-free), which is simply not sustainable or beneficial to most long-term. Even the majority of those who are trying are undernourished, even though commonly overfed. The mainstream diet carousel has caused the average person at every age and gender to be fatter. Food tricks have injured their metabolism and they have less energy, maintain false beliefs that more medication is the answer, and feel worse about themselves when they look in the mirror or shop for clothes.

Understanding carbohydrates and nutritional balance

Nutrition really shouldn’t be this complicated.

The top (fitness industry) professional nutrition coaches have known for decades how to maximize weight loss and maintain or grow muscle without sacrificing health and performance.

Just as one example of an area that needs improvement is to understand the importance that healthy, quality carbohydrates have on muscle growth. The correct balanced meal planning and nutrition system has been proven under the spotlight of global competition against other experts. The results of improved health, optimum performance and extended athletic careers validates the science and methods currently available by nutritional food programming that is generally not applied by health practitioners. These experts promote eating a balanced macro diet of proteins, carbohydrates and healthy fats, including lots of vegetables and high-fiber foods.

Believe it or not, there are specific and proven formulas to determine the amount of food for a person and their goals. These formulas are based on...
active metabolic tissue (muscle and working organs) and inactive tissue such as visceral fat, subcutaneous fat, and water (as well as activity level and desired outcome). The formulas and applications work great when provided by an experienced professional who holds the patient accountable and includes step-by-step education and solutions that are applied in real life.

Charging for nutritional services and time management

On top of all the standard services and demands of running an office, the doctors’ dilemma is time and how to charge for services. The previously mentioned science-based formulas have largely not made it to the clinical world because, in the past, it was challenging for any doctor, chiropractors included, to efficiently manage the high volume of patients and their individualized dietary needs. All barriers to providing nutritional counseling, including time, education, patient management and profitability, have improved dramatically in modern times by integrating the science of food-combining and technology to manage each person. Offering nutritional meal programs is now a time-efficient and profitable reality for clinicians if they utilize the proper technology system in the chiropractic office. These technology systems will benefit

The modern technology management advances are very effective at managing weight loss and will attract a large existing clientele already looking for help. But those who offer nutritional meal education and management will also be attractive to those wanting to reverse diabetes, lower blood pressure, have more energy, sleep better, decrease pain, improve digestion, handle allergies and enhance brain health.

The chiropractors who find and apply this technology system will be the cutting-edge health leaders in their profession and in their community.

Technology can now use data analytics to provide a system for clinicians, integrating a medical-grade bioimpedance body composition measurement device, machine-learning automated coaching, and tracking each client’s food intake with a consumer food tracker app. All of these components integrate to efficiently and profitably manage hundreds of patients in a convenient clinical coaching portal.

The chiropractors who find and apply this technology system will be the cutting-edge health leaders in their profession and in their community.

References can be found online at chiroeco.com

JEROME RERUCHA, DC, BS, CSCS, CHPS, is a practicing clinician, co-owner of Crossfit Eatonton with his wife, Jennette, and a speaker teaching integration of advanced clinical treatment applications and competitive strength and conditioning principles. He teaches seminars on his 3D Brain/Body Mapping™ Examination and Corrective System and is a former full-time strength coach and powerlifter. He founded Performance Chiropractic and Wellness in White Plains, Ga. To learn more about the Brain/Body FIT™ Program, go to performancepractic.com.

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MUSCULOSKELETAL IMPACTS OF NUTRITIONAL TESTING — PART II

Testing results can provide clarity for deciding on the best approach to treatment

BY ROBERT G. SILVERMAN, DC, DACBN, DCBCN, MS, CCN, CNS, CSCS, CIISN, CKTP, CES, HKC, FAKTR
TIME TO READ: 6-8 MIN.

THE TAKEAWAY
Food sensitivities and leaky gut syndrome are hidden sources of inflammation and damage to the musculoskeletal system.

The value of nutritional testing
Dietary and lifestyle changes that reduce systemic inflammation are highly effective for relieving musculoskeletal pain. Their effectiveness can be increased when we can make specific recommendations for dietary changes that eliminate tested food sensitivities.

Because food allergies cause immediate and apparent reactions to even a small dose, the exact cause can be easily diagnosed. However, food sensitivities are tough to diagnose due to their delayed nature; it typically takes up to 72 hours before the presentation of symptoms after ingestion of food. In addition, a wide range of foods can cause sensitivity reactions, and a patient is likely to be reactive to more than one. Tracing food sensitivity symptoms back to a specific food can be frustratingly difficult. The link between an aching joint three days after eating a reactive food isn’t usually obvious.

Convenient and accurate nutritional testing reveals food sensitivities. Modern methods use blood spots and serum to detect IgG (1-4) responses to a broad array of food proteins and food additives. The testing can reveal sensitivities to approximately 176 different foods and food additives and characterize them by the degree of severity. To make the results even more accurate, the test also measures immune complexes, the most common food-related pathways in the body. Immune complexes resulting in inflammation are underlying causes for many musculoskeletal conditions.

Implementing patient test results
Based on test results, patients learn which foods must be temporarily eliminated from the diet and which can be eaten
DEAR DOCTOR OF CHIROPRACTIC,

You are essential to the health care of America. Your patients count on you to help them through this difficult time, as do your family and friends. If you’re a business owner your employees are counting on you also.

In pre-pandemic times there was less to worry about and it was easier to find mental escapes and downtime. Now we’re trying to create that new normal as a society, trying to make it look as close to the old normal we can, for both doctors of chiropractic and their patients.

WE’RE IN IT TOGETHER

Last year we told the story of the two young chiropractors who 30 years ago attained their DC degrees, both near the top of the same graduating class and full of enthusiasm to enter chiropractic care. When they returned for their 30-year reunion, both were married with family and had stayed in touch over the years. But while one worked in a multi-doctor practice, the other had founded his own multi-location practice and as CEO was contemplating an early retirement.

THE DIFFERENCE?

How and why did the two DC’s paths diverge? Both sought success. Both were near the top of their class in school. Both entered the field with enthusiasm. The difference-maker was the business of chiropractic – learning the economics of the industry. The eventual CEO subscribed to Chiropractic Economics and gained the knowledge to take his practice to the next level.

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Sincerely,

Richard Vach
Editor-in-Chief
liberally. After treatment for increased intestinal permeability, retesting can tell us which reintroduced foods still cause a reaction and should continue to be avoided. The testing makes the reintroduction process much more effective for the patient.

When zonulin testing is added to IgG testing, the results are even more valuable. Until this testing became available, practitioners diagnosed leaky gut syndrome based on patient reporting of symptoms such as gas, brain fog, and muscle and joint pain. The effectiveness of treatment similarly relied on subjective reporting of symptom improvement and sometimes led to prematurely ending treatment, only to have symptoms return.

Today, zonulin testing reveals blood levels of zonulin antibodies for an accurate assessment of intestinal permeability. Elevated zonulin levels are associated with celiac disease, multiple sclerosis and a range of inflammatory autoimmune diseases. Zonulin testing can confirm celiac disease and gluten sensitivity and can act as an early warning of potential autoimmune diseases such as rheumatoid arthritis.

**Measuring treatment effectiveness**

Zonulin testing is valuable for assessing the effectiveness of treatment. In the case of celiac disease and gluten sensitivity, for example, removing gluten from the diet decreases zonulin levels. Repeated testing shows when baseline barrier function in the small intestine has been restored and the intestinal damage has healed, allowing the patient to resume a normal gluten-free diet.

Similarly, repeated zonulin testing can indicate how well leaky gut syndrome treatment from other causes is proceeding. The results can help adjust the treatment and assess patient compliance with the needed dietary restrictions. Because resolving leaky gut syndrome is a slow process that can take several months, testing that shows improvement in zonulin levels helps encourage patients to stay with the treatment plan.

Patients appreciate the convenience of just one test for food sensitivities, inflammation and gut permeability. Practitioners appreciate the clarity the results provide for deciding on the best approach to treatment.

**Protocol for low-back pain**

The current literature on the correlation between gut and musculoskeletal conditions supports a combined treatment approach. My approach uses my seven-step protocol for treating gut inflammation and my supplement protocol for treating low-back pain.

My Super 7(R) Action Plan for the gut can be beneficial for relieving a range of gut problems and restoring the intestinal barrier:

1. Reset diet/lifestyle/mindset.
2. Remove pathogens and food sensitivities. Remove pathogens with oregano oil, berberine, garlic and serum-bovine immunoglobulin.
3. Replace needed digestive enzymes and stomach acid and improved bile flow with betaine HCI and pepsin with ox bile or taurine.
4. Regenerate damaged intestinal mucosa. A plethora of nutrients can be used to create an anti-inflammatory status in the gut and stimulate mucosa healing.
5. Reinoculate with quality prebiotics and probiotics.
6. Reintroduce/retest foods removed in step 2 or retest for food sensitivities at this point.
7. Retain your health and gut integrity.

Improving gut health can go a long way toward also improving musculoskeletal problems. Adding a targeted protocol of daily supplements helps relieve musculoskeletal inflammation and reduces intervertebral disc degeneration:

- Omega-3 fatty acids with an EPA/DHA ratio of 2:1; 4 to 6 grams daily
• Vitamin D3 (5,000 mg) with vitamin K2 (50 mg), daily
• Glucosamine (1,500 mg) and chondroitin sulfate (1,200 mg), daily
• MSM (methylsulfonylmethane) 1 gram, daily
• Hyaluronic acid (100 mg), daily

If your gut is healthy, your musculoskeletal system is healthy. As Confucius said, “A healthy man wants a thousand things; a sick man only wants one.”

ROBERT G. SILVERMAN, DC, DACBN, DCBCN, MS, CCN, CNS, CSCS, CIISN, CKTP, CES, HKC, FAKTR, is a chiropractic doctor, clinical nutritionist, national/international speaker, author of Amazon’s #1 best seller “Inside-Out Health,” and founder and CEO of Westchester Integrative Health Center. He graduated magna cum laude from the University of Bridgeport College of Chiropractic and has a Master of Science degree in human nutrition. The ACA Sports Council named him “Sports Chiropractor of the Year” in 2015. He is on the advisory board for Functional Medicine University and is a seasoned health and wellness expert on the speaking circuits and in the media. A frequently published author in peer-reviewed journals and other mainstream publications, he is a thought leader in his field and practice. His new book, “Superhighway to Health,” was published in June 2021. He can be reached at drrobertsilverman.com.

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- Appreciate interplay between the microbiome and the endocannabinoid receptors
- Clinical implications of Endocannabinoid Deficiency in the patient presentation of immune adrenal and immune competence
- HPA Axis insights during the COVID era, and Endocannabinoid Tone

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