SPORTS & YOUTH ATHLETICS

New Challenges for DCs from Overworked Young Athletes

- Adult Injuries in Youth Patients
- Supercharging Sports Rehab with Tech
- How to Work with K-12, College Teams
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The immune system has been an important topic for several years, and now is not the time for your patients to let their guard down. Immune system supplements from Standard Process® and MediHerb® deliver the daily, research-driven support that they need. When you recommend these high-quality products, you’re helping patients to support a healthy response to seasonal and environmental challenges.*

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SPORTS & YOUTH ATHLETICS

DOCTORS OF CHIROPRACTIC working closely with middle, high school and college athletes are sounding the warning of increased sports injuries due to early specialization, year-round practice and play, and overzealous coaches and parents pushing the boundaries of growing bones and immature musculo-skeletal systems.

"Why are we seeing so many adult-like injuries on such young bodies still developing?" writes Russell Greenseid, DC, in one of our two feature articles this issue. “A few things are happening in the world of youth sports, and unfortunately, they appear to be the road forward.... We’re seeing that with each new birth year the competition fiercely intensifies. According to the latest statistics, 70% of kids playing sports are throwing in the towel by 8th grade.”

Spencer Baron, DC, DACBSP®, goes into what to watch out for with early sports specialization and how to counter these injuries, while Logan University’s Devon Ackroyd, DC, MS, DACBSP®, Cert. MDT, outlines how to become more involved in working with sports teams at all levels, and what to expect.

We also take a look at what you’re missing when you don’t pay attention to the feet of young athletes; shockwave for supercharging sports rehab; what X-rays can help you avoid; and much more.

When care is not limited

A new study released in June showed that chiropractic care for low-back pain had limited availability when employers and/or insurers picked the health care providers.

Researchers from the Workers Compensation Research Institute (WRCI) reviewed more than two million workers compensation claims from 28 states. A dozen of the states had fewer than 5% of low-back pain claims, and 11 of those 12 had employers or insurers selecting the workers’ providers.

Seven states allowed workers to choose their own health care providers: Minnesota, the lone state with more than 30% of low-back pain claims including chiropractic care, along with Wisconsin, California, New York, Delaware, Massachusetts and Maryland.
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SCU president honored for service
For the past six years, Southern California University of Health Sciences President John Scaringe, DC, EdD (shown, above right, with NWCU President Sonny Ramaswamy) has served as one of 21 commissioners with the Northwest Commission on Colleges and Universities (NWCU), which accredits certain postsecondary institutions. In June, he stepped down.

Scaringe is the second DC to serve as an NWCU commissioner. The first was Joseph Birmhall, president of the University of Western States. No other DC, acupuncturist, naturopath, etc. has served in this position.

“My experience has helped me understand … how SCU goes beyond, by challenging convention and embracing collaboration,” Scaringe said.

ChiroEco.com/scaringe

Maloby elected president of the World Federation of Chiropractic
John Maloby, DC, FICA, former International Chiropractors Association President, was elected President of the World Federation of Chiropractic (WFC) in May in London. The WFC works internationally to expand access to quality chiropractic care and chiropractic education worldwide.

Maloby, of Blythe, Calif., is the 17th president of the WFC and will serve a two-year term. He has served on the Board of Directors since 2015. Since graduating from Palmer College of Chiropractic in 1977, Maloby has maintained an active private practice.

“I am very excited to have this opportunity to impact the future of chiropractic internationally by serving in this position,” Maloby said.

ChiroEco.com/maloby

SOCIAL MARKETING
Optimize your SEO
Here are some tips to increase your website traffic:

1. Be the source for answers. How often have you gone to Google with a question? Tons of times. So, your goal is to have your content stand out by appearing on the first page, ideally, in the Google answer box. Think “who, what, when, where, why, and how” to create content that can satisfy a searcher as well as move your listing to Google’s top spot. Example: “Chiropractor near me” or “Chiropractor in [insert your city].”

2. Use headings and formatting. Use one main title per page — this is known as “H1.” Include your keyword in the H1, as well as in the page URL. Your title can be up to 70 characters, and should be unique to that page. Your main subhead will be in the H2 format, and subsequent subheads throughout the article in H3.

3. Fill out the meta description. This helps search engines find your page.
4. Utilize bullets and lists. People like to search quickly, and a bulleted list allows them to easily find answers. Also, search engines look favorably on lists.
5. Target your audience. If you use too broad a keyword, such as “chiropractic doctor,” you will find yourself in a sea of competition. Create a keyword that brings your true audience into focus. For example, include your practice location.
6. Use how-to or FAQ. Google states that any list of Frequently Asked Questions (FAQ), can be used on any page to boost your SEO efforts — not just your “About Us” page.

EXAMPLE: “What are the benefits of chiropractic care?”

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

FACETBOOK QUESTION
Do you work with any youth or high school sports teams in your practice? How did you get started in that area?

TRENDING STORIES
Academy of Chiropractic names DC as elite ‘Trauma Team Member’
The Academy of Chiropractic has named Brendan Maloby, DC, of Marietta, Ga., as “Trauma Qualified” by Cleveland University Kansas City, with courses approved through the ACCGME in conjunction with the State University of New York at Buffalo, Jacobs School of Medicine and Biomedical Sciences.

Maloby is now formally qualified to diagnose or manage all spine cases.

“Dr. Maloby joins an elite group of chiropractors … that have completed an extensive program in triaging the injured, MRI spine interpretation, spinal orthopedics, early detection for stroke, spinal biomechanical engineering and accident reconstruction for motor vehicle accidents,” said Mark Studin, DC, clinical director of the Academy.

ChiroEco.com/b-malloy

TWEET DISCUSSION
Which sports injuries do you see most frequently among young patients?

Use the hashtag #CE for the chance to be featured on our Twitter account.

@ChiroEcoMag

MISSED THE LAST ISSUE?

Women’s Health Spotlight
Differentiating Health, Needs and DC Education

ChiroEco.com/magazine
Each of Erchonia’s cold laser products is designed to effectively target muscles and tissues and promote natural healing.

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Being active as a family can be a challenge, especially with work schedules and other responsibilities. Getting into a family exercise routine will benefit the whole family and help you stay in good health.

Keep in mind these important facts about chiropractic:

Vitamin D is so powerful it is considered a hormone! We can get it through sunlight, diet or supplementation!

Self-care isn’t selfish! Nourish to flourish.

Do you feel restricted in your shoulders? Restoring proper motion to your upper back and neck can help remove the stress that’s not allowing you to move.

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— ARNOLD SCHWARZENEGGER, WEIGHTLIFTER, ACTOR AND POLITICIAN

DON’T MISS
CONFERENCES
AND WEBINARS

The National by Florida Chiropractic Association
August 25-28 • Orlando, Fla.
The FCA provides the chiropractic family with the tools to propel your practice to new heights at the largest convention and expo for chiropractic. DCs and CCPAs alike will learn from international experts in this intimate educational setting. Join colleagues and internationally known speakers, virtually or in person.

“Burner Syndrome” – An Ortho/Neuro Perspective
September 6 • webinar
The “burner syndrome” or sometimes referred to as “stinger,” typically occurs during an athletic event when the participant receives contact causing a sudden jolt of pain, tingling or numbness in an upper extremity. This presentation will cover the details of this syndrome and practices in management.

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Learn safety and third-party certifications, athletes’ needs, categories of sport supplements, examples of popular sport supplements and supportive evidence, and the latest studies and protocols.
Learn more at chiroeco.com/events.

INDUSTRY NEWS

The Joint Chiropractic wins Zor Award, named best franchise buy

The Joint Corp. has been named a best buy in franchising by Franchise Times as part of its annual Zor Awards program, designed to recognize brands in 10 of the industry’s most exciting and accessible categories.

The Joint is also one of two brands that received the TOPSCORE FUND Award at the FRANdata Multi-Unit Franchisee Conference in Las Vegas. The award is presented annually to brands that exemplify performance excellence and lender friendliness. The Joint won the TOPSCORE FUND Award in 2021 as well.

“To win the Zor Award is a testament to the booming health and wellness industry, our business model, and our mission as a franchisor — to focus on our franchisees’ success and profitability,” said Peter D. Holt, president and chief executive officer of The Joint Corp. “Coupled with taking home the TOPSCORE FUND award for the second year in a row, it just further highlights our commitment to our franchisees.”

The Zor Awards is an industry-exclusive award program that aids individuals exploring franchising by showing them how to make a selection using an astute business mindset. The Franchise Times editorial staff selected 10 industry categories designed to reflect industry momentum and appealing segments within franchising. After selecting a winner in each category, the editorial team conducted interviews with top-performing franchisees in each brand to share advice and lessons learned.

“There is always a layer of complexity in health care-related franchises,” said Darrell Johnson, CEO of FRANdata. “The Joint has made a complex yet lucrative service accessible to a wide consumer base. This capability coupled with strong unit economics and steady growth has led to one of the highest FUND Scores among their peers.”

For more information, visit thejoint.com.

SCHOOL NEWS

Northeast College adds new virtual technology to learning experience

In addition to time-honored tools such as two-dimensional anatomy atlases and human cadaveric dissection used to train future health care experts, Northeast College of Health Sciences also has now added the latest cutting-edge technology to its educational experience — the touchscreen Anatomage Table.

“Northeast is always enhancing our programs’ curriculum and learning environments to ensure student access to the best evidence-based knowledge and health care education available,” said Northeast College President Michael Mestan, DC, EdD. “We are pleased to offer yet another method to help develop and enhance our students’ understanding of human anatomy.”

Billed as “the world’s first virtual dissection table,” Anatomage tables are fully segmented real human 3D anatomy systems. Users can interact via touch to explore structures of the body through interactive visualization, videos, advanced imaging and more. The table allows instructors to show anatomical structures from multiple views alongside radiological imaging or histology, as well as integrate a large library of case studies into instruction.

For more information, visit northeastcollege.edu.
Edcetera, a leading developer of online courses for professional development, board examination and occupational licensure, has announced the acquisition of DCHours.com, a CE platform for doctors of chiropractic.

“Private practitioners and clinicians are working to meet the fast-changing needs of an aging patient population and an ever-shifting regulatory and compliance landscape. Continuing education, therefore, is essential for maintaining the quality of patient care,” said Nader Qaimari, chief executive officer of Edcetera. “Our goal is to become a destination for board exam prep, continuing education, and professional development for a wide range of health care professionals throughout their learning journey. The addition of DCHours.com will deepen our focus on the health care sector and the needs of critical health care professions like chiropractors.”

DCHours is one of the largest providers of CE for doctors of chiropractic and has served more than 40,000 chiropractors since launching in 2008. The addition of the chiropractic education program will deepen Edcetera’s focus on the health care workforce and continuing education for licensed medical professionals.

“We’re excited to join the Edcetera family of continuing education brands…. New innovations in chiropractic diagnosis, treatment and therapeutics are constantly creating new opportunities to improve the patient experience — and outcomes,” said Guy Annunziata, DC, BCN, founder and owner of DCHours.com. “This work is about building a professional learning community for chiropractors that enables them to … constantly refine their practice, and learn from expert practitioners.”

To learn more about Edcetera’s courses, visit edcet.com.

**INDUSTRY NEWS**

**Edcetera expands offerings with acquisition of DCHours.com**

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**SPORTS & YOUTH ATHLETICS**

I didn’t know how much I could improve until I started seeing a chiropractor.”
— Gerald Wilkins, NBA player

91%
Sports chiropractors in a survey who had treated professional or semi-professional athletes.
Source: A descriptive study of sports chiropractors with an International Chiropractic Sport Science Practitioner qualification: a cross-sectional survey, 2021, Chiropr Man Therap

16,320-27,200
During the course of a football season, chiropractors give roughly this many adjustments to pro players.
Source: NFL

50%
Tennis players who suffer from tennis elbow.
Source: Palmer College of Chiropractic

8 of 10
Almost 8 of 10 athletic trainers (77%) have referred sports participants to a chiropractor.
Source: Palmer College of Chiropractic

Bowling
had the largest percentage (47%+) of athletes who sought DC care at the World Games.
Source: ResearchGate.net

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HEALTH NEWS

Stress accelerates immune aging, study finds

Stress — in the form of traumatic events, job strain, everyday stressors and discrimination — accelerates aging of the immune system, potentially increasing a person’s risk of cancer, heart disease and illness from infections such as COVID-19, according to a new USC study.

The research, published June 13 in the Proceedings of the National Academy of Sciences, could help explain disparities in age-related health, including the unequal toll of the pandemic, and identify points for intervention.

“Age-related changes in the immune system play a critical role in declining health,” said lead study author Eric Klopack, a postdoctoral scholar in the USC Leonard Davis School of Gerontology. “This study helps clarify mechanisms involved.”

As people age, the immune system naturally begins a dramatic downgrade, a condition called immunosenescence. With advanced age, a person’s immune profile weakens, and includes too many worn-out white blood cells circulating and too few fresh, “naïve” white blood cells ready to take on new invaders.

But what accounts for drastic health differences in same-age adults? USC researchers sought to identify a connection between lifetime exposure to stress — a known contributor to poor health — and declining vigor in the immune system.

They queried and cross-referenced enormous data sets from University of Michigan’s Health and Retirement Study, a national longitudinal study of the economic, health, marital, family status, and public and private support systems of older Americans.

To calculate exposure to various forms of social stress, the researchers analyzed responses from a national sample of 5,744 adults over age 50. They answered a questionnaire designed to assess respondents’ experiences with stress.

Blood samples from the participants were analyzed through flow cytometry, a lab technique that counts and classifies blood cells as they pass one-by-one in front of a laser.

As expected, people with higher stress scores had older-seeming immune profiles, with higher percentages of worn-out white blood cells. The association between stress and fewer naïve T cells remained strong even after controlling for education, smoking, drinking, BMI and race or ethnicity.

Improving diet and exercise behaviors in older adults may help offset the immune aging associated with stress.

For more information, visit usc.edu or scientificdaily.com.

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KIDS WITH GROWN-UP INJURIES

Why adult-like injuries are becoming the norm in the new competitive landscape

BY RUSSELL GREENSEID, DC
TIME TO READ: 11-13 MIN.

THE TAKEAWAY
Be aware of the top 5 sports for injuries, and the signs of overuse and overtraining.

IF YOU'VE NOTICED AN UPTICK IN YOUNG, INJURED ATHLETES seeking medical treatment, your perception is correct. Roughly three million youths with sports-related injuries now pay visits to hospital rooms each year, with another five million seeing their primary care doctor or a sports medicine clinic for treatment.

While these numbers are substantial, they account for only those injuries ever reported, and exclude the innumerable injuries never treated. With 35 million kids now playing sports, it's no wonder youth sports injuries have climbed to the second leading cause for emergency room visits for children.
Competition is driving kids harder

Why are we seeing so many adult-like injuries on such young bodies still developing? A few things are happening in the world of youth sports, and unfortunately, they appear to be the road forward.

Sports have become incredibly more competitive and more demanding just to stay in the game. Many athletes now focus on just one sport beyond its regular season, or else play multiple sports, year-round.

Athletes are also getting younger and are training harder for longer periods of time. They’re starting much earlier with intensive, adult-like training regimes, often with private coaching, and we’re seeing that with each new birth year the competition fiercely intensifies. According to the latest statistics, 70% of kids playing sports are throwing in the towel by 8th grade.

Overuse injuries

With so much training due to intense competition, there’s an influx of injuries caused by overuse. While occasional accidental injuries expectedly occur, it’s estimated 50% of today’s youth injuries are a result of too much, too often.

Overuse injuries are chronic and caused by high levels of physical stress without proper time allocated for the body to recover. To prevent overuse injuries, it’s important to consider factors impacting potential injury, such as an athlete’s level of physical maturity, age, body mass index (BMI) and anatomic variations. Equally important are external factors causing stress to the body, such as intense and repetitive training regimes, improper footwear, faulty equipment and environmental factors.

Common injuries that were once uncommon

Not long ago, the most common sports-related injuries were wrist injuries, twisted ankles, and fractures from mostly baseball, basketball, and football. Today’s youth sports injuries, however, more closely resemble those once reserved for professional athletes and adults participating in recreational activities: stress fractures, apophysitis, tendinitis, bursitis, and osteochondral injuries of the joint.

We are seeing more ACL tears in kids — rarely seen 20 years ago — followed by injuries of the knee (Osgood-Schlatter disease), shin, heel (Sever’s disease), ankle, Achilles tendon, elbow (Little League Elbow), hand, wrist, calf, head and neck. Strains and contusions show up frequently in the examination room, and likewise do ligament injuries, sprains and fractures.

Many of these injuries are not the kind of injuries once held by kids engaging in free recreational play. They are chronic and can become worse over time.

Highest injury occurrences by youth sport

Sports and physical activities across the board have all seen an increase in athletic intensity. Gymnastics and cheerleading are two great examples.

Children start gymnastics as early as age 2, later increasing their conditioning to 2- to 3-hour daily practices for junior competitions. Cheerleading has also evolved from cheering and chanting to full-on, gravity-defying aerobic stunts and tumbles requiring intensive athleticism, conditioning and training.

Some sports bring a higher propensity for injury and are known for specific types of injuries. Below are five top sports notorious for the highest number of emergency room visits.

1 Basketball — According to the National Safety Council (NSC) 2020 statistics, basketball ranks highest in youth injuries among all other team sports. There is little to no protective gear, resulting in fractures, ankle sprains, ligament tears, muscle contusions, muscle strains, concussions and tissue damage in ankles, knees, thighs and faces. Overuse injuries such as Patellofemoral Pain Syndrome (PFPS), jumper’s knee/patellar tendinitis, shin splints and stress fractures often surface throughout the season. In younger players still physically developing, apophysial injuries appear, such as Sever’s disease in the heel and Osgood-Schlatter disease in the shin.
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• Performed by Non Medical Technician
• 3-4 Patients Per Hour
• Instant Results
If Only 8-10% of Americans are seeking Chiropractic Care

Why are you ignoring the other 90%? Don’t they need Chiropractic too?

Smart chiropractors are constantly looking for new service lines to expand their practice beyond just chiropractic and reach the remaining 90% of America. Weight loss is the absolute best way to engage this massive demographic, that currently has no clue that you and your chiropractic office even exists. Many chiropractors fall into the trap of investing in unnecessary rehab equipment/service centers to improve patient outcomes and increase case averages. However, this does not expand your patient base. All this does is up-sell your existing patients. Adding modalities that the majority of America is not familiar with does not attract new patients. To grow as a business and become a successful entrepreneur you need to reach new audiences. If you’re not bringing in a high volume of new patients every month, you’re constricting your business’ growth. This is why adding weight loss is a necessity for chiropractic offices around America. Weight loss is a 5-billion-dollar industry and 71.6% of Americans adults are overweight or obese. Being overweight leads to injuries, increased inflammation, and pain. So, if you’re looking to fix bad backs and knees – the weight loss community has no shortage. As a chiropractic office you can help these patients, but you’ll never reach them marketing just chiropractic services. These patients are not aware that they even need a chiropractor yet. To reach them you have to market weight loss (with a device classified and proven for weight loss - not an LED inch loss device) and educate them on the importance of chiropractic once they become your weight loss patient.

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- Laura & Dr. Justin Dempsey Waco, TX

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Swimming — In 2020 alone, swimming injuries accounted for 130,000 visits to emergency rooms, half of which were suffered by children aged 14 years or younger. Common injuries include swimmer’s shoulder or shoulder impingement syndrome, rotator cuff tendinitis or tears, biceps tendinitis, lower back pain, neck pain and bicep pain. It’s important to train within the body’s physical limits. Swimmers experiencing pain for more than 48 hours should seek out medical attention.

Football — America loves football, but with it comes risk of player injury. The majority of youth football injuries occur in the lower leg, ankle and foot in the form of contusions, ligament sprains, strains and fractures. As players age, risk increases. Players in grades 7-8 are twice as likely to be injured than their 4th- to 6th-grade counterparts. On average, kids age 14 years or younger account for 50% of those treated in the emergency room for football-related injuries.

Soccer — Over the past decade, youth soccer participation has exploded in popularity in the U.S. and is equally popular by gender. With three million youth soccer players in the country, 52% are boys and 48% are girls. Common injuries in the field include ankle and knee sprains; calf strains; clavicle, foot, wrist fractures; kneecap bursitis; meniscal tear; and concussions. As with any sport, it’s important to refrain from playing if you are extremely tired to avoid injury. Staying hydrated and well-nourished are of equal importance in preventing fatigue. Roughly 45% of patients treated in the emergency room for soccer-related injuries are age 14 years or younger.

Baseball/Softball — For baseball and softball players, springtime brings with it daily ball practices, weekend tournaments and frequent double headers — all of which can take a toll on young, developing bodies. Common baseball and softball injuries to watch out for are Little League Elbow, Little League Shoulder, rotator cuff injuries, ankle sprains, concussions, muscle strains and overuse injuries.

Treating injuries in young athletes
Children’s bodies are still in the process of development, and their skeletal systems can be affected long-term by damaged growing bones and soft tissue injuries. During these growth years, there are significant changes in the biomechanical properties of the bone.

As bone stiffness increases, resistance to impact diminishes and can result in stress overload, causing bones to bow or buckle. Shearing and compression can cause epiphyseal injuries at the epiphyseal growth plates. Thankfully, our youngsters are gifted with remarkable healing powers, and often fully recover to appear normal in later life.

**CHILDREN PLAYING SPORTS WHO QUIT BY 8TH GRADE**

70%

To prevent risk of significant chronic injuries, it’s imperative to promote a safe, age-appropriate training regime designed according to the physical development level of the young athlete. To help your patients, their families and their coaches be prepared for injuries should they occur, share with them the easy-to-remember treatment plan: R.I.C.E:

**Rest**
- Stay off the injured area and see a physician
- Use crutches, if necessary

**Ice**
- Ice the injured area immediately and for the next 48-72 hours to reduce swelling
- Apply crushed ice or frozen peas for 15-20 minutes at a time while awake
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Compression
• Wrap the injured area with an elastic wrap or compression sock to reduce swelling
• Leave toes/fingers exposed, and watch for numbness, discoloration or temperature changes.
• Do not sleep with compression wrap

Elevation
• Elevate the injury higher than the heart to prevent swelling

Preventing injuries before they occur
Most sports injuries can be prevented through advanced preparation and by implementing safety precautions. When players are not in shape or neglect to properly stretch and warm up before play, injuries can occur.

Likewise, the most common sports injuries are often a result of poor training practices or improper use of gear or equipment. It’s important to encourage young athletes to visit their doctors for a pre-season physical examination. Pre-season concussion tests are just one way of providing a solid benchmark for potential future injuries.

Here are a few ways you can help guide your patients, their parents and their coaches to pave the way to a safer athletic experience (provided by the American Academy of Pediatrics):

• Take at least one day off of training a week so the body has time to recover;
• Take breaks during practices and games to prevent injury and heat illness;
• Use the correct, properly-fitted protective gear including pads for neck, shoulders, elbows, chest, knees and shins, as well as helmets, face guards, mouthguards, protective cups and/or eyewear;
• Stay hydrated by drinking plenty of fluids before, during and after play;
• Wear weather-appropriate clothing to stay warm and prevent overheating. Coaches and trainers should reduce or stop practices or competitions when heat or humidity is high;
• Strengthen muscles before competing so the body is well-conditioned during play;
• Stretch and warm up before and after games and practices to prevent stress injuries;
• Implement safe, proper athletic techniques throughout the season.

There’s no question that participation in youth sports yields endless long-term physical, social and psychological benefits. It can build character, boost self-esteem and help develop teamwork skills. As medical practitioners, we generally feel compelled to help keep our patients healthy, so it’s important we share information that can help provide the safest possible athletic experience.

Connect with your local youth athletes
One way to make a difference in helping protect young athletes is to connect with them directly by sponsoring a local team.

Beyond the thrill of seeing your logo embossed on their team uniforms — or on the side of the Zamboni during a drive-by between periods — is the gratification of supporting your community on its most local level. Additionally, your financial support may qualify for a tax deduction, and your medical knowledge can be shared to help promote wellness and reduce the risk of injury.

It’s truly a wonderful way to give back and build a strong relationship with the families, players and athletic leaders in your community. Not to mention, your business’ brand name will stay top of mind, and you may just score a season’s worth of free event tickets. Just make sure you get a team photo to frame and proudly display on your office wall. 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.
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Working your way into working with young athletes and teams

BY DEVON ACKROYD, DC, MS, DACBSP®, CERT. MDT
TIME TO READ: 8-10 MIN.

THE TAKEAWAY
Working with sports teams at all levels has its rewards, but be prepared to climb the ladder in terms of integrating yourself as part of a medical team and possibly missing time on occasion from your clinical work.

THE GROWING FIELD OF SPORTS CHIROPRACTIC is proof that the addition of chiropractors to the sports medical team is of great benefit to the teams and the athletes in kind.

Nearly every team in professional sports has chiropractors on staff to provide chiropractic care to their players. Practitioners looking to get involved in the field of sports chiropractic are best poised to have a passion for sports and enjoy being part of a team that seeks to help athletes perform better.
The reality
To some, it may seem like being involved in the field of sports chiropractic can be both glamorous and financially lucrative. However, it more often falls quite short of these expectations.

Being a part of the medical staff at the amateur, collegiate or professional level requires one to be a team player. Often on game days, this could mean arriving hours early to help fill water bottles, set up medical stations, restock supplies, help injured players run through rehabilitation drills, tape players’ wrists or ankles, and generally support the needs of the trainers and staff. The post-game routine is the mirror image.

Expect to stay long after many have left to help break down equipment, restock supplies, clean the training room and empty water bottles, all in addition to assisting athletes who need post-game therapy. Typical game days for sports such as football can begin in the morning with pregame treatment and extend long into the evening.

The financial aspect of sports chiropractic can be the murkiest. Entering the field, the bulk of your time with the sports team or school’s athletic department will be volunteered or pro bono. This often comes with an eye roll and a quick disregard from many individuals contemplating entering the field, or even those with an established practice unable to rationalize the financial and time commitment. More on this later.

Education, experience and credentialing
Working with athletes requires a certain level of competency. One needs to be prepared to help manage medical situations such as stabilizing fractures, dislocations, or boarding a suspected spinal trauma, in addition to many other potentially life-threatening situations.

Moreover, when working with teams or athletes not fortunate enough to have an experienced athletic trainer or emergency medical support nearby, the sports chiropractor needs to be proficient with solo emergency care. This involves having the experience and knowledge to confidently direct personnel during a medical emergency, being aware and implementing emergency action plans and managing life-threatening situations for both athletes on the field and spectators in the stands. Lastly, some specific sports require competency managing non-life-threatening situations with taping and bracing, wound care or concussion management.

The most common training and credentialing within the sports chiropractic community in the United States come from two organizations: The American Chiropractic Board of Sports Physicians (ACBSP) and the Federation International of Sports Chiropractic (FICS). The ACBSP offers two levels of credentials: the Certified Chiropractic Sports Physician (CCSP) and the Diplomate of the American Chiropractic Board of Sports Physicians (DACBSP). The CCSP requires a master’s degree, an active athletic training (ATC) license, or completion of a minimum of 100 hours of postgraduate education in the CCSP program at an accredited chiropractic college to sit for the written exam.

The DACBSP requires additional experience and research components, and both a written and practical exam to satisfy the highest level of sports chiropractic education within the ACBSP’s educational paradigm. The FICS organization offers both an online and in-person credentialing for sports chiropractors looking to achieve the International Certificate in Sports Chiropractic (ICSC) and be eligible to participate in international sporting events exclusive to FICS providers.

Both certifications provide a good base for skill when providing sideline coverage and emergency care for sports teams, schools or individual athletes. However, there is no substitute for experience, and involving yourself in these situations and environments drastically improves situational confidence and competency.

How do I get involved?
While there are several ways of becoming involved in amateur athletics following the appropriate training, one of the first steps is establishing a relationship with the ATC.

Even in situations where there are medical directors and athletic directors, the ATC’s trust and voice carries the most weight within many organizations. They are in constant communication with the athletes and often know them better personally and physically than the physician or athletic director.
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The next step is to appropriately provide and explain your own qualifications and training within the field of sports chiropractic. Lastly and most importantly, it is vital for the sports chiropractor to understand their role within the medical team, or as it relates to the athletic trainer’s needs. For example, if the medical team is diverse, the sports chiropractor’s role may be limited to simply providing manipulation. As the ATC becomes more familiar with you and your skill set, expect your involvement to expand.

Why should I get involved if the time and financial commitment are so burdensome?
There are a few questions a chiropractor entering the field of sports should ask themselves:

• Does working with a sports team or school athletics department dovetail well with your own private practice (i.e., similar clientele, treatment approach, proximity to the clinic, etc.)?
• Can you financially sustain time away from the clinic if necessary to support teams while traveling?
• Do you have a background or passion for a particular sport and understand the human biomechanics or injuries that are most commonly identified?

While most services performed by sports chiropractors are delivered pro bono in amateur sports, there are avenues to monetize your involvement. These include:

• Providing additional fee-based care for the athlete and their family at your private clinic
• Providing pre-season physicals (in states that allow DCs to perform and sign off)

• Promoting your relationship through your own social media and having the team or organization reciprocate on their own platforms
• Developing a relationship that compensates your time with advertising on the school’s website, program or newsletter
• Writing monthly articles on sport-specific topics that will resonate with athletes and their families, driving patient volume

Potential travel and maintaining a practice
One important note when working with sports teams is the aspect of travel. As the teams you work with begin to move into the elite amateur, semiprofessional and professional levels, there becomes a larger emphasis on the requirement for the medical team to travel to away competitions or games.

The sports chiropractor must have the flexibility and financial stability to be able to take time away from their practice to support the team during certain competitions or tournaments. However, one of the perks of working in sports is the ability to travel to destinations that might not have ever shown up on your travel bucket list. As an example, I was fortunate enough to travel to Nur-Sultan, Kazakhstan, to support athletes in a world championship a few years ago. While travel can be disruptive to private practice, patients often appreciate a doctor who volunteers their time, and are consistently the ones to brag to colleagues, family or friends that they see the team chiropractor who looks after their child’s high school or favorite local sports team.

Although it may seem like the financial and time commitment are reason enough to avoid sports chiropractic, there are strategies to make working for sports teams profitable for your business. Over the long term, one must also weigh what value is placed on life experiences, particularly those which allow you to travel to overseas destinations, or the career satisfaction that comes with being a core part of a team or athlete succeeding at the highest levels.

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BEWARE SPECIALIZATION
One more reason sports specialization can harm young athletes

BY SPENCER BARON, DC, DACBSP
TIME TO READ: 6-8 MIN.

THE TAKEAWAY
Playing multiple sports or cross-training can keep young players from being sidelined with difficult overuse injuries.

SOMETIMES IT’S EASY TO TAKE ADVICE from health care professionals and let it go in one ear and out the other because it contradicts what you see with your own two eyes.

For instance, many doctors recommend that young athletes play more than one sport to avoid overuse injuries. But how can this be the case if pro athletes stick to just one sport and seem to do just fine?

Alan K. Sokoloff, DC, team chiropractor for the NFL’s Baltimore Ravens and University of Maryland Terps, shares that the answer lies, in part, in how participating in two or more sports can help you enhance the skills required to absolutely master your sport of choice.

Sports specialization and enhanced skills
Playing only one sport “inhibits an athlete’s ability to develop other skills learned in other sports,” says Sokoloff, known by his athletic patients simply as “Dr. Sok.” That is why some of the top players in the nation have engaged in more than one professional sport.

Examples of this include Usain Bolt, who after trading in his Olympic medal-winning track shoes, subsequently spent time on the soccer field. Or Major League Baseball great Deion Sanders, who wound up winning two Super Bowls with the NFL.

Dr. Sok has also seen the advantages of playing two sports in his own home, as his daughter was a teen and played soccer,
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but also danced and did gymnastics. This enabled her to “develop upper and lower body muscles in different ways,” says Dr. Sok, “paving her way to ultimately play soccer at a very high level.” It also helped her learn balance and coordination, which is extremely important for young athletes.

Participating in more than one sport at a young age also gives athletes a greater chance to develop more motor skills, adds Dr. Sok. These types of skills are beneficial and cross over to a lot of sports that involve jumping, running, dodging, catching and throwing.

“Watching so many kids get hurt around [my daughter], I am proud every time she takes the field,” Sokoloff said. “And while all accidents and injuries are not preventable, you have to do what you can to prepare your body to be at its best.” What Dr. Sok is referring to is that early specialization in sports can also increase your risk of injury.

Overuse injuries are more difficult to diagnose than injuries sustained due to a fall or hit, mainly because they are subtle and usually occur over time.

Early sports specialization and injury risk
STOP SPORTS Injuries, a group created by the American Orthopaedic Society for Sports Medicine, shares that overuse injuries are more difficult to diagnose than injuries sustained due to a fall or hit, mainly because they are “subtle and usually occur over time.” Unfortunately, they are harder to treat too.

Some of the most common overuse injuries for young athletes include Achilles tendinitis, shin splints, tennis elbow or youth pitching elbow, and issues with the shoulder. These can result in the athlete feeling pain, having difficulty sleeping, experiencing increased headaches, suffering the loss of feeling or weakness in the damaged area, and sometimes even noticing a shortness of breath.

Even knowing all of this, it may be hard to picture yourself participating in two sports while also turning your schoolwork in on time, dealing with other family obligations and having time to visit with friends. How do you make it work?
CLINICAL CONCERNS

Making two or more sports work
When asked how young athletes can more easily incorporate adding a new sport into their already busy schedule, Dr. Sok shared that what worked for his daughter was participating in sports that took place at different times of the year.

For example, in addition to playing year-round soccer, she also played basketball in the winter and participated in track in the spring. Each of these sports allowed her to work on different skills without overwhelming her with a completely packed schedule.

They also made her a better soccer player. Namely, basketball improved her ability to move laterally and enhanced her eye-hand coordination, and track helped her increase her speed and build her upper body strength.

What about youth athletes who don’t want to play more than one sport? Though playing more than one sport is beneficial, what do you do when there is only one sport you want to play? The answer is simple, says Dr. Sok: cross-train.

Work with a local athletic trainer or hire a qualified personal trainer to learn more about what type of exercises can help you build the muscles your sport does not typically rely on or use. Ask about the movements that are different than the movements you make every day when training for your sport but can benefit you in other ways.

“You need to have some good guidance on how to develop workouts that will help the athlete get better, stronger and faster using different drills and activities (outside the sport-specific ones) that can better round out the athlete,” he says. GE

SPENCER BARON, DC, DACBSP, served as a team chiropractic physician for the Miami Dolphins for 19 years and is author of “Secrets of the Game.” He currently serves as the team chiropractor for Nova Southeastern University Sports Medicine and is the president of NeuroSport Elite. In 2001 he helped establish the Pro Football Chiropractic Society and the Pro Baseball Chiropractic Society, bringing together some of the best sports chiropractors in the nation. Now he directs the same type of efforts to DoCS (Doctors of Chiropractic Sports at doc-sports.com), an organization committed to creating camaraderie and coaching within the chiropractic profession. Reprints of this article are permitted as long as it links back to the DoCS website: DoC-Sports.com.

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THE TAKEAWAY

The core issues in today’s marketplace for personal injury are demonstrative documentation and credentials, and they will continue to be a central reason for medical-legal relationships going forward.

YOU GO TO WORK AND REALIZE that your personal injury volume has shrunk, and you didn’t see it coming. You reach out to all the lawyers you historically have gotten referrals from, and they tell you it has been slow on their side, and worse, they are cutting your fees in settlement by 50-60%. You write a great report that has “Colossus” (computer-calculated settlement value) covered. You have AOMSI (alteration of motion segment integrity) documented, and neither have “moved the referral needle.”

This is the theme I have been hearing nationally for the last few years, and it is getting worse for too many.

Avoid growth dead ends

I can say with certainty that Colossus reporting will not get you new cases. I can also safely say that X-ray digitizing and AOMSI will not get you much either. I can also say that you must understand both and use them as they are each a small piece...
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of the puzzle — and needed. However, as a business strategy for growth, they are dead ends. The two core issues in today’s marketplace for personal injury are demonstrative documentation and credentials.

Whether it is Voir Dire, Daubert, Frye or Shrek (all legal expert hearings and named differently per state), credentials have and will continue to be a central reason for medical-legal relationships. It is also essential for the chiropractor to have dual credentials, chiropractic and medical.

I am not suggesting you need to become an MD. Still, you should consider acquiring chiropractic CE credits and medical CME credits, as the legal community recognizes both and will render the perception that you have a higher level of knowledge as an expert. Also, it goes to your opinions being accepted in a broader sector of health care — a critical component of the expert hearings, and one a lawyer understands before entering into relationships.

Boost your credentials
The more credentials you acquire, the more knowledge you will have. That is a given provided you research the courses you are taking.

Who are they taught by? Are they recognized by academia or a licensure board? Are there examinations? Are you taught theory or clinical application? These are questions judges in courts are currently asking doctors in expert hearings.

Be prepared and avoid those “fluff” CE courses that do not support your practice goals.

Establishing better documentation
The demonstrability of pain generators from pathology as sequelae to trauma has rapidly moved to the forefront of medical-legal relationships. Although I do not suggest at any level that you treat the case or be concerned about the finances of a case, the results speak volumes as to the success of demonstrability of those pain generators.

In a limited study of the medical-legal marketplace, those chiropractors who have become experts at documenting the lesions have helped their patients realize a 1,546% increase in settlement or verdicts. Again, the goal was to document better, and this was the result.

To document better, you need better credentials and the knowledge that comes with those credentials to make you a true expert. Anything short of being an expert will do the opposite, and you will soon become a “one and done” with the medical-legal community. This level of knowledge does not factor exclusively with lawyers; it determines the depth of the relationship with medical specialists and their willingness to collaborate with and refer to you. There is a lot at stake in becoming a true expert.

These are questions judges in courts are currently asking doctors in expert hearings ...

When considering referrals, it is about your reputation and making your competition irrelevant. Your competition should not be other chiropractors. It should be about not losing referrals to orthopedists, neurologists, neurosurgeons and physical therapists. The evidence in the literature (a topic for
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MARK STUDIN, DC, is an adjunct associate professor of chiropractic at the University of Bridgeport, College of Chiropractic; adjunct professor at Cleveland University - Kansas City, College of Chiropractic; and adjunct professor of Clinical Sciences at Texas Chiropractic College. He is the president of the Academy of Chiropractic, teaching doctors of chiropractic and interfacing with the medical and legal communities (DoctorsPIprogram.com). He can be reached at DrMark@AcademyOfChiropractic.com or at 631-786-4253.

What If ... the two scariest words in the English language.

If this is your reality, or your practice indicators indicate this to be your direction, prepare for the future, which is now the present. Others did and they are flourishing, and so can any willing provider. CE

Prepare for the changing marketplace
Not being prepared will leave you wondering where all your patients went and blaming everything from payoffs (which rarely occur), to nepotism, the “old boys” system to my “dog ate the homework.”

If this is your reality, or your practice indicators indicate this to be your direction, prepare for the future, which is now the present. Others did and they are flourishing, and so can any willing provider. CE

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EVERY DAY, YOUNG ATHLETES PUT ON their uniforms, lace up their shoes and run onto the court or field. In most cases, there is very little time spent thinking about injury prevention.

Why should they? In their minds, they are young and invincible, without awareness of or concern for the potential risks involved in their sport.

Unfortunately, in every sport, injuries are inevitable. However, providing an optimal environment and promoting effective training practices can significantly reduce the occurrence and severity of athletic injuries, especially to the lower extremities and spine.

Identifying the source of ongoing injuries
The most common musculoskeletal injuries in the athlete involve the lower extremity. Most prevalent is an ankle sprain, followed by knee sprain, and then hip sprain or strain.

Athletic injuries can be acute and occur immediately during practice or game play, or chronic and occur over time. Chronic injuries are caused by excessive and abnormal repetitive stress due to mechanical or technical issues. Acute injuries are going to happen, but the severity of acute and chronic injuries can be curtailed with proper analysis and treatment.

In order to prevent the severity of, or occurrence of, lower extremity and compression injuries to the spine, evaluation of the feet is paramount. Our feet are our foundation. Every step we take, the foot either absorbs and disperses energy or transfers impact up the kinetic chain based on the architectural support in the foot.

One of the most common technical issues involving the foot is pronation. There is a cascade of events that occur when the foot strikes the ground. If pronation exists, the foot strikes the ground and immediately the tibia rotates medially, the knee collapses into valgus, which in turn causes the pelvis to drop on the affected side. These reactions can cause excessive strain in the leg resulting in shin splints, medial knee strain, hip strain, as well as excessive compressive forces in the spine. There is a direct connection to the feet and these potential injuries.
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The role of stabilization in preventing injury

Common conditions seen in the young athlete associated with excessive pronation include plantar fasciitis, Achilles tendinosis, shin splints, knee pain, hip pain and back pain. These injuries can be nagging and reoccur year after year. Therefore, addressing pronation can set the young athlete on a great path by preventing excessive stress and strain on the lower extremity and spine.

Custom orthotics that support all three arches of the foot are the product of choice for combatting the effects of pronation. A custom orthotic will support the natural architecture of the foot. The three arches of the foot form the foot’s plantar vault, a dome-shaped structure designed to allow the foot to absorb and disperse energy when the foot impacts the ground. State-of-the-art laser weight-bearing scanning technology provides the clinician with data and 3D graphics of the athlete’s feet. This information not only provides data points for construction of the physical orthotic but also provides the clinician with valuable tools to educate the athlete on simple lower extremity biomechanics and its influence on the kinetic chain.

Along with supporting the foundation with custom orthotics, putting in place good fitness habits when young will provide the developing athlete with an environment conducive to maximizing performance and injury prevention. Creating a foundation of good fitness habits in the young athlete increases their potential for maximizing performance, reducing risk of injury and allowing them to enjoy longevity within their sport. Therefore, evaluating the feet in the young athlete is vitally important and should happen routinely.

Posture and biomechanics

Fitness is defined as a balance between strength, conditioning and flexibility. I am going to suggest two more components to this definition: posture and biomechanics. Our bodies are mobile machines and work most efficiently when they are in motion. While in motion, proper posture and good biomechanics encourage appropriate distribution of weight-bearing stressors, thus reducing mechanical stresses on the musculoskeletal structures.

Incorporating lower extremity dynamic stabilization exercises is another tool for maximizing performance through injury prevention. Again, the most common musculoskeletal injuries at all levels of sports involve the ankle, knee and hip. Many of these injuries occur without a direct blow but are non-contact in nature.

Developing dynamic stabilization through proprioceptive challenge exercises will increase the athlete’s strength, coordination, balance and most importantly, reaction time. This will allow the athlete a better chance of preventing injuries during a misstep or mis-landing. The exercise of choice for increasing proprioceptive awareness and strength is a single leg stance. This is accomplished by balancing on one foot while standing on a stability trainer for one minute and repeating that 3-5 times on each side. Because of the prevalence of lower extremity injuries, these exercises should be prescribed to every athlete, young or old, and should be performed at least three days per week, preferably daily.
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Evaluation and education

Just as important as the evaluation is educating the athlete and parent on the connection between the foot and the ankle, knee, hip and spine. Understanding this vital link empowers the athlete to act on the clinician’s recommendations, resulting in increased compliance.

In order to reduce the risk of injury in these athletes, the clinician should evaluate the feet for technical errors and incorporate proprioceptive exercises to improve strength, balance, coordination and reaction time. If technical issues such as pronation are identified, custom orthotics can be a game changer by providing a solid and secure foundation, giving the athlete the best possible chances for maximizing performance and reducing the risk of the most common musculoskeletal injuries.

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CANNABIS IN AMERICA
A history and why CBD and cannabinoids work for your patients

BY JOE KRYSZAK, MBA
TIME TO READ: 6-8 MIN.

THE TAKEAWAY
As the amazing healing properties of cannabinoids continue to be discovered, the history of cannabis, CBD and cannabinoids in the U.S. has shaped the nature of the industry today.

FEW TOPICS GATHER SO MUCH INTEREST from so many diverse groups as cannabis in America.

There is a lot of confusion and misuse of the term. Cannabis (genus Cannabis), includes medicinal, recreational and fiber plants belonging to the family Cannabaceae.

Humans, being incredibly skillful, have used selective breeding to maximize the cannabis plant for two distinct purposes:

1. **Hemp** has been bred to maximize fiber for clothing, rope, animal feed, shelter;
2. **Marijuana** has been bred to maximize the psychedelic THC content and get “high” for relaxation and religious uses.

Hemp and marijuana are simply two breeds of cannabis, just as Labradors and German Shepherds are breeds of canine, while broccoli and cauliflower are breeds of the plant species *Brassica oleracea*.

The industrial hemp plant was legalized for production with the passing of the 2018 Farm Bill.
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Hemp in early America

Views of the hemp plant are changing quickly in America. The views are actually reverting to how our founding fathers thought of cannabis. “Wait a minute — that is sacrilegious,” some may say. “What do our founding fathers have to do with cannabis?” The short answer is — our founding fathers loved hemp.

How do we know this?

1. “Make the most of the Indian hemp and sow it everywhere,” said George Washington.¹
2. “Growing hemp is of utmost importance to the nation,” said Thomas Jefferson.²
3. “We shall, by and by, want a world of hemp more for our own consumption,” said John Adams.³

The founding fathers knew that hemp production and its many uses, as cloth for sails, rope for ships and fiber for shoes, would make America stronger through its use in peace and in war. So — what happened to Americans’ perception of hemp and cannabis between the founding of our nation and now?

Prohibition

After the Mexican Revolution of 1910, Mexican immigrants moved into the U.S., introducing to American culture the recreational use of marijuana. The drug became associated with the immigrants, and the fear and prejudice about the Spanish-speaking newcomers became associated with marijuana. Anti-drug campaigners warned against the encroaching “Marijuana Menace,” and crimes were attributed to marijuana and the Mexicans who used it.⁴

The panic over cannabis use went nationwide, and as a result the U.S. Congress passed the Marihuana (sic) Tax Act of 1937 — which effectively made possession or transfer of all cannabis (marijuana and hemp) illegal throughout the United States under federal law, excluding medical and industrial uses, through imposition of an excise tax on all sales of hemp. This is a case where legislatures did not consider the differences between hemp and marijuana.

But after the Philippines fell to Japanese forces in 1942, the U.S. Department of Agriculture and the U.S. Army urged farmers to grow hemp fiber. The U.S. Government issued cultivation tax stamps to farmers, and without any change in the Marihuana Tax Act, more than 400,000 acres of hemp were cultivated between 1942-45. The last commercial hemp fields were planted in Wisconsin in 1957.⁵

After 50 years of state and federal criminality, in 1996 California became the first state to permit legal access to, and use of, botanical cannabis for medicinal purposes under physician supervision ...
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naturally occurring neurotransmitters called endocannabinoids.

Your body actually has cannabinoid receptors, and a complete functional system, that has cannabinoids as its main component — just like blood is the main component in your circulatory system. Endocannabinoids (eCBs) and their receptors are found throughout the human body: nervous system, internal organs, connective tissues, glands and immune cells. The ECS system has a homeostatic role, characterized as “eat, sleep, relax, forget and protect.”

University studies have been conducted quantifying cannabinoid effects on pain conditions including neuropathic pain, fibromyalgia, rheumatoid arthritis and mixed chronic pain. Fifteen of the 18 included trials demonstrated a significant analgesic effect of cannabinoids compared with placebo. Cannabinoid use was generally well-tolerated; adverse effects most reported were mild to moderate in severity. Overall, evidence suggests that cannabinoids are safe and moderately effective for neuropathic pain with preliminary evidence of efficacy in fibromyalgia and rheumatoid arthritis.6

The U.S. Government patent on CBD
Just a few years after the discovery of the endocannabinoid system, the U.S. Government poured millions of dollars into research on cannabinoids — resulting in a U.S. patent. Yes … the U.S. Government holds a patent on cannabinoids. Patent #6630507 was issued to the United States of America in 2003 as represented by the U.S. Department of Health and Human Services.

What does that patent say? Directly quoted from the U.S. Patent Office, “Cannabinoids are found to have particular application as neuroprotectants, for example in limiting neurological damage following ischemic insults, such as stroke and trauma, or in the treatment of neurodegenerative diseases, such as Alzheimer’s disease, Parkinson’s disease and HIV dementia. Non-psychoactive cannabinoids, such as cannabidiol, are particularly advantageous to use because they avoid toxicity that is encountered with psychoactive cannabinoids at high doses useful in the method of the present invention.”8 Also note the patent was issued in 2003, when the entire cannabis family was still considered a Schedule 1 Drug — meaning that it has a high potential for abuse, no currently accepted medical use in treatment in the United States, and a lack of accepted safety for use under medical supervision.9

The future of CBD and cannabis
The history of cannabis in America is fascinating, and it is far from over. Currently, hemp-derived CBD/cannabinoids are federally legal in all states, as long as they have less than 0.3% THC (Delta 9) by weight. In addition, many states have approved medical or recreational marijuana (see below).10

It will be interesting to see how the U.S. government reacts in the near future; but we do know one thing: It will be fun to watch as patients continue to clamor for these natural healing substances. CE

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
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WHAT IF...

For you and your practice, without proper planning — the two scariest words in the English language

BY BRIAN P. MICHAUD, CLTC
TIME TO READ: 6-8 MIN.

THE TAKEAWAY

Work on your business, not just in your business, to plan for the future and minimize the “What Ifs” you may encounter.

WHAT IF — WHAT DO THOSE TWO WORDS MEAN TO YOU?
If you are like most, they raise questions of uncertainty, the unknowing of what potentially could or couldn’t happen. We are going to challenge you with this question, specifically pertaining to you, your business or practice, your wealth and your clients or patients.

Let’s take an objective look at some of them, just to get you to ask yourself... What if?

What if I get hurt and can’t see my clients or patients?
You may say to yourself that it will not happen to you. “I’ll never be in a position where I won’t be able to see my patients.” But, we can tell you for a fact, many have said the exact same thing, then had an event that prevented them from seeing their patients.

Ask yourself: “What happens to my clients’ needs?” You have a duty to ensure that your clients or patients will continue to be cared for. What happens to my income? You have a moral obligation to ensure that your family be cared for.

What if I pass unexpectedly — what happens to my practice?
This is a huge topic that could be another discussion all by itself. Should you pass away unexpectedly, will your family be OK (financially)?

What happens to your business or practice and your patients? You have a duty to your patients to ensure that they will continue to be provided for. You have a moral obligation to ensure that your family will be taken care of.

What if the economy takes a downturn — am I prepared?
This is a reality we are facing today (and things will continue to get worse).

What we have seen in the past is that as things get tough
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financially, we scale back on ancillary items or services we sought out. The price of gas, groceries, heating … just about everything has skyrocketed. Inflation is choking all of us. But what happens to your business as this happens? Do you increase the prices of the services you offer? If you don’t, have you calculated how much less you are earning?

**What if your practice takes off and grows (beyond your wildest dreams)? Are you prepared for that?**

You might be thinking to yourself that would be a problem you’d love to have — an abundance of patients who want the services you offer.

What happens when you need to add staff? Where do you outsource services? Have you thought about what to do, where to expand, how to expand? Again ... all good things, but how are all these issues handled?

**What if one of these things, a few of these things, or all of these things happened?**

Are you properly prepared for all of them? If you are like most, no. But that’s where the positive points come into play. You can have answers to all of these questions. That’s when you change your focus to working on your business, not just in your business.

**Real-life scenarios**

I will share possible solutions for each of the topics listed above, and the solutions are from real-life scenarios of people, practice owners and business owners. Keep it in mind that they all said, “This couldn’t happen to me” or “That’ll never happen.”

**Getting hurt and unable to see clients/patients** — One chiropractor I met with had been in business for 25 years. He was 55 and wanted to continue working for another seven years but was unsure if he could. His hands hurt every day and he was unsure how long he’d be able to go on. His motivation to keep going? He had more retirement savings to capture, and he couldn’t afford to not work. He didn’t have any disability insurance. He didn’t have a self-completing retirement plan either. He failed to prepare for that “What if …”

**Passing unexpectedly ... who will provide for patients and family** — One business owner listened to the television and radio way too much. He’d say “That COVID is a bunch of B.S. … the government is lying to us.” Then one day in October of 2021, he got sick, was diagnosed with COVID, within five days was on a ventilator, and three weeks after that he passed away. He left his wife trying to figure out how she was going to make ends meet. She was left to manage his business and assist his patients with their needs. He had no succession plan for the unexpected. He was severely underinsured in terms of life insurance. He had planned on working another 10-12 years, so his savings for retirement were lackluster. All their (her) hopes and dreams of a financially secure retirement were gone.

**Economy taking a downturn** — Inflation is this country’s No. 1 Achilles heel right now. The Fed needs to raise interest rates to counter the inflation, but they can’t raise them fast enough. As the costs of goods and services continue to increase, what do your patients cut
back on? Do they scale back working with you? Your costs continue to rise — do you pass them on to your already cost-conscious patients?

Expanding business — Business is great and you need to expand (either staff, actual footprint or both). Did your business plan include this type of growth and how you were going to handle it? Did it outline what steps you were going to implement, at what points along the way, and how to scale for this unbelievable growth?

Proper planning makes most ‘What Ifs’ go away
That’s not just a cliché, it’s reality. I speak of working on your business, not just in your business. Taking these steps allows you to work on your business.

Whether it’s a disability, a sudden passing, the economy or your business skyrocketing … you need to have a plan for all of that. You’ve put everything on the line to start, run and be a successful business owner — make sure you do your due diligence so that you can minimize the "What Ifs" you may encounter so you (and most importantly, your family) can benefit from all your hard work. CE

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SHOCKWAVE PAIN RELIEF, AND MORE
6 reasons to add shockwave for a clinic revenue stream

BY DAVID A. BOHN, DC
TIME TO READ: 6-8 MIN.

THE TAKEAWAY
The health care industry is changing quickly, and basic electrotherapy and ultrasound are dated — patients are seeking cutting-edge modalities like shockwave therapy and therapeutic laser.

ALL TYPES OF HEALTH CARE PROVIDERS are utilizing shockwave therapy to deliver smoother and faster treatment to their patients while improving long-term outcomes of chronic pain, sports-related injuries, sprains and strains, scar tissue and adhesions, bone spurs, bursitis and tendinitis, back and neck pain, plantar fasciitis, TMJ, stress fractures and more.

Shockwave is still relatively new to the chiropractic market and is quickly becoming a popular modality in the world of physical medicine. Shockwave therapy utilizes the physical properties of sonic pressure waves to produce its therapeutic result. These sound waves are short pressure pulses directed into a target tissue to produce therapeutic benefits including pain mitigation, plaque obliteration, and elasticity renewal without drugs or invasive surgical procedures.

Many patients notice significant improvement or even resolution of their problem after just a few visits, and some get full relief after just one treatment.

An addition to chiropractic care
Since shockwave therapy is an exceptional modality to include in treatment plans for numerous conditions affecting muscles and tendons, it is an excellent addition to the chiropractor’s toolbox.

Shockwave’s pulsating pressure breaks up and disperses scar tissue and increases the blood flow to local tissue, which in turn reduces pain and inflammation. It also promotes quicker recovery after strenuous exercise, injury or surgery, thereby reducing the burden for rehabilitation and the associated costs of long physical therapy programs.¹

Physical medicine started adapting shockwave therapy for orthopedic and soft tissue conditions during the 1970s. Originally, shockwave was used in modern medicine as a treatment of kidney stones. The pulse or shock waves were directed at in-vitro kidney stones to break larger stones into smaller stones without harming the surrounding tissue and...
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allowing the patient to pass the stones without the need of surgical intervention. It proved to be quite successful, and shockwave therapy quickly gained fame with many urologists. Five decades after the introduction of shockwave in medical practice, its use has expanded to include a broad range of therapeutic musculoskeletal soft-tissue applications commonly seen by many chiropractors.²

Shockwave is a non-invasive musculoskeletal modality that has demonstrated a very impressive track record that is extremely safe with very few reported long-term side effects. This equates to fast, effective treatment for both short-term and long-term injury healing. So, if you’re looking for something new and effective to help your patients and build your bottom line, here are six reasons to consider shockwave therapy:

1. Improved patient outcomes = more referrals, improved retention

Patients commonly experience improvements after just one shockwave treatment.

Since the results are frequently immediate, patients are far more likely to complete their full recommended treatment plan and are also more likely to recommend shockwave to their friends and family.

Since it can provide a fast solution to a chronic condition that has been resistant to other modalities and forms of therapy, patients are very likely to recommend shockwave to friends with chronic pain and those being treated with other modalities who may not be improving.³

2. Extend your professional career

Unlike manual adjusting, performing shockwave therapy does not cause strain on the provider’s back, arms or hands. Just place the handpiece over the area of the patient’s pain or problem and the modality does all the work.

The patient’s end result is very similar to the deep tissue tools and techniques that require a lot of effort on the part of the practitioner. It would be very possible for a chiropractor to add shockwave and build or maintain a large practice providing nothing other than shockwave therapy.

3. See more patients

The average patient’s shockwave treatment time is 6-10 minutes, including prep and cleanup.

This modality can be performed by a trained chiropractic assistant, and as stated above, it can be performed without a chiropractic adjustment. It would be easy to add a niche shockwave practice inside your chiropractic practice that could be provided by a CA without need of adding an associate doctor.

4. People are searching for shockwave

In today’s age of information, people search out treatment options for their pain or health conditions. Shockwave therapy is cited in the current research and is recommended as an ideal therapy for many of the conditions they are researching, so they’re interested and are looking for it in your area right now.

Today’s health care consumers are looking for natural, drug-free solutions for their painful conditions. Shockwave therapy offers these potential patients long-term results for both their painful acute and chronic conditions. Be their solution in your town.

5. Produce new revenue

In the U.S., shockwave is almost always a cash service and the average doctor or therapist bills somewhere between $75-150 per treatment session. Many doctors add shockwave to existing treatment plans as an additional therapy or as a faster, replacement solution for other less-effective modalities.

Shockwave’s pulsating pressure breaks up and disperses scar tissue and increases the blood flow to local tissue, which in turn reduces pain and inflammation.
6. Simple to implement
Shockwave therapy is very quick and easy to learn. The best machines are very intuitive for the practitioner and are an extension of what hands-on therapists already do, so most practitioners can be treating patients the same day the device arrives.

Modern shockwave machines will have a full onboard protocol list with full-color imagery and instructions. You should also consider buying from a distributor with resources like marketing and help videos to get you up and running quickly.

Offer a cutting-edge modality
Today’s health care industry is changing very quickly. The days of offering basic electrotherapy and ultrasound are gone forever for the clinics and doctors who want to stay relevant and cutting-edge.

Today’s health care consumers are looking for natural, drug-free solutions for their painful conditions.

Your current patients, prospective patients in your community, and potential referrers are looking for doctors and clinics that offer effective cutting-edge modalities like shockwave therapy and therapeutic laser as solutions. Investing in shockwave therapy can bring new life to your clinic and town including a new revenue stream, more patients, better outcomes and increased referrals, and could reinvigorate your clinic and your life. Get started right now helping patients improve from conditions you have turned away in the past. CE

DAVID BOHN, DC, graduated from National University of Health Sciences (formerly National College of Chiropractic) in 1988 and has since been in continuous practice. Since 2004 he has pursued development of both documentation and X-ray analysis software. He has extensive experience with developing, marketing and maintaining a successful practice, and is an instructor for KDT Decompression Therapy Seminars. For more information, go to kdttechnique.com/upcoming-seminars.

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The four phases of deterioration
Application of X-ray analysis can reveal one or more of the four following phases of deterioration or abnormalities in a patient’s spine:

1. Clear specific X-rays build patient and doctor confidence
   For example:
   a) When patients threatened by disease or other troubling symptoms are shown (through X-ray) the possible causes for their spinal pain, they can visualize — with specific chiropractic treatment — restoring chances of success toward a healthier lifestyle.
   b) The positive predictability of specific chiropractic spinal care is greatly increased by a doctor who understands what level of care is needed on each patient’s spine.
   c) Each patient’s spine is unique.
   d) Special specific care can also be unique.
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Have you ever heard a patient say: “I used to run six miles every morning; I used to work out seven days a week; it takes me longer to limber up before my exercises; I just don’t have the flexibility I used to have in my spine; my joints ache and they never used to; I’ve never been the same since that last injury...”

Researchers at the University of California (Bone Research 3. Article number 15028, 2015) have discovered that listening carefully to what patients say and feel is important for diagnosing illness. The university has conducted a study that proves bone structure enlarges with injury and shows how preexisting injury affects the forces of trauma.

2. Spinal injury can cause an enlargement of one of the articular processes or even part of the vertebral body
a) Chronological age may have less to do with injury severity than physiological age.
b) Reduced tissue elasticity is a factor with profound impact on how forces are distributed during a traumatic event.
c) With decreased bone density, the more brittle is the bone matrix, and the more susceptible the victim is to compression fractures.
d) Damaged vascular beds, ligament and tendinous structures have limited vascularization, which prolongs healing time and increases the risk of reinjury. With increased physiological stress, these conditions get worse. As chiropractors, we must apply a positive force into a negative situation with a stabilizing healing result by knowing the state of each patient’s spine before treatment.

Who hasn’t seen a whole family sitting at a restaurant waiting for their food with all four heads looking down at their phones? “Text neck” is just one form of repetitive spinal compression injury. David DeWitt, MD, in Spine Health (Oct. 26, 2018) shares his findings in “Forward Head Posture’s Effect on the Cervical Spine.” DeWitt reveals how the lower cervical spine goes into hyperflexion and flattens the lordosis curve. Also, the upper cervical spine goes into hyperextension with the lordosis curve becoming more pronounced.

3. X-rays allow us to show the patient how repetitive poor body mechanics can have a negative effect on their health and daily living
   a) DeWitt adds that the unnatural, forward positioning of the head and cervical spine places an additional stress on the intervertebral disc, vertebra and facet joints, which may exacerbate or accelerate spinal degeneration.
   b) Additionally, as the bottom of the cervical spine hyperflexes forward and the top of the cervical spine hyperextends in the opposite direction, the spinal canal lengthens through the neck, which increases stretching and tension on the spinal cord in nearby nerve roots.
   c) The degeneration of the intervertebral discs, when subject to increased loads and shearing forces between adjacent vertebrae, wears down the outer and inner layers. Consequently, the inner layer leaks out inflammatory proteins which can cause pain and swelling if they confront nerve roots.
   d) Facet joints wear down when they are subjected to greater loads and repeated traumas. The protective cartilage that facilitates smooth motion between the bones can also wear down. Bone grinding against bone causes the disc and the facet joints to degenerate so that the vertebral bones are more likely to rub directly against each other, which can result in bony overgrowth.

Patients come in with pain in their neck, upper back and even the shoulders. Once the patient can visualize the cause of their symptoms through X-ray, they are more eager to listen to the doctor’s recommendations for treatment.

How many parents nowadays, and for the last 20 to 40 years, have their children begin sports as soon as they can run? Gymnastics, figure skating, soccer, volleyball, basketball, baseball, hockey, competition youth rodeo, wrestling, BMX, snowboarding, and skiing are just a few of the sports available
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Many do not realize that their general health and longevity can be affected by the accumulation of injuries and traumas

a) In an article published on 8/5/2020 by Aaron Province, MD, titled, “Growth Plate Injuries in Youth Athletes,” the author shows that over the last 70 years there’s been an increase in the prevalence of growth plate injuries in young athletes. The article reveals that many believe this increase is due to youth participation in year-round training and early sports specialization, and a decreased emphasis on free play.

b) Province also states that youth may participate when still skeletally immature. It is important to note that kids have both a chronological age and a skeletal bone age.

c) These ages are not synonymous and can be different based on the individual. For example, even if the adolescent is in his or her late teens, their adolescent bone age may still be skeletally immature.

d) Overuse can cause inflammation at the secondary ossification center, sites where tendons attach to bones. The American Academy of Pediatrics currently recommends that a child take at least one to two days off per week from their sport, or a total of three months off from their sport throughout the year, and limit the number of training hours not to exceed 16 hours or the child’s age per week.

We just saw in the 2022 Winter Olympics how the three young Russian teenage girls were pushed beyond their bodies’ ability through countless hours of figure skating practice, let alone drugs administered to them. A high health price to pay for a piece of gold around the neck. Time will tell what the effects of the drug and exercise abuse will have on these poor young athletes.

We need to realize that all our patients are an accumulation of their lifetime injuries, and our success of treatment is limited to the current condition of their spines which we can view through X-rays.

X-rays and DC clinical management

A report from Johns Hopkins, titled “X-rays of the Spine, Neck or Back,” states the spinal cord is a major part of the central nervous system, is in the vertebral canal, and reaches from the base of the skull into the upper part of the lower back. The spinal cord is surrounded by the bones of the spine and a sac containing cerebral spinal fluid. The spinal cord carries sense and movement signals to and from the brain and controls many reflexes.
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YOUR PATIENTS AND BONE HEALTH
U.S. bone health for seniors as important as chiropractic alignment

BY TINA BEYCHOK
TIME TO READ: 4-6 MIN.

THE TAKEAWAY
As many as 1.5 million Americans suffer from osteoporosis and osteoporosis-related fractures, and 4 out of 10 women aged 50 or older (almost half) will fracture their hip, spine or wrist.

“So, what does a chiropractor do, other than crack backs?” You’ve probably been asked this question hundreds of times, whether at a cocktail party, a backyard BBQ or your kid’s soccer games. Educating patients includes communicating that the full spectrum of chiropractic care involves a great deal more, including bone health in general, especially for seniors and patients approaching middle age.

What is the latest research on bone health, and how can you apply it to help your patients keep their bones and joints healthy for as long as possible?

American bone health is now a ‘public health concern’
We may think bone health is simply a chiropractic concern, but a comprehensive report from the U.S. Surgeon General’s Office makes a convincing case for bone health as a public health concern.1

According to “Bone Health and Osteoporosis: A Report of the Surgeon General,” American adults are suffering from poor bone health.1 As many as 1.5 million Americans suffer from osteoporosis and osteoporosis-related fractures. While this number is concerning, the true effect of bone health and disease in the U.S. is better understood by examining the data over time.

The report presents data showing that 4 out of 10 women age 50 or older (almost half) will fracture their hip, spine or wrist.1 The report also states that 1 in 5 hip fracture patients will end up in a nursing home, which results in an increased risk for not only future bone fractures, but declining health, depression and possibly even death.

Now that research is beginning to address bone health as a public health issue, the next step is to look at solutions that are both effective and easy to implement across a wide range of the population.

Diet and bone health
Most of your patients, especially if they have kids, will automatically reach for the milk carton when looking for ways to increase their calcium intake to improve bone health. However, recent research has shown that dairy products may

[A study] discussed the concerns regarding dairy products that are high in retinol, or vitamin A ... [that] can actually reduce bone mineral density.
The study authors suggest that adding vitamin K to calcium supplements can provide your patients with the bone health support they need...

not be the best source of calcium for American bone health.

A 2015 article in the European Journal of Clinical Nutrition discussed the concerns regarding dairy products that are high in retinol, or vitamin A. The study researchers found that excessive levels of retinol can actually reduce bone mineral density. Therefore, non-dairy sources of calcium, such as collard greens, bok choy, fortified soy milk and baked beans may be preferable to dairy products as a food source for bone strength.

The U.S. National Institutes of Health share that being too thin will likely led to osteoporosis, that smoking increases that risk also and can decrease the likelihood of calcium absorption, and that people who drink a lot of alcohol are also at risk for osteoporosis.

Supplements and bone health

In addition to changing the diet to better supplement bone health, supplements can also help protect bone mineral density. A 2015 article in the journal Integrative Medicine discussed the value of vitamin K for preventing arterial calcification, which is a known risk from excess calcium consumption.

The study authors suggest that adding vitamin K to calcium supplements can provide your patients with the bone health support they need, while at the same time protecting them against arterial calcification and helping lift sagging American bone health statistics.

You do more for your patients than just bone alignment, so the next time somebody asks you that question, you can confidently tell them that you help your patients protect their bone health.

TINA BEYCHOK is a freelance health care writer.

References can be found online at chiroeco.com
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For the complete listing of events visit chiroeco.com/events.
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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• Explore practical applications, dosing, and best practices for SBI in gastrointestinal intervention
• Discover serum-derived bovine immunoglobulin (SBI) and how it works
• Review clinical data that support the efficacy and use of SBI
• Examine the role SBI plays in the binding of lipopolysaccharides and other gut toxins

SPEAKER: DR. CHRIS D. MELETIS, NATUROPATHIC PHYSICIAN

Our discussion will review the latest science regarding nurturing the endocannabinoid system for optimal HPA axis, the role in immune responsiveness, and pain and stress relief will be examined, with several Monday morning clinical pearls infused throughout the talk.

• Gain novel insights as to how the HPA axis is intimately impacted by the endocannabinoid system
• 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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• What you need to do to finally get consistent with marketing

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Double-Blind Study

Type: FDA (K192275), 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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