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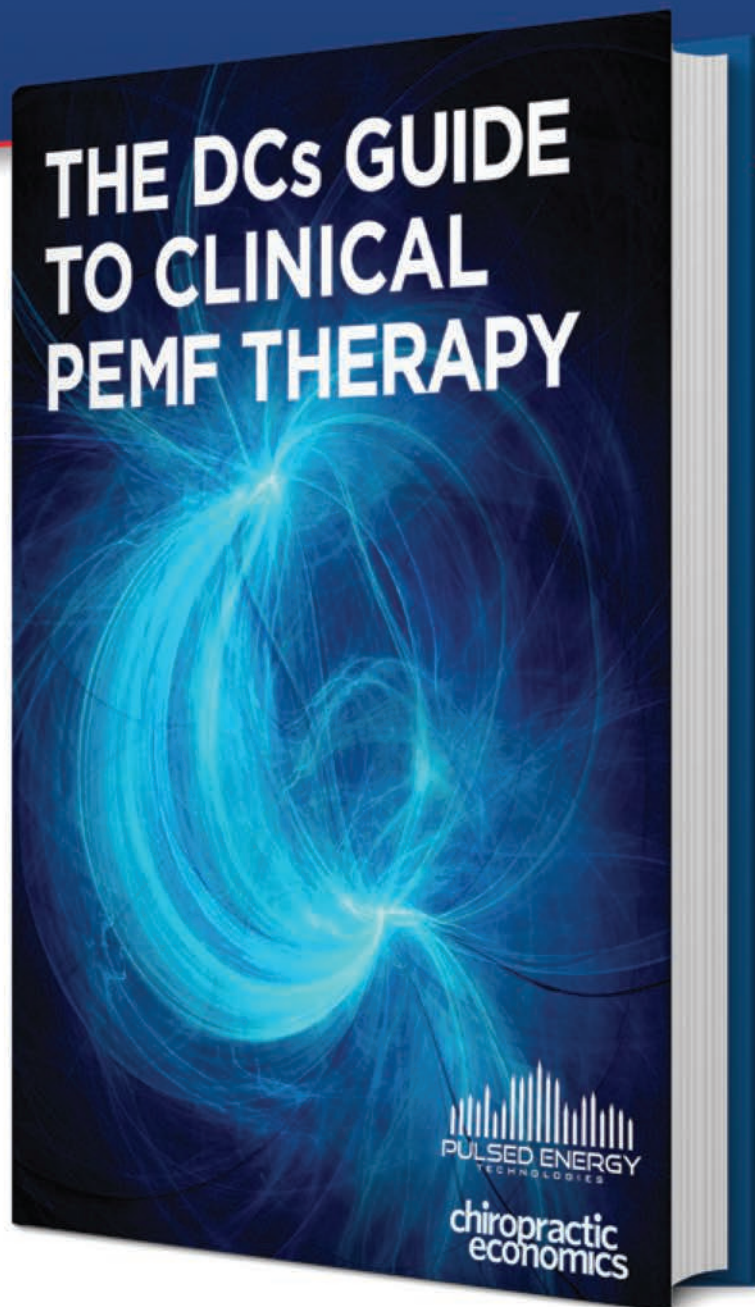
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"The economics of PEMF: Creating a profit center for your practice." Presenter Josh Silver discusses the protocols and marketing methods of PEMF therapy.

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Editor's Pick

[Case Study] Chiropractic's influence on panic attacks

Anxiety disorders are the most common mental issue facing Americans, affecting approximately 40 million adults, or 18 percent of the population.

Unfortunately, given the stigma associated with mental illness, you may not even know your patients are suffering.

The good news, however, is that there has been some intriguing research showing that chiropractic can actually help reduce symptoms of panic attacks. Read more at ChiroEco.com/panicattacks.

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What Franklin said

IN THIS CASE, THE QUOTE IS, "WE MUST, INDEED, ALL HANG TOGETHER OR, MOST ASSUREDLY, WE SHALL ALL HANG separately." Sometimes it seems like chiropractors can be their own worst enemies. Factions, infighting, breakaway state associations—these emerge from philosophical disagreements and long-standing grudges.

To be sure, chiropractic is not unique in the healthcare professions in this regard. Moreover, most professionals in the industry engage in some type of scope-of-practice skirmishes. Ophthalmologists defend their turf against optometrists, dentists battle against orthodontists, and physician assistants often duel with nurses over who is allowed to do what.



Let me know what's on your mind:
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The problem facing chiropractors, however, is that MDs occasionally try to go much further. Beyond limiting the areas in which DCs can practice, medical associations have at times sought to put chiropractors out of business entirely. That's what *Wilk v. American Medical Association* (7th Cir. 1990) was all about.

And during the implementation of the Affordable Care Act, Section 2706, "Non-discrimination in health care," specifically directed insurers to cease discriminating against complementary healthcare providers. The AMA saw this as a challenge and has sought to have Section 2706 removed ever since.

In this issue of *Chiropractic Economics*, we are highlighting yet one more example of this type of internecine warfare. The story is in Texas, where the MDs won a major lawsuit against DCs and got everything they wanted—and more.

We know there's a lot to worry about these days, and you have a business to run. There are only so many causes you can participate in. The situation in Texas, though, is one where the Texas Board of Chiropractic Examiners and Texas Chiropractic Association have to prevail in their appeal of the court decision.

This is where Benjamin Franklin's quote above resonates. If you band together in solidarity and support with your Texas colleagues, this fight is very winnable. In our story we'll show how you can help.

To your success,

Daniel Sosnoski, editor-in-chief

chiropractic economics

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THE CHIROPRACTIC PULSE

Activator Methods moves to new, state-of-the-art headquarters

Activator Methods International (AMI), the industry-leading creator of the world's most popular chiropractic adjusting instruments, has announced its move to a new, cutting-edge corporate headquarters in Phoenix.



The new offices house Activator's corporate team along with its sales, customer service, and fulfillment centers. Located in a busy high-tech business complex, the new location allows Activator to centralize and streamline its operation as demand for adjusting instruments, support materials, and training continues to grow.

In addition, the Activator campus—located close to Phoenix's Sky Harbor Airport and less than 10 minutes away from Arizona State University—meets another important criterion: keeping the company's main office in the U.S. Arlan W. Fuhr, DC, chairman and founder of Activator said, "Although we are a global business and we employ instructors and distributors around the world, I'm proud to say that Activator Methods was founded here in America and will stay here in America for the long term."



To read more, visit ChiroEco.com/amiheadquarters

Source: Activator Methods International, activator.com

ChiroTouch to sponsor the official California Jam app

ChiroTouch, a major provider of chiropractic software, is pleased to announce it is sponsoring the official 2017 Cal Jam app that will be used during Cal Jam's upcoming annual event. This dynamic celebration will be held on February 24-26, 2017, in Costa Mesa, Calif.



California Jam

"With its impressive energy and enthusiasm, the annual Cal Jam event is like no other," said Robert Moberg, CEO of ChiroTouch. "Attendees leave feeling motivated to apply what they've learned to elevate their practices, and we're thrilled to be a part of this must-see celebration of the best that chiropractic has to offer."

ChiroTouch is partnering with Cal Jam to produce a state-of-the-art application for Cal Jam's upcoming 10th anniversary celebration. The goal is to streamline the attendees' experience with information regarding exhibitors and speakers, while also reducing waste generated by paper schedules and pamphlets.



To read more, visit ChiroEco.com/ctapp

Source: ChiroTouch, chirotouch.com

Multi Radiance Medical teams with Sport and Spine Rehab

Sport and Spine Rehab, a world-class chiropractic and physical therapy provider with six clinics in the Washington DC metro area, has teamed with Multi Radiance Medical to offer state-of-the-art laser therapy to its patients.



Jay Greenstein, DC, CEO of Sport and Spine Rehab, says, "It is my responsibility to provide the best possible care to my patients. We take an integrated approach by combining physical therapy and chiropractic to ensure patients get relief from their injuries and return to full function."

Barton Bishop, DC, chief clinical officer, says, "We pride ourselves as leading the way in research and translating that into the best patient outcomes."

Laser therapy is an adjunctive treatment that allows for accelerated pain relief and recovery. The Multi Radiance Medical MR4 Technology has recently been validated and optimized in many clinical research studies being published and in "The Pillars Paper" and "The Comparative Pillars Paper."



To read more, visit ChiroEco.com/laserpartnership

Source: Multi Radiance Medical, multiradiance.com

BY THE NUMBERS



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The percentage of women who still don't know that heart disease is the leading cause of death for women in the U.S., despite outreach efforts.

Source: The Center for Advanced Cardiac Care Association

1 in 4

The number of U.S. adults who report excellent to good hearing who already have hearing damage.



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Source: Centers for Disease Control and Prevention



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25

The percentage of school-aged children (ages 7-16) who suffer from low-back pain, according to a new study.

Source: HealthDay News

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THE LEARNING CURVE

Life University adds neurofeedback to core curriculum

BrainCore Systems LLC has installed 10 BrainCore Systems units on the Life University campus. Each unit (called EEG Biofeedback protocol) is a fully functioning neurofeedback system equipped to perform qEEG Brain Maps as well as neurofeedback training, enabling Life University students to fully experience the modality.



Beginning November 2016, cutting-edge qEEG technology, which measures brain wave dysregulation, was made available to 11th quarter students in the advanced instrumentation course that explores many different modalities that measure the function of the central and peripheral nervous systems.

The opportunity emerged from a meeting between Russell Lamboy, DC, BCN, principal/partner of BrainCore Systems LLC; Susan Esposito, BS, DC, DACNB, FAFN, FABES, associate professor in the department of chiropractic sciences teaching advanced instrumentation and functional neurology; and Linda Mullin, BA, DC, full-time professor at Life University working in the didactic program as a lead instructor teaching chiropractic technique. During this meeting, Esposito and Mullin had the foresight to realize neurofeedback will eventually play a large role in the chiropractic profession.



To read more, visit ChiroEco.com/neurofeedback

Source: BrainCore Systems LLC, braincoretherapy.com

Northwestern, Concordia announce partnership

Northwestern Health Sciences University and



Northwestern Health Sciences University

Concordia University St. Paul announced a partnership that allows chiropractic students at Northwestern to earn a master of exercise science degree from Concordia in half the time.

The agreement provides Northwestern's doctor of chiropractic students credit for courses they already are taking at Northwestern and allows those courses to count toward the additional degree at Concordia. Most

Northwestern students who enroll in the new program would need only 18 additional credits through Concordia to earn the master of exercise science degree, compared to the normal 36 credits.

"This agreement allows our students to achieve advanced credit standing at Concordia and saves them time and money," said Tim Stark, director of the human performance center at Northwestern, a sports chiropractor, and an associate professor in the university's college of chiropractic. "Already, we are seeing our students take advantage of this program because they know that this will make them better chiropractic doctors."



To read more, visit ChiroEco.com/nwpartner

Source: Northwestern Health Sciences University, nwhealth.edu


National University names Christopher Arick assistant dean of chiropractic medicine

Christopher Arick, DC, MS, has been appointed as the assistant dean of the doctor of chiropractic medicine program at National University of Health Sciences.

In this role, he will oversee the various academic elements of the chiropractic medicine program, including curriculum development and evaluation along with interactive learning between the Florida and Illinois sites.



Arick previously served as a chiropractic program faculty member at the NUHS Florida site since 2012. He has now relocated to the Lombard campus for the new role. "I am looking forward to finding new ways to engage students," Arick said. "I think this is going to be key in maintaining high standards at NUHS."

"We're excited to have Dr. Arick taking on the responsibilities of assistant dean of the chiropractic program," said Robert Shiel, NUHS dean of the college of professional studies. "His background and passion in education and integrative medicine are important assets to the NUHS community, and I believe his experience and understanding of our Florida campus will help promote even more communication and cooperation between our two sites." 



To read more, visit ChiroEco.com/arick

Source: National University of Health Sciences, nuhs.edu

WHAT'S HAPPENING IN HEALTH?

Even a little exercise can help with arthritis, study says

Just a little physical activity seems to go a long way toward helping older adults with arthritis remain able to do daily tasks, a new study finds.

Older adults with arthritis-related joint pain and stiffness need to keep moving to remain functionally independent. But only 10 percent of older Americans with arthritis in their knees meet federal guidelines of at least 150 minutes of moderate activity a week, the researchers said.

However, a Northwestern University study found that doing even about one-third of that amount is still beneficial.

Those who did a minimum of 45 minutes of moderate activity—such as brisk walking—a week were 80 percent more likely to improve or sustain physical function and gait speed over two years, compared with those who did less activity, the researchers found.



To read more, visit ChiroEco.com/arthritiscare

Source: HealthDay News, healthday.com



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The crisis in Texas

BY CHIROPRACTIC ECONOMICS STAFF

ALL CHIROPRACTORS KNOW THAT IT'S VITAL TO SUPPORT THEIR state chiropractic associations. And they should also support the national chiropractic associations as well as the Foundation for Chiropractic Progress. That's because these organizations are a bulwark against scope-of-practice threats from the AMA and state medical associations.

This isn't unique to chiropractic, either. Dentists fight with orthodontists, optometrists battle with ophthalmologists—it's the nature of the medical industry and professional specialization. But something very serious recently happened in Texas that deserves your full attention.

In August 2016, judge Rhonda Hurley, ruling in the 98th judicial district in Texas, found in favor of Texas Medical Association (TMA) against the Texas Board of Chiropractic Examiners

(TBCE) and the Texas Chiropractic Association (TCA). "We lost everything," says Jeff Jenkins, executive director of the TCA.

What Jenkins refers to here is that the initial suit in 2006 by the TMA and Texas Medical Board against the TBCE was aimed at restricting chiropractors from performing manipulation under anesthesia (MUA), from conducting needle EMG, and from rendering any type of diagnosis (this case is sometimes called "Diagnosis 1"). The court ruled in 2009 in favor of the TMA on the first two points, but allowed diagnosis to remain within the chiropractic scope of practice.

In 2011 the TBCE appealed MUA/EMG decision, and appealed the 2009 ruling to the Third Court of Appeals. The TMA, meanwhile, filed another suit, this time aimed at a TBCE rule allowing DCs to perform

instrument-assisted vestibular ocular nystagmus testing ("Diagnosis 2). In 2012, the verdict was upheld for the first suit, preserving diagnosis for chiropractors, and affirming that MUA/EMG are invalid.

The TMA, meanwhile, amended its second suit, this time ominously adding "musculoskeletal" and "subluxation."

In the court's final ruling on October 19, 2016, the TMA got everything it was asking for and more, including the following:

The definition of 'musculoskeletal system' to include 'nerves' exceeds the scope of chiropractic as defined Tex. Occ. Code § 201.002(b) and is therefore void; and
The definition of 'subluxation complex' as a 'neuromusculoskeletal condition' exceeds the scope of chiropractic as defined Tex. Occ. Code § 201.002(b) and is therefore void; and

People are already comparing this situation to *Wilk vs. American Medical Association*.

The use of the term 'diagnosis' as used by TBCE in its Scope of Practice Rule exceeds the scope of chiropractic as defined Tex. Occ. Code § 201.002(b) and is therefore void.

This verdict effectively puts Texas chiropractors out of business. The TCA and TBCE, of course, appealed as quickly as possible at the beginning of January 2017. “We expect this to be a multi-year trial, one that will be expensive. As it goes through the court of appeals, it could wind up going all the way to the Texas Supreme Court. We need support from Texas DCs and also those in the rest of the country,” Jenkins says.

The Texas legislature’s Sunset Advisory Commission meets every two years to review laws in place, and they asked the TBCE to explain in detail what modalities were within the chiropractic scope of practice. “The legislature didn’t like just getting opinions,” says Tyce Hergert, DC, president of the TCA. “They wanted a clear statement of what DCs could and couldn’t do. Every time the board would write a note, the TMA would push back and say, ‘No, DCs can’t do that.’”

The bigger picture, the larger threat

Hergert also notes that the AMA, in its annual meeting in 2006, said that at each state level, they were looking to revise the scope practice in every state for non-MDs. The implication couldn’t be clearer: The case in Texas is likely to be a blueprint for the AMA to throttle back chiropractors’ ability to do business, period.

“Leading up to trial, it became clear the Texas attorney general would be representing the state licensing board, and in spite of the TCA demonstrating

at the district court level the extent of our training and ability to diagnose, the court still ruled in favor of the TMA,” Hergert says.

Now, with the appeal under way, the stakes couldn’t be higher. Every step of the lawsuit costs at least half a million dollars, “And more than a million once it’s at the Supreme Court,” Hergert says. “It’s confusing for doctors to keep track of all this, as administrative filings don’t follow regular legal rules and processes.”

But where do things go from here? “There are two tracks—the court appeal, and a law change,” Jenkins says. “But if left unchanged, chiropractic patients will need to get a referral from an MD. It’s not just about being fair to DCs, but the right of the patient to choose the doctor they want—whatever specialty that is.”

People are already comparing this situation to *Wilk vs. American Medical Association*. If the TMA prevails in this ruling, and if the appeal on behalf of the TCA and TBCE fails, there’s a real possibility of diagnosis and subluxation being removed from the scope of chiropractic practice nationwide.

Take action now

Make no mistake, the hard-won gains made by chiropractic that offer provider equality and recognition are always at risk against efforts currently underway by the AMA and state-level medical associations.

Help your colleagues in Texas

defend themselves. This is urgent and your donation of \$100 or more is needed to fund what may be a struggle ending in the Supreme Court of Texas, and to defend your own practice in your state. If the medical industry sees a grassroots effort by citizens, providers, and vendors united and victorious in this fight, they’ll be less likely to pursue similar actions on your doorstep. Reread the key sections of the ruling above. Consider what they would do to your livelihood and your patients.

If you practice in the state of Texas, then you’re already in this and you know what’s at stake. If this were happening in your state, wouldn’t you want your fellow chiropractors nationwide by your side helping you win what is shaping up to be the most important legal case since *Wilk v. American Medical Association*? Stand up and defend your profession now.

The TCA is asking all DCs to support their fight here: chirotxas.org. The link on the page titled “Support Chiropractic Now” directs you to where you can donate once, or set up recurring donations. ☕



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ADOBE STOCK

Cascading relief

Laser therapy is better than dangerous drugs.

BY ROBERT G. SILVERMAN, DC

TOO OFTEN, DCs SEE PATIENTS WHO HAVE BEEN PRESCRIBED powerful drugs to relieve the pain of joint and muscle injuries. These drugs can often have dangerous side effects, including digestive upsets and even opening the pathway to addiction. Patients come to you because you offer a better, safer way to relieve this type of pain.

To meet their needs, consider adding low level laser therapy (LLLT) to your practice offerings. This approach uses light from a laser to relieve the underlying inflammation that can cause pain, while also speeding the healing process.

Down the wrong path

When soft tissues such as muscles and

tendons are injured, they release chemicals that set off the body's natural inflammatory response. The area becomes red, swollen, warm, and painful. Icing, compression, and elevation can all help reduce inflammation, but these are basically first-aid approaches that are only helpful if applied immediately. Even when they are, inflammation and pain can persist for days or even weeks after an injury.

Drugs such as steroids (cortisone), powerful nonsteroidal anti-inflammatories (celecoxib, naprosyn, and similar drugs), and pain medications (opioids) can help, but the risks often outweigh the benefits. People with diabetes, for instance, can develop dangerously high blood sugar from steroids.

And prescription nonsteroidal anti-inflammatory drugs are notorious for causing stomach bleeding and even heart attacks. In addition to their potential for accidental overdose and addiction, opioids can cause sedation and depression.

The better route

Why take dangerous drugs when a safe and effective alternative is available? Laser light delivered directly to the area in and around an injured joint can be helpful for not just relieving pain but also actively promoting the healing process. The laser reduces inflammation, provides deep tissue therapy, improves blood flow to the area, and accelerates pain relief.

LLLT works by exposing injured tissue to coherent light at specific wavelengths—radiation in a band of the spectrum that has been scientifically shown to help relieve pain. Stimulation from the light helps the body use its own cellular resources to heal itself, without side effects.

The light penetrates the skin and into the damaged tissue easily and triggers a biological response that switches on the healing process. The injured area is stimulated to produce a cascade of natural chemicals, such as anti-inflammatory enzymes, that reduce pain and improve mobility in the joint.

More than 3,000 published studies show LLLT is safe and effective. It's also painless. The photons from the laser don't generate any heat—this therapy is also known as “cold laser”—because it can't damage tissues or cause the sensation of heat. The therapist


uses a small, hand-held laser that never actually touches the skin. Furthermore, a typical treatment session only takes three to five minutes. Most people feel pain reduction soon after the first session and need only two treatments a week for three weeks in a row to get long-term relief.

Benefits for you and your patients

LLLT is particularly effective for sports injuries such as tennis elbow and Achilles tendon inflammation. It's also helpful for other types of pain, such as neck pain, lower-back pain, plantar fasciitis, and mildly arthritic joints. An especially valuable use of LLLT is the treatment of headaches and neck pain that come from concussions and whiplash injuries.

Another attractive aspect of LLLT is that it's nontoxic—it can't cause a dangerous interaction with any medications and it has no side effects.

It's also noninvasive; patients don't even have to take their clothes off during treatment. Almost anyone can have laser therapy safely. For the best, safest results, be sure the low-power laser you use is FDA-cleared and delivers light in the 635-nanometer wavelength.

When patients tell you how much laser therapy has helped them, you shouldn't be surprised. After all, someone famous once said, “Let there be light.” 



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has a successful sports injury and sports performance private practice in Westchester County, New York, and is on the advisory board for BioPosture. He can be reached at drrobertsilverman.com, info@drrobertsilverman.com, or through erchonia.com.

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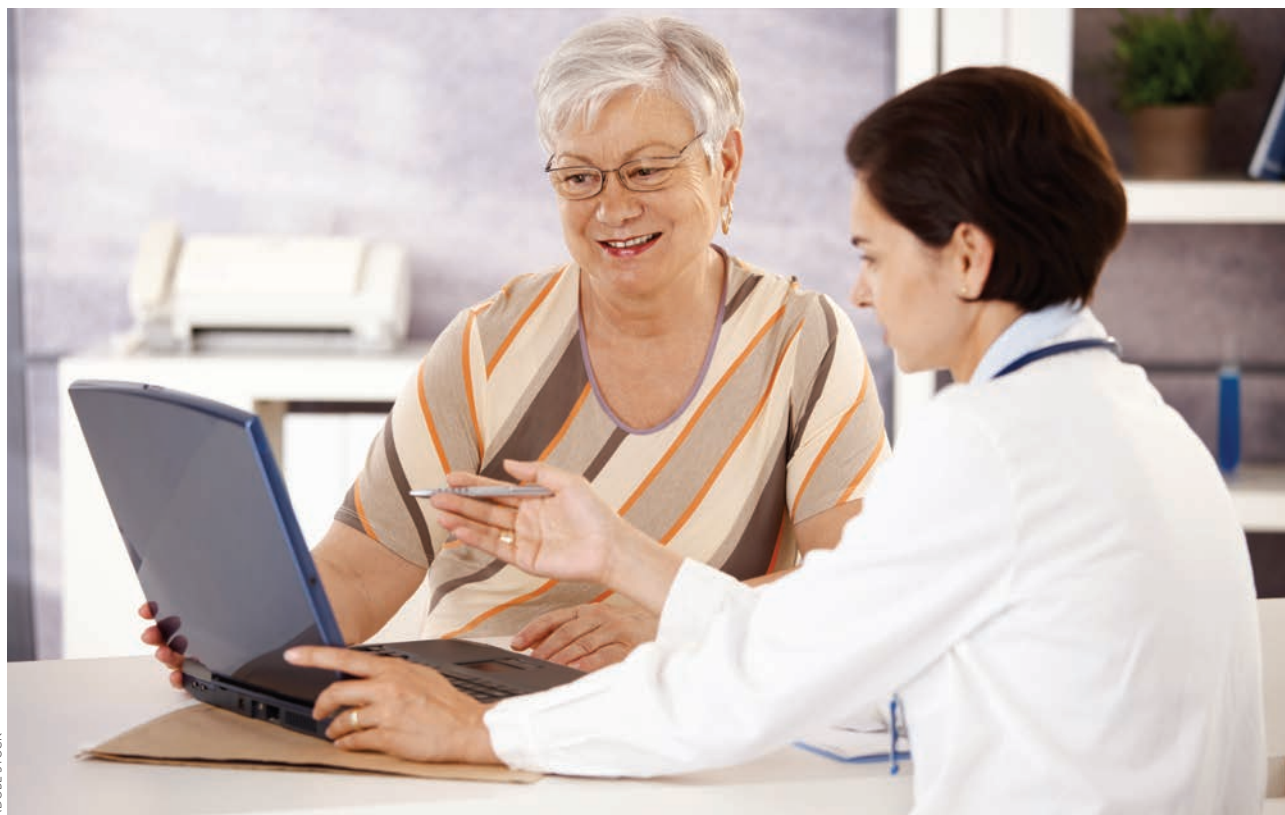
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ADOBE STOCK

Synchronized success

Use recovery nutrition to build a functional membership practice.

BY BILL HEMMER, DC

EVERY CHIROPRACTOR FACES THIS DEMON: YOU HAVE SUCCESSFULLY addressed a patient's symptom-based complaints and now your patient wants more. They like you, but for them to take the next step and invest in true healthcare, you must provide them with a compelling and logical reason why. So, they give you an opportunity to keep the relationship going by asking you a simple question.

What should I eat to lose weight, look better, and feel better?

The next words out of your mouth set the stage for your future relationship with this patient. There are thousands of diet regimens, ranging from vegetarian to Atkins. How do you know which diet will fit this individual's needs?

If you get their diet right, you look like a genius and you have a patient

who will stay, pay, and refer other quality patients just like them. If you get it wrong, you are just like the rest of the symptom-based doctors and they will find another provider.

Custom needs

The body is organized in a hierarchy and all three levels must be considered when customizing a patients' diet. First, an individual's dietary needs are influenced at the systemic level (the nervous system, digestive system, etc.).

Second, the gland and organ level (stomach, pancreas, liver, etc.) plays a specific role in nutritional uptake and must also be considered. Hormones are the communication mechanism of glands and organs and are also strongly influenced by nutrition.

Finally, the tissue and cellular level (membranes, blood, and nucleus)

dictates energy production and modulates epigenetic factors that are also significantly influenced by diet.

So, are you ready to answer their simple question?

Research matters

Research dating back to the early 1920s by Francis Marion Pottenger, Sr., MD, demonstrated that the autonomic nervous system (ANS) controls all smooth muscle and secretory functions.¹ He theorized the ANS also controls an individual's dietary requirements. In his book, he describes his findings from more than 20 years of research on dietary effects of the ANS.

In the late 1960s, William Kelly, DDS, began to formulate a complete nutritional system based on creating balance in the ANS. He states, "It is much like taking a shower, a 'just right'

RESEARCH RESULTS

balance between the hot and cold water. It must be emphasized however, that the 'just right' balance of hot and cold water is not the same for everyone."²

From the 1970s through the 1990s, the focus on gland- and organ-level diets exploded. These different diet plans focused on specific aspects of the gland and organ relationship to nutrition. The problem was that they lumped every human into the same bucket. The Atkins Diet was introduced in 1972, the Paleo Diet in 1975, the Scarsdale Diet in 1978, and the Pritikin program in 1979. In addition, Elliot D. Abravanel, MD, popularized the Body Type Diet in 1983, and in 1996, people turned to the blood type diet by Peter J. D'Adamo, MD.

Each author contended if everyone ate the way their book described, they would look better, feel better, and live longer. Of course, the people who failed

"just weren't following the plans closely enough."

Wolcott and Fahey first described the next evolution of this nutritional puzzle in 2000.³ Wolcott worked as a medical director in Kelley's clinic and further refined Kelley's work. He found some people were autonomic dominant and others were oxidative dominant. This is when the term "metabolic typing" was first introduced.

Wolcott was the first to describe the nine pieces of the complete metabolic jigsaw puzzle. This puzzle includes: autonomic, endocrine, oxidative, acid versus alkaline, blood, a constitutional typing, electrolyte, prostaglandin, and catabolic and anabolic balance.³ All nine pieces of this jigsaw puzzle must be considered to create the proper diet plan for any individual.

So is it any wonder your patient's simple question can cause such anxiety for you?

Functional membership

The best answer to this question is "I don't know, but let's find out." Using a focused specialized consultation, technology, and in-office testing, a customized diet plan can become the cornerstone of functional membership in your practice.

Functional medicine membership programs have become the new buzz topic in chiropractic and traditional medicine. Memberships are cash-based and focus on value, not the number of patient visits. Patients are often tired of not having a personal relationship with their doctor. But with membership, they become part of your tribe.

A focused specialized consultation uncovering short- and long-term health goals is the cornerstone of a functional membership practice. This communication skill takes time to develop. Discovering the underlying reason the patient wants to live longer, look better,

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and feel better is not an easy task. Until your patient begins to speak from the heart, your membership program won't be successful.


Technological advances also allow patients to complete detailed questionnaires to assess all three levels of complexity of a customized diet, while also creating the ability to stay connected with their providers on their smartphone, tablet, or PC. You can

provide them recipes, grocery lists, fitness videos, appointment reminders, and educational videos to keep them connected to your practice.

Low cost in-office technology can be used to objectively quantify the questionnaire results. Body composition analysis is a great example of objective data that can demonstrate results and keep patients motivated about their health journey.

The practice of the future will only provide symptom-based care initially. Value-based education from you will expand your patients' worldview and open their eyes to what is possible for their health. This leads to self-discovery of what your practice can truly offer them. This in turn opens the door for them to explore your customized health recovery membership. Combining technology with old-fashioned meaningful communication can provide them with a seamless way to invest in their future health.

The next time your patient asks you a simple question about their diet, think about the fabulous opportunity you have just been given to provide them with life-changing information. But few practitioners have the capacity to answer that question quickly and effectively. Won't it be great when you provide them with a research-based nutrition plan that can be objectively tracked to make sure it works?

By using enhanced communication skills, technology, and in-office testing, you have just opened the door to a new functional member in your practice. Bring on that simple question. 



BILL HEMMER, DC, has been in private practice for more than 28 years. His passion for chiropractic began with a cervical compression fracture at age 15. He has

expanded his practice to include customized health recovery plans within his functional membership to meet the needs of a changing healthcare environment. He can be reached at drbillhemmer@hotmail.com.

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The time has come

You can have an efficient paperless office. Here's how.

BY MARK HOLLIS

GOING PAPERLESS CAN ELIMINATE THE COST AND INCONVENIENCE associated with using, storing, and protecting paper in the office. In order to be more efficient, save money, and easily access all your records from outside your office, here are some considerations and suggestions on how to get started with a paperless practice.

Start with software

The right practice management (PM) and electronic health record (EHR) software can make going green easy. The wrong software can make your life difficult. Improperly designed software can expose your patients' identity and health information to amateur and professional hackers, and expose you to practice-ending HIPAA violations

and state fines.

If you want a paperless office, you'll need software with an all-in-one design that offers you a single repository for all the electronic protected health information (ePHI) you acquire, with safeguards to protect and maintain that information.

Streamline your practice

When a new patient calls, your staff should create a record and schedule an appointment in your PM. This helps streamline your patient registration and increases efficiency from the beginning.

A growing number of patients—especially Millennials—prefer to make their appointments online. When a patient goes to your website on their

phone, tablet, or computer, why not let them go ahead and request or make an appointment? To be efficient, it is essential that online scheduling be tightly integrated with your PM software, so the patient's data goes directly into your database and avoids redundant data entry for staff.

A technology-forward check-in

If you currently use a sign-in sheet, replace it with a patient check-in kiosk on a tablet. Ensure that your system is HIPAA compliant, and your tablet's software is integrated with your PM software. When a patient checks in, the status of their appointment should change on every computer. Essentially, your patient has announced their arrival to your entire office without

your staff's assistance.

A tablet or other mobile device can also be handed to patients on their arrival in lieu of a clipboard. Mobile software can instantly access the patient's record in your software system with electronic registration, health history, and authorization forms.

Once the patient has completed and signed their forms, they can take their own picture, and send their information into your PM and EHR, just by tapping the screen. No staff data entry required. While your patient enters their data, your staff can scan their insurance information. Now, when the patient returns the tablet, they can be seen immediately.

Online services

When considering online services that work with your PM data, *ask your PM vendor first*. Your PM vendor may work with some established online services,

but contrary to what a service representative may tell you, it normally requires attention and investment from your vendor to interface. You'll want a supported interface so that you don't need to worry about data corruption.

The number of service providers is exploding and your PM vendor cannot possibly work with all of them. But your PM vendor can develop or co-develop online solutions that are the most efficient with their software and often their solutions are cost effective. When purchasing PM software, consider vendors who offer integrated online services.

Better chart notes

Using an EHR system in your office is key to efficiency and replacing paper charts. Ideally, patient-entered clinical data is immediately viewable in your EHR system and establishes a foundation for the clinical record of

your treatment.

Using a computer in your treatment room gives you access to numerous diagnostic applications, as well as graphics and videos to educate, advise, and treat your patient.

From within your EHR system, you should be able to send changes and instructions to the front desk, eliminating buck slips and encounter forms.

Electronic efficiency

A PM-integrated word processor that supports graphics and customizable templates with merge fields from the patient's information and treatment notes is powerful. All patient instructions including prescriptive exercises can be stored and used to build customized documents to print or email. No more wondering what was given to a patient. And if it needs to be reprinted or emailed again, you can easily do that too.

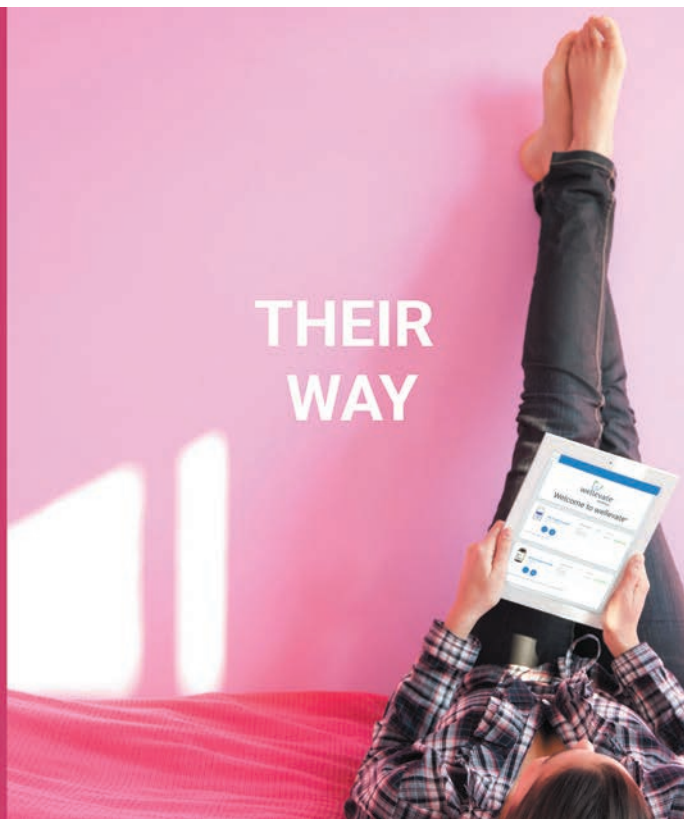
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If you have a fax machine, this is your chance to get rid of it. With electronic network fax service integrated inside your PM software, you and your staff can easily and efficiently send, review, and file faxes in your patients' records.

Protect your files

Has your PM developer employed the Advanced Encryption Standard (AES) protection of data at rest on your server (and your backups and data in motion across the network in your office)? Do you have a unique, encrypted database password? If it does, your PM software can help you qualify for HIPAA Safe Harbor protection in the event of a breach, and you may not have to report to HHS, send a letter to your patients, or alert prominent media.

Built-in AES encryption can also help protect you from HIPAA and state fines. As you have seen in some of the high-profile data breaches in the news, these events can be both costly and embarrassing.

Be aware that ransomware is also considered a breach. Ransomware and nearly all other malware have affected primarily Windows users, although this is increasingly less the case. Being forced to pay ransom for your information can end up exposing your own banking information, so be extra cautious of such schemes.

Cloud nine

You have probably heard the cloud is safer, but that claim relies on the assumption that the hosting company employs cybersecurity experts who are constantly fending off attacks. But even the cybersecurity teams at LinkedIn, Dropbox, Facebook, Amazon, and

similar have been outwitted before.

Demand for cybersecurity experts in the U.S. is growing, and now there is a shortage of them. Ransomware can encrypt data on any "connected" device, including a cloud server. Denial of service (DoS) and distributed denial of service (DDoS) attacks can still plague the cloud. Making sure your data is backed up safely is one of the key methods of defense against these types of threats. **CE**



MARK HOLLIS, CEO and co-founder of MacPractice, Inc., helped develop Mac and iOS native practice management software with 30,000 users. He was a management consultant to more than 600 practices in New York for 25 years before cofounding MacPractice in 2004. He specializes in security, ransomware, HIPAA compliance, EHR incentives, all-in-one designs, and paperless and mobile systems. He can be contacted at marhollis@macpractice.com or through macpractice.com.

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THEIR TABLETS

Customized care

Diagnostics reveal what supplements your patients truly need.

BY TAMMY WORTH

Like most new doctors, **Annette Schippel, DC**, of Schippel Chiropractic in Jacksonville, Illinois, was idealistic when she graduated from chiropractic school, thinking an “adjustment cures everything.”

But she quickly found that while the adjustment is an amazing tool, her patients’ health wasn’t necessarily improving in all cases.

“I was getting frustrated and losing enthusiasm,” she says. “Where is the joy in doing this if you aren’t getting the results you want from your patients?”

So she dove in and began researching Functional Medicine (FM) and supplements, but she didn’t just offer up probiotics and omega 3s. She read into the science avidly, and what started with taking patients’ hair samples has today expanded to a broad spectrum of testing that she now uses to determine what supplements will be most beneficial for each patient.

“Nutraceuticals” can quickly become nothing more than a natural form of pharmaceutical therapy if providers aren’t careful, she says. But asking the right questions and using good

diagnostic tools can help you focus and provide the best individualized treatments.

“Chiropractors have always been looked upon as being ‘alternative providers,’” she says. “If we open up our minds and take on that role, we are in a good position for a paradigm shift of actually getting patients well and not just abating their symptoms.”

Physical examination

Before initiating a battery of tests on patients, you have to know what it is you are looking for. **Paul Goldberg, DC, MPH**, who is a professor of clinical nutrition at Life Chiropractic College and the director of the Goldberg Clinic for Chronic Disease Reversal in Kennesaw, Georgia, says there are three components to understanding a person’s nutritional needs.

First, what level of nutrients should a person take in to have optimal health? Second, what should he or she be avoiding to improve their health? And third, what is interfering with a patient’s ability to use those nutrients and eliminate toxins?

When determining a health plan, practitioners should look at factors such as genetics, lifestyle, and environment, and diagnostics can play a large role in

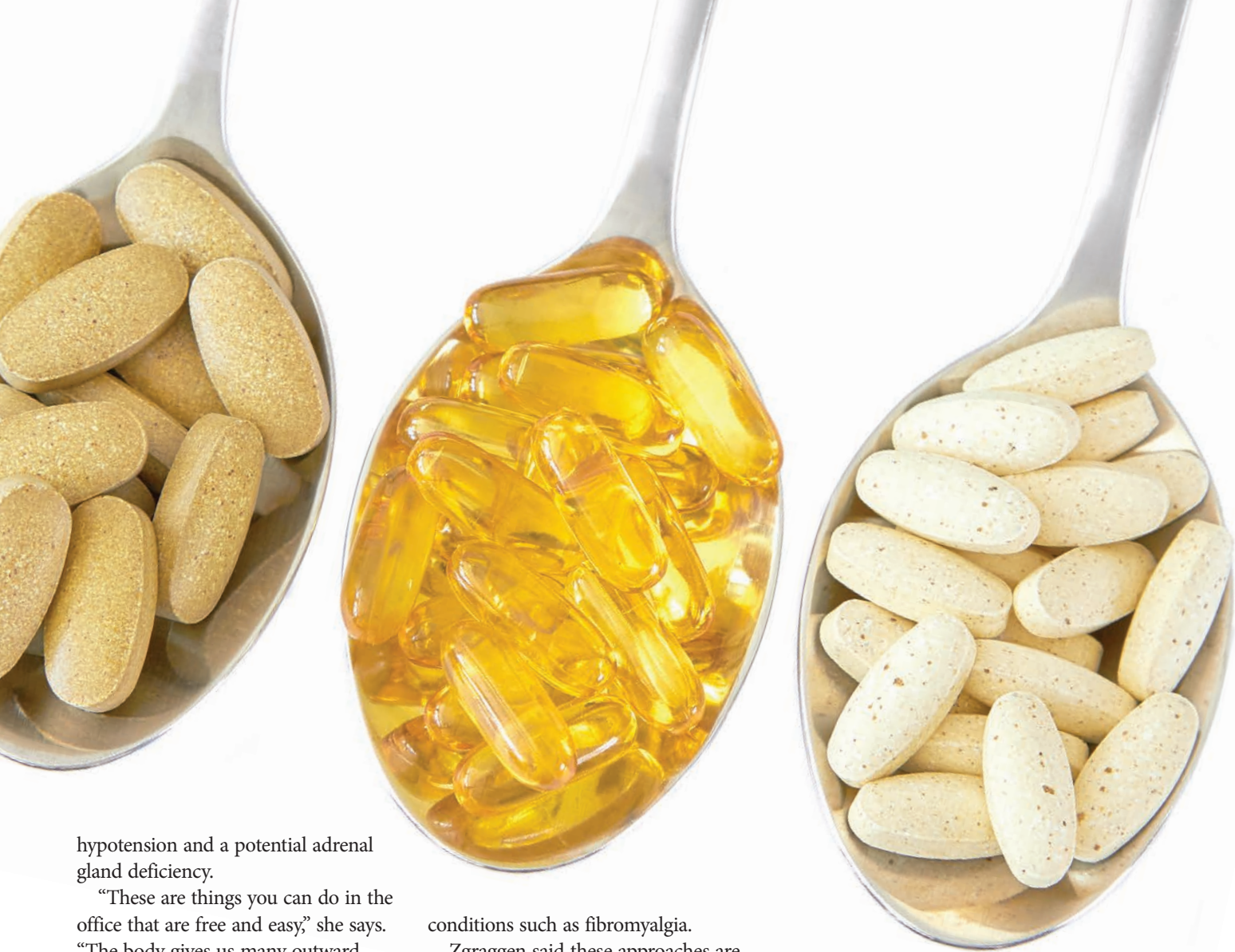
creating that plan. One basic diagnostic tool to start with is a physical examination.

During this exam, chiropractors can take vital signs, determine body fat composition, and examine specific areas where a patient has complaints. Goldberg says to pay close attention to a patient’s mouth, abdomen, skin, and nails—as these can all signal problems.

He notes that there is an order of operations one should follow: “Laboratory testing, for any purpose, to be used appropriately must be preceded by a thorough case history and physical examination.”

For instance, during an exam, **Stephanie Zraggen, DC, CCN**, of Lime and Lotus LLC, in Charleston, South Carolina, saw that one of her patients had deep fissures in her tongue. This, she says, is indicative of vitamin B deficiency. She followed up with questions about her patient’s diet to see if she could increase intake or if she might need supplements.

Zraggen says a fingernail analysis can indicate a patient might have a cardiovascular or thyroid issue, or a zinc or magnesium deficiency. If a person’s blood pressure drops when moving from a lying to a standing position, it can signal postural



hypotension and a potential adrenal gland deficiency.

“These are things you can do in the office that are free and easy,” she says. “The body gives us many outward signals of nutrition deficiency.”

Case history

A diagnostic tool that is slightly more detailed than a physical exam, but which Goldberg says is the most important, is a case history (also known as a health questionnaire or systems survey).

This kind of questionnaire should take a comprehensive look at everything impacting a person's health, including medical history, lifestyle, sleep, home environment, adrenal system, digestion, and cardiovascular and renal condition.

The can be a standalone tool or used in conjunction with other lab testing to determine what supplements are needed. For example: Chronic muscle spasms can be managed with magnesium supplements or further testing may be required to rule out

conditions such as fibromyalgia.

Zraggen said these approaches are great for determining what systems of the body might be the underlying cause of a patient's symptoms.

And questionnaires of the type mentioned here can be purchased from organizations such as the Institute for Functional Medicine or from supplement makers.

Blood work

The third step to understanding a patient's needs is blood work. And there's a bit of controversy in this space as to what is and isn't needed.

It's becoming increasingly popular for practitioners to order newer kinds of blood panels—those that test broad-spectrum vitamin and mineral levels—to determine whether the patient is presenting with any deficiencies.

On the other hand, many providers feel standard testing that includes

blood cell count with differential, blood chemistry, HgA1C, lipid profiles, and thyroid panels, should tell providers most of what is they need to know.

Mark Kaye, senior manager of medical information at Metagenics, says vitamin tests can be expensive, are rarely reimbursed by insurance, and can be time consuming to perform. They may, however, be helpful for resolving problems for patients who have been seeing a variety of practitioners without success.

Vitamin tests that can be helpful to a broader range of patients include an antioxidant panel, and testing for omega 3s and vitamins B and D.

When analyzing blood work, remember to look for a patient's functional levels. Most labs use a specific set of numbers to determine whether

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Meet the experts



Annette Schippel, DC, of Schippel Chiropractic, in Jacksonville, Ill.
schippelchiropractic.com



Paul Goldberg, DC, MPH, DACBN, professor of clinical nutrition at Life Chiropractic College, director of the Goldberg Clinic for Chronic Disease Reversal, in Kennesaw, GA.
goldbergclinic.com



Stephanie Zraggen, DC, CCN, CNS, founder and clinical director of Lime and Lotus, LLC, in Charleston, SC.
limeandlotus.com



Mark Kaye, senior manager of medical information at Metagenics, in San Clemente, Calif.
metagenics.com



Kimberly Besuden, DC, CFMP, owner of Besuden Chiropractic, in Winter Park, Fla.
drbesuden.com

or not patients may have a condition. But in the world of Functional Medicine, Zraggen says you are looking for disease processes and trying to determine where a patient's levels need to be to feel his or her best.

Additional diagnostics

For Zraggen, who specializes in female hormone health, standard blood work doesn't give her the specifics she needs to treat her patients. Because hormones fluctuate during the course of a woman's cycle, she performs saliva testing to see "the dance of hormones" that occurs over a month's time.

"I get eight different hormones at 11 times, so I can see graphs and charts and the relationships to pinpoint where there are challenges in the cycle," she says.

Other tests Zraggen uses are hair analyses and gut panels. Hair samples provide information on nutrient levels and the presence of heavy metals in the system. Toxic elements are highly concentrated in the hair and can sometimes reveal exposure to them before symptoms appear or show up in blood work. Gut panels—saliva and stool tests—can provide a range of information, including the existence of food sensitivities, yeast, fungus, and parasites. These tests can be performed at home and return results in two to three weeks.

A relatively new alternative test Schippel uses is live blood-cell analysis. She performs this in her office using a microscope to look at blood cells to determine if there is inflammation, cholesterol, fungus, oxidative stress, or vitamin deficiencies.

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Learn about functional nutrition

Annette Schippel, DC, swears by the power of books when it comes to nutritional education. Here is a list she recommends for gaining a better understanding of the body and Functional Medicine.

- ▶ *Harrison's Endocrinology* by J. Larry Jameson: Offers a great explanation of how the endocrine system works.
- ▶ *Digestive Wellness* by Elizabeth Lipski: Provides an overview of the digestive system.
- ▶ *Modern Nutrition in Health and Disease* by Maurice Shils: Gives an overall reference for health and nutrition.
- ▶ *Principles and Practice of Phytotherapy: Modern Herbal Medicine* by Kerry Bone and Simon Mills: Offers good advice on how to view your patients and their health.
- ▶ *The Disease Delusion: Conquering the Causes of Chronic Illness for a Healthier, Longer, and Happier Life* by Jeffrey Bland: Talks about a paradigm shift in medicine and where it can go moving forward.
- ▶ *Why Zebras Don't Get Ulcers* by Robert Sapolsky: Discusses stress, response, and management.

Kimberly Besuden, DC, owner of Besuden Chiropractic in Winter Park, Florida, has patients perform a seven-day food log, which does two things: First, it makes them aware of what they are eating. Second, it gives her an idea of where to suggest nutritional changes.

Interpreting findings

Now that you have a guide for evaluating patients, what do you do with the results you receive? Schippel says all too often she sees colleagues perform thousands of dollars' worth of testing with no idea how to use it.

New chiropractors may want to intern with a DC who is experienced in Functional Medicine and diagnostic testing, or join a practice that is proficient in this kind of work.

For chiropractors already in practice, an appealing option is to take online courses, such as those provided at Functional Medicine University. These are aimed at helping providers who want to understand diagnostic results and use nutrition and supplements based on the results. Continuing

education or diplomate courses are also available on this topic.

The systems surveys that Besuden uses have software that allows her to choose supplements based on the results to support her patients' systems. It has a program that tells patients how much supplements to take and when to take them, making it easy to keep to a schedule.

Some lab companies also offer tools to gauge their results and guide patients and providers toward proper supplementation. Metagenics, for example, has a medical information group that helps practitioners understand how to apply diagnostic findings. Most Functional Medicine labs also have technical staff who can offer suggestions on what lab tests to use based on a patient's physical exam and health analysis.

Goldberg does recommend significant caution when taking advice given by a manufacturer or lab. "Any time you use a supplier's products, there is clearly a strong underlying agenda to use their diagnostic tools," he says.

Schippel notes that your colleagues



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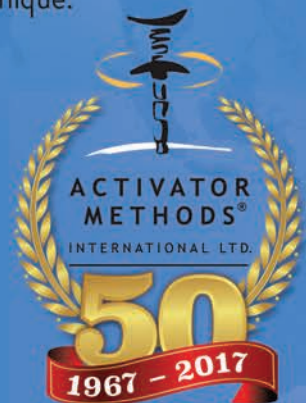
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Test results should be shared with and explained fully to the patient to allow them to take an active role in their healthcare.

can be a good resource, too. There are chiropractors, she says, who perform a broad spectrum of testing and are willing to mentor others wanting to do the same.

"It's easy to become isolated and chiropractors tend to be solo practitioners," she says. "As a profession, collaborating more will make us stand apart in a really good way."

Words of wisdom

Schippel works with patients all over the country, so she knows she needs to use labs and diagnostics that can be replicated anywhere. She is familiar with both local and online labs, where patients can order tests and share the results directly with the provider. Online labs, co-ops, and cash payments

are all options for keeping down the costs for labs and other tests.


Testing and diagnostics should be performed outside of a traditional chiropractic visit, Besuden says. She gives patients the survey and other tools in advance so they can fill it out at home prior to a Functional Medicine visit.

"Appointments are too busy to do all of this," she says.

Goldberg believes laboratory testing, when implemented, should be considered part of a patient's education. When test results are received, they should be shared with and explained fully to the patient to allow them to take an active role in their healthcare. "Too often, I hear from patients that they went through a series of tests at

another doctor's office, but don't know what the results meant since no one explained them to them," he says.

Finally, Zraggen recommends that novices not bite off more than they can chew. Pick a topic you are interested in—hormones, the digestive system, or chronic fatigue—learn as much as you can about it, and focus there. This will allow you to explore your passion in greater depth.

"Even with training, it's tough to be an expert on every area of the body," she says. 



TAMMY WORTH, a freelance writer based in Kansas City, Missouri, specializes in business and healthcare subjects. She can be contacted at tammy.worth@sbcglobal.net.

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Stop the diabetes epidemic

A clinically studied herbal intervention shows how you can help.

BY TERRY LEMEROND

WHILE MANY OF YOUR PATIENTS COME TO YOU FOR REASONS related directly to physical health conditions—pulled muscles, slipped disks, hips out of alignment—if any of them have high blood sugar or diabetes, it shouldn't be surprising.

The Centers for Disease Control and Prevention (CDC) reports that about 86 million Americans have pre-diabetes (high blood sugar but not quite full-blown diabetes) and 90 percent of them don't even realize it. That's in addition to the almost 30 million Americans who have diabetes, 25 percent of whom don't know it yet.¹

The rise in type 2 diabetes alarming, as you surely know. And you might think it has happened quickly, sweeping through the country like a virus. But that's not the case. All we have to do is

look at our diets to see we've been building up to a diabetes epidemic for some time.

In the space of about 70 years, Americans have dramatically increased their consumption of sugar, high-fructose corn syrup, refined carbohydrates (such as white flour and white rice), and overly processed foods. We've been setting ourselves up for a perfect storm of diabetes. And now it has arrived.

But there is a way to stop this epidemic. Along with the right diet and a sensible exercise regimen, *Hintonia latiflora* is one of the best botanicals for anyone with elevated blood sugar or diabetes.

Hintonia latiflora grows in the Sonoran desert in Mexico in a harsh climate, which actually helps create the

powerful defensive compounds in the plant that can help reduce high blood sugar. It is so well regarded that *Hintonia* has been clinically studied in Europe for over 60 years, and approved for use in people with type 2 diabetes.

Almost from the beginning, early research showed *Hintonia latiflora* could help people avoid the need to go on medication, or reduce medication in individuals unable to control their blood sugar by diet alone.²

In a 2014 study published in the German journal *Naturheilpraxis mit Naturalmedizin (Naturopathic Practice with Natural Medicine)*, the same dry concentrated bark extract of *Hintonia latiflora*—combined with additional nutrients—significantly lowered A1C values, fasting glucose levels, and postprandial blood sugar levels.




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Factoring all of the diabetic symptoms, the scores improved from 4.8 points to 1.3 points at the end of the study. Participants also saw improvements in blood pressure, lipids, and liver values.³

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In this study, after eight months, A1C levels improved by an average of 10.4 percent—a potentially life-saving difference. Fasting glucose was lowered by an average of 23.3 percent, and postprandial glucose by an average of 25 percent.³

Best of all, the herbal intervention was well tolerated—no one saw their blood sugar levels drop too low. And, interestingly, individuals who were taking anti-diabetic prescription drugs stayed on their medication throughout the duration of the study. The *Hintonia* and nutrient combination was simply added on to their treatment. By the end of the study, of those still using medication, 40 percent could reduce their medication levels and some were able to stop their medication entirely.

In another clinical study, adult participants with type 2 diabetes were provided with the same extract of *Hintonia latiflora* also combined with trace nutrients (vitamins B₁, B₆, B₁₂, folic acid, chromium, zinc, and vitamins C and E) for six months.⁴

Once again, for fasting and postprandial blood glucose numbers and A1C levels, *Hintonia latiflora* significantly and clinically reduced these numbers. The study also showed that the botanical helped normalize cholesterol and triglycerides.

The reason that *Hintonia* works is related to a compound in the bark, coutareagenin, which helps stabilize blood sugar levels. According to research, this compound appears to inhibit alpha-glucosidase, an enzyme that releases sugar from carbohydrates.⁵

Because *Hintonia* delays the release of sugar in the bloodstream, it keeps glucose balanced, rather than allowing it to spike as you see in cases of type 2 diabetes, or even in cases of hyper- and hypoglycemia.

***Hintonia* is ideal for many reasons**

Aside from diabetes, there are those who feel that the next major health crisis is Alzheimer's disease. As it happens, the two are quite possibly linked.

High blood sugar can be a significant risk factor for Alzheimer's disease; elevated glucose creates intensive inflammation in the brain. In fact, in one study, 25 percent of those with high blood sugar and diagnosed diabetes



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developed Alzheimer's. Even just having high blood sugar in the "normal" range still led to almost a 20 percent increased risk of dementia.⁶

It's understandable that there would be a connection. Elevated blood sugar causes inflammation in both the blood vessels and soft tissue of the brain. There is already a well-documented connection between untreated elevated blood sugar and heart disease, kidney


failure, and nerve and foot damage, so a possibility of it influencing Alzheimer's risk is not surprising.¹

Hintonia can normalize blood pressure levels that often rise due to the inflammatory effects of high blood sugar.⁷

Aside from this, other *Hintonia* research shows that compounds from its leaves may help stop gastrointestinal damage and gastric ulcers. Considering

the harshness of some drugs used for type 2 diabetes on the digestive system, this is yet another reason to consider adding *Hintonia latiflora* to a diabetes-fighting regimen.⁸

Help your patients


Hintonia latiflora is a natural, tested, and effective botanical you can recommend with confidence. It can be used in addition to a patient's existing regimen. And it has over six decades of study to back it up. It may be exactly the extra push your patients need to normalize their blood sugar levels and have a vital, happy life. 



TERRY LEMEROND is a natural health expert with more than 40 years of experience. He has owned health food stores, founded dietary supplement companies, and formulated more than 400 products. A published author, he appears on radio, television, and is a frequent guest speaker. He can be contacted through euopharmausa.com.

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The first step is getting involved in your community.

BY TODD SINGLETON, DC

YEARS AGO, WHEN A CHIROPRACTOR WAS FIRST GETTING started, he or she would start by placing an ad in the Yellow Pages. Today, the Yellow Pages are mostly obsolete, and doctors are turning *en masse* to online sources of revenue. The Yellow Pages are out, and Facebook ads are in. But is this type of online advertising enough to bring in the traffic that your office needs?

If you want to set yourself apart from the crowd, you need to go a step further—you need to get out there in your community and engage in on-the-ground marketing. You need to visit local schools, businesses, and other organizations and let them know that you're the new chiropractor in town.

While you're at it, you can offer to give a presentation on a topic that you're

knowledgeable about. Regardless of what you offer, it's important to get out there, get your hands dirty, and make a name for yourself in your community.

Local school and children's groups

If you want to make a name for yourself, local schools are an excellent place to start. In your neighborhood, start by locating as many schools and children's groups as you can find—elementary schools, high schools, Boys and Girls clubs, community colleges, and even universities. Once you know who you're going to be dealing with, call up the school and offer to teach a seminar about seatbelt safety (or something else that you're qualified to speak about).

If you're approved, you can give your presentation and, at the same time, let participants know more about the

related services you offer. For example, if you give a presentation about seatbelt safety, you can talk about post-accident rehabilitation.

If you're afraid of public speaking, you'll need to find a way to get over it. As a chiropractor, you're going to have hundreds (if not thousands) of opportunities to speak publicly throughout your lifetime—and it's important that you don't let these opportunities pass you by.

Public speaking is one of the best ways to put yourself out there, attract new patients, and build a successful business. If public speaking makes you nervous, you can start out small by giving weekly lectures in your own office. Once you get the hang of it, you can start to reach out to local schools and other members of your community.

Although knocking on doors and conducting public speaking engagements may be frightening at first, it's absolutely worth the effort.

Specialty groups

Finding specialty groups in your area may take a bit of creative thinking, but the time is worth the effort. Through a couple of Google searches, you can find a variety of ladies' groups, meet-up groups, state or city organizations, non-profits, and service-oriented clubs (Rotary Club and Lion's Club, for example) in your area.

Once you know who you want to contact, call and offer to give a presentation, much like you would do for a local school. If you can't get in as a speaker, you can attend group-sponsored events to network with members and negotiate speaking engagements for the future. Asking is the key.

Church organizations

Though it may surprise you, many churches are open to hosting guest speakers at their events. To determine whether or not the congregations in your area may be interested in hearing from you, simply pay the church a visit and speak with the person in charge.

Come prepared with a list of possible topics that would be of interest to this audience, and then discuss your options. If you approach it right, you'll be able to cultivate relationships that will last for years.

Corporations and local businesses

Depending on where you live, there are going to be hundreds, thousands, or tens of thousands of local businesses

in your area. So how do you even begin to introduce yourself?

To get started, consider making a trip to your local chamber of commerce to determine who you want to visit and why. You may be able to find a list of local businesses through your neighborhood library.

Once you have a short list in hand, be bold—visit the offices and let them know that you're the new chiropractor in town. Though you might find it difficult to put yourself out there like this, any awkwardness will be short-lived as you gain confidence.

If you visit an office and receive a warm response, try to schedule a "lunch and learn" event where you bring a free meal for the office and

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deliver a lunchtime presentation. These corporate events are an excellent way to bring in new patients!

Gyms and fitness centers

You can visit local gyms and fitness. In this arena, the rules are a bit different. You may have success in scheduling one of your usual speaking gigs, but you may also want to take a different approach.

Coordinate a cooperative advertising agreement—where you advertise for the gym in your office, and the gym advertises for you in their facility—or you can offer a variety of services for their members.

Many gyms will also be thrilled to have you offer a “free health evaluation” on their premises.

If you make an effort to get involved in your community, you’ll reap the rewards for years to come. By partnering

with local schools, businesses, and other groups, you’ll make a name for yourself in your community—and accomplish far more than you could do with a Facebook ad.

Although knocking on doors and conducting public speaking engagements may be frightening at first, it’s absolutely worth the effort. If you make a plan for community involvement and stick with it, you’ll find all of the patients you need to build the practice of your dreams. **CE**



TODD G. SINGLETON, DC, is an author, speaker, and consultant in practice for more than 25 years. He has an all-cash nutrition practice in Utah specializing in weight loss, neuropathy, spinal decompression, knee pain, and other nutritional deficiencies. He teaches fellow chiropractors how to add these modalities to their practices. He can be contacted at 801-903-7141 or through nutrition4chiro.com.

Quick Tip

A great start

According to a 2014 study in the U.K., people who eat breakfast maintain better insulin sensitivity, achieving more stable blood sugar levels and better metabolism than those who forgo breakfast.

One solution for handling nutrition in tandem with a busy lifestyle is a breakfast smoothie. You and your patients can make your own at home using a nutritious source of protein and some delicious berries, and you’ve got a morning meal that will balance your nutritional needs, fill you up nicely, and give you the energy to tackle your busy day.

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ADOBE STOCK

The future is here

What you need to know about customer relationship management systems.

BY JAMES ONKEN

RETENTION, REACTIVATION, REFERRALS, AND REVENUE: WHAT do these words mean to you? To many chiropractors, these are the building blocks and hallmarks of a successful practice.

Though it is true that if you retain and reactivate patients—asking for referrals at every turn—you will see an increase in revenue, the path to achieving those goals is what has changed today. Before networking, hard work and your ability as a healer drove volume. While those are still important today, your success is now attached at the hip to technology. The sooner you accept this reality, the faster you can drive your volume to new highs.

First things first

Start with a basic question: How do

you make money as a chiropractor? The answer is simple: You make revenue from your patients. Without revenue you can't pay your bills and you won't have a practice.

To understand the technological changes and solutions at hand, it is critical to grasp that you are a business with the goal of making a profit. Your larger mission may be to increase health and promote better living, but you need revenue to do that.

A focus on managing and nurturing your relationships with your patients should increase the number of patient visits, and create happier and healthier patients. Is it far-fetched to assume that a happier, healthier patient will be easier to retain, lead to more referrals, and build your brand in the community?

This isn't rocket science. Increased

patient retention and satisfaction lead to more revenue.

Enter CRM

You can accomplish the above goals through the use of customer relationship management (CRM) technology, marketing automation technology, and data-driven external marketing strategies. You are at the intersection of the internet, technology, and big data. Whether you like it or not, technology has infiltrated the walls of your practice and without it, you will fall behind.

The reason you may not be familiar with these technologies is that the largest companies and institutions in the world have hoarded them for years, but the secret's out and CRM software is now available to the world of chiropractic.

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CRM has been the foundation of managing customer and client relationships for most industries for more than 15 years. Many businesses use CRM software as the centerpiece of internal and external company actions, processes, and communications.

Health records, including EHR systems, have been central to tracking treatments and progress with patients. Though health records are critical, the foundation of your practice should be built around the relationships, interactions, and communications you have with your patients.

Yes, you need to track health records, but if your patients are the ones paying the bills, your practice technologies should be centered on patient relationships and promoting patient satisfaction.

The key components

Familiarize yourself with the core

components of CRM and marketing automation technologies:

Data collection. CRM technology is your interface for collecting critical information based on the unique needs of your practice. EHR systems try to tell you what is important, but CRM lets you build a customized database around what *you* consider important and then collects that data. It lets you track the details you want on patient demographics, marketing sources, referrals, revenues, and appointments.

Big data analytics. CRM technology lets you leverage the data you collect to help you make better business decisions. Imagine having the power to twist, turn, and manipulate your data into beautiful dashboards, reports, and charts that help you understand your practice and dig into the details. It is safe to say that most DCs do

understand the importance of metrics, yet most are also likely tracking them by hand or through Excel spreadsheets. Imagine having all the important metrics you deem important automatically available at any time—through a computer or mobile device.

Marketing automation. CRM technology gives you the opportunity to nurture your patient relationships and increase satisfaction and retention. Did you know it takes 10 times the amount of money to find a new patient versus re-engaging a former one? So much effort and marketing dollars are put into driving new patients to a practice. Leverage the data you collect to create automated patient-nurturing campaigns that encourage your current patients, educate them, wish them happy birthday, re-engage them when they go missing, and ask them for referrals. And all of this can be automated.

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Data-driven marketing. CRM technology can help you lower your external marketing budget, while at the same time increasing the bottom line. Your CRM-collected data provides insights into your patient database because you are choosing what is important to you and not just accepting the metrics your EHR or practice management software tells you are important.

You can leverage that information to better spend your external marketing dollars more strategically. A report can show you the exact revenue associated with a marketing source or the average amount you're collecting from men versus women from a particular area with a given insurer or income level. That kind of information can help you spend your marketing dollars more efficiently.

Today's businesses are using data to make key business decisions and it is important for you to do the same.

Internal processes. If your practice is like most, you probably have about 500 Post-It notes stuck to desks, computers, and every surface available to manage the demands of capturing day-to-day details. CRM technology, in a similar way, lets you make notes on patients, such as a payment preference or their children's names. Use it to create tasks, reminders, and manage other processes such as calling your patients who missed an appointment. A CRM system can be your office manager's best friend. You can easily pull a list of missed appointments, track your attempts to reactivate patients, and get reports on your successes. CRM software is the organizational infrastructure that manages all of these patient interactions.

Stay in the lead

There is no doubt that CRM and marketing automation initiatives are catching fire in the healthcare industry. It's also true that if you have a CRM

system and are using marketing automation, you likely have an advantage over your fellow doctors.

Admittedly, you can get by today in 2017 without CRM software. But in five years or so, without this technology you will be left behind your competitors. And right now this technology can make your life easier by giving you more structure, making your patients happier, and increasing your revenues at the same time. Don't wait—the future is now here. **CE**



JAMES ONKEN is the CEO and Founder of Advanced CRM Solutions. He comes from a family of five generations of chiropractors—all of whom were graduates of

Palmer College of Chiropractic. In his career as a professional CRM consultant, he's logged thousands of consulting hours and successfully implementing CRM solutions for over 500 clients. Onken can be contacted at 602-456-4222, james@advancedcrmsolutions.com, or through advancedCRMsolutions.com.

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Catch the wave

Making sense out of superpulsed lasers.

BY NELSON MARQUINA DC, PHD, AND ROB BERMAN

LASERS ARE REGULARLY DISCUSSED IN CHIROPRACTIC TRADE PUBLICATIONS, newsletters, conferences, and other places. And there are many types of lasers that various medical specialties use. Lasers such as Excimer, Nd:YAG, and CO₂ are not appropriate for therapy applications. Meanwhile, superpulsed, continuous wave (CW) pulsed, and combination superpulsed and CW lasers are regularly used in chiropractic offices for their therapeutic benefits.

Laser emission is either “on” or “off.” If the laser is constantly on and emitting light, then it is in continuous mode. If there is a time-on and time-off, then the laser is operating in pulse mode. Regardless of mode, lasers work—among their other functions—by increasing adenosine triphosphate (ATP) synthesis in cellular mitochondria, activating the electron transport system, and many other biochemical and biophysical reactions in tissues and organs.

What is laser therapy used for?

Laser therapy has beneficial photobiomodulation effects for relieving pain, resolving inflammation, and increasing the speed, quality, and tensile strength of tissue repair. It has also been shown to stimulate the immune system, reduce infection, and improve the function of neurological tissue. Laser therapy is also effective in increasing collagen production, bone repair, reducing edema, increasing lymphatic drainage, and increasing production of capillary beds.

The amount of laser energy (joules) applied will vary dramatically between a CW pulsed laser and a superpulsed laser. For the same average power, superpulsed lasers will treat more quickly and penetrate more deeply into tissues than a CW laser. The technologies are different and are not directly comparable by measuring the total amount of joules delivered. Rather, the dosage (joules per cm²) at the target tissue is absolutely key.

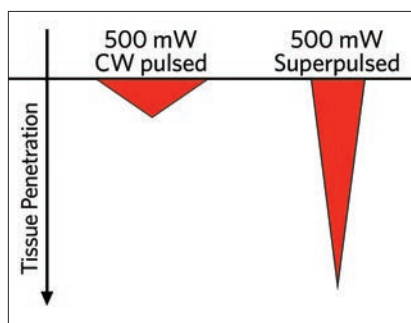
The World Association for Laser Therapy (WALT) suggests a dosage at the target tissue of 4 to 10 joules per cm².

There are thousands of superpulsed lasers in use around the world. The first laser classified as superpulsed was cleared by the FDA in 2004. The technology is not as well-known as CW pulsed lasers. However, the deep tissue penetration and minimal-to-no thermal effects of superpulsed lasers are advantages when compared to CW pulsed lasers.

Superpulsed laser terminology

There is no consensus in the laser industry regarding the precise definition of a superpulsed laser. Two concepts are currently in use by laser manufacturers:

1. The peak power of a superpulsed laser is “significantly” higher than the average power. Clinical research supports the principle of a peak power significantly



higher than average power. Peak power drives laser energy deep into tissues, with little to no thermal effects. WALT recommends one-fourth to one-half of the treatment time when using superpulsed lasers, compared to CW pulsed lasers, for the same clinical conditions.

Diode lasers of 904 nm to 910 nm are technically capable of producing much higher peak power to maximum average power ratios than other therapeutic wavelength diodes. But the issue of “significantly higher” peak power is currently open to interpretation—there is no current consensus as to whether simple multiples or orders of magnitude constitute “significantly higher” ratios of peak power to the maximum average power.

Typically, a ratio of 10 or higher is adequate for superpulsed lasers so that, for example, a superpulsed laser with 50 W of peak power should be capable of producing an average power of 500 mW.

2. Superpulsing is defined by the pulse rate. Several superpulsing lasers are capable of up to 100,000 pulses per second (Hz). Research by Karu suggests that higher pulse rates activate additional cellular mechanisms.¹

Treatment considerations

If you want your patients to have minimal to no thermal effects or risk of tissue injury, and you want to treat deep tissues, consider a superpulsed laser solution. You will also be able to target specific acupuncture points, and there are fewer concerns about treating dark-pigmented skin.

Superpulsed lasers produce high power impulses of light for a brief duration to more effectively drive light energy deep into the tissues. There are little or no thermal effects in the tissue because the pulses are of extremely short duration, typically on the order of 200 billionths of a second per pulse.

Shorter treatment time. Superpulsed and CW lasers that have same average power (watts) deliver the same amount of energy (joules). However, according to WALT recommendations, the treatment time with superpulsed lasers is typically 50 to 75 percent shorter.

Option for unattended treatment. The minimal thermal effect allows you to keep a superpulsed laser in one place during a treatment session. An articulated arm permits the optimal placement of the laser handpiece. Combining these two factors allows for unattended treatment, thus freeing up staff time.

Greater depth of tissue penetration. The wavelength of superpulsed lasers (904–910 nm) and the high peak power drive energy deep into the body. By using superpulsed lasers, it is possible to effectively drive light energy deep into the tissue using an average power that can be much lower than that used with a continuous wave pulsed laser.

Comparing superpulsed lasers

The true way to measure lasers against each other is based on their average power, not peak power. The main therapeutic effects of a laser are based on the energy density or dose delivered through the handpiece to the target tissues, which is a function of its average power and the handpiece aperture.

Superpulsed lasers with low pulse repetition rates (pulses per second or Hz) have low average power. Superpulsed lasers with adequate average power typically have pulse

rates of 50,000 to 100,000 pulses per second.

The dose is directly related to both the highest amount of power that the superpulsed laser can generate (the peak power) and the pulses per second (Hz).

The average power can also be increased by coupling the best of both superpulsed and CW pulsed lasers in one beam. These types of lasers allow you to operate in

- ▶ Superpulsed mode only,
- ▶ CW pulsed only, or
- ▶ Superpulsed combined with continuous wave pulsed.

In cases where the laser contains a combination of superpulsed and CW diodes, total average power is not necessarily the sum of the separate average powers. One must ensure that the superpulsed diodes themselves have reasonably high average powers to ensure deep tissue penetration.

When superpulsed and continuous wave lasers are combined they penetrate even better because the CW laser “rides” the superpulsed beam for greater penetration than it would normally achieve by itself. ☑



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Reference

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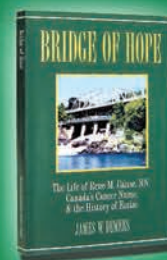
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Settle for less

How to survive an audit, IRS style.

BY MARK E. BATTERSBY

OF ALL THE AUDITS YOUR PRACTICE CAN BE SUBJECTED TO, a tax audit is the most fearsome—despite the fact that fewer than 5 percent of businesses, practices, or professionals are targeted each year. While it's too early to predict what effect any tax legislation in 2017 will have on the tax picture of your practice—or its principals—one thing is certain: There is a greater likelihood that those already-filed tax returns will face more scrutiny.

Fortunately, there is some maneuvering room that may help reduce the odds of your practice being targeted for an audit. And even though the odds of being selected for a tax audit may be slim, you should be

aware of the red flags that trigger those audits, as well your right to disagree with an auditor's findings.

Winning and losing the audit lottery

Tax returns are not always selected for audit because of errors. Returns can be selected for a variety of reasons, including:

Random selection and computer screening:

Sometimes returns are selected based solely on a statistical basis.

Document matching: When payer records, such as Forms W-2 or 1099, don't match the information reported.

Related examinations: Returns may be selected for audit when they involve issues or transactions with other taxpayers, such as partners or investors, whose returns were selected for audit.

Regardless of the type of audit, the IRS should always specify what records are needed for review. And do keep in mind that audits tend to result in no changes as about as often as they cause them. Naturally, any changes proposed by the IRS will be explained along with your rights as a taxpayer.

Knowing your rights

The Taxpayers Bill of Rights, part of the IRS Restructuring and Reform Act of 1998, requires the IRS to provide a

written statement detailing the taxpayer's rights and the IRS's obligations during the audit, appeals, refund, and collection processes.

These rights include:

- ▶ A right to professional and courteous treatment by IRS employees.
- ▶ A right to privacy and confidentiality about tax matters.
- ▶ A right to know why the IRS is asking for information, how the IRS will use it, and what will happen if the requested information is not provided.
- ▶ A right to representation, by oneself or an authorized representative.
- ▶ A right to appeal disagreements, both within the IRS and before the courts.

early in the examination process—often within 60 days after acceptance into the program.

With FTS, a trained IRS appeals mediator is assigned to reach an agreement on the disputed issue(s). The taxpayer being audited retains full control over every decision made during the FTS process. The appeals mediator may offer settlement proposals and use their unique authority, if needed, to resolve the dispute. Either party may agree to or reject the appeals mediator's settlement proposal.

Red flags

Keep in mind that all IRS departments communicate with one another. Thus,

up-front, lump-sum payments aren't currently deductible. That amount must be spread over the life of the lease. Second, if the vehicle is valued at more than about \$19,000 (for cars) or \$19,500 (for trucks), the full amount of the lease payment cannot be deducted. The deduction must be adjusted using an "inclusion amount." The dollar threshold depends on the year the lease began. Third, if the vehicle is used partly for business and partly for personal purposes, only the amount allocable to business use is deductible.

- ▶ Travel and entertainment expenses are another area where the IRS knows it can strike gold. All travel and

Many chiropractors, even those with no intent to commit fraud, often fall short when it comes to documentation and paperwork.

Among the most important rights held by any taxpayer targeted for an audit is whether to be represented by a tax professional or whether to attempt to answer the IRS's questions alone. Another important consideration if your practice is being audited is where to hold that meeting.

Should the meeting be in your accountant's office where all of the working documents are easily accessible? Should it be at your practice, the place where all the records are kept, to demonstrate to the IRS auditor that there is nothing to hide and the practice is legitimate? Or, should you and your practice manager (and any other representatives) trudge down to the IRS office armed only with the specific documents and information requested by the IRS auditor? There is no one right answer.

In a hurry?

The IRS's "Fast Track Settlement" (FTS) program offers small chiropractic practices and self-employed professionals an opportunity to resolve tax disputes

a chiropractor's failure to report income from a partnership or S corporation will be revealed by the K1 distribution statements the partnership or S corporation is required to file along with its tax returns. Among the claimed tax deductions that may lead to an IRS audit are the following:

- ▶ Partners and shareholders in S corporations can only deduct losses up to their "basis" in the entity. Basis includes the amount of equity investment (adjusted for profits and losses) and any direct loans made to the practice.
- ▶ Did you claim auto expenses for your only car? Personal use of a practice-deducted vehicle is so common that auditors expect to find it. If the car is operated for both business and pleasure and a high percentage of that use is claimed for business use, good records (preferably a mileage log) are a necessity.
- ▶ Deducting auto leases: If you or your practice are deducting lease payments as a business expense, keep several potential pitfalls in mind: First, any

entertainment deductions should be documented. Taking friends to the ballgame and calling it a business-related expense won't fly unless the business relationship can be explained in a credible fashion.

- ▶ Are payroll tax returns being filed and tax payments made for the practice's employees? Employment taxes are a routine part of every audit of small enterprises.
- ▶ Also, if the practice uses independent contractors, should they really be labeled as employees?

Both the IRS and the Department of Labor routinely look for taxpayers using independent contractors to reap the maximum tax savings possible when calling workers "independent contractors" rather than the employees they actually are.

Poor documentation is a death sentence

Many chiropractors, even those with no intent to commit fraud, often fall short when it comes to documentation

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MONEY MANAGEMENT

and paperwork. The IRS appears increasingly determined to find and audit these practices.

Once sent only to those suspected of failing to comply with tax laws, information document requests (IDRs), are being sent out in record numbers as a screening tool. Even if the practice pays its taxes dutifully, it may be penalized for lacking documentation.

After all, the law requires every taxpayer to retain the records used when preparing tax returns. Those records must generally be kept for at least three years from the date the return was filed.

handled professionally. The IRS, however, is increasingly viewing discrepancies as fraud until proven otherwise.

► **Expect firmness.** IRS agents will rarely allow wiggle room or mercy. As a result, this attitude sets the tone in their dealings.

Appeal after appeal

Until an agreement is reached with the IRS, the appeals process remains open. Most importantly, from the initial screening for accuracy that each return receives up to the final appeal has been exhausted, mistakes in favor of the

The IRS is usually sympathetic to honest mistakes and more than willing to discuss underpayments of taxes that may have resulted from the many gray areas of the tax code.

If records are kept electronically, the IRS may request those in lieu of or in addition to other types of records. But they will usually provide a written request for the specific records needed.


Surviving the new IRS era

Computers are less forgiving than humans. Any chiropractor who hopes to survive and thrive under the new algorithm-based IRS should follow these guidelines:

- **Always be prepared for scrutiny.** Understanding the rules and potential red flags is essential to knowing what information should be saved and for how long.
- **Be prepared to move quickly.** IDRs and audits now move on a shockingly fast timeline, so have a plan of action. Build a relationship with an accountant who can step in quickly if or when the dreaded IRS audit notice is received.
- **Consistency is key.** Inconsistencies in paperwork happen even to honest people when accounting is not

taxpayer are discovered in about 25 percent of all cases.


The IRS is usually sympathetic to honest mistakes and more than willing to discuss underpayments of taxes that may have resulted from the many gray areas of the tax code. They'll frequently negotiate the amount of tax due on occasion—but they don't like fraud.

Honesty and clarity go a long way toward preventing, dealing with, and surviving an IRS audit. Naturally, every practice should have a strategy for avoiding audits as well as for dealing with an IRS auditor. And have a fallback position in place, should those strategies fail. 



MARK E. BATTERSBY is a tax and financial adviser, freelance writer, lecturer, and author located in Philadelphia. He can be reached at 610-789-2480.

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Dealing with daily disruptions: Part 2

BY GARY A. BORING DC, BCAO, LCP (HON.)

AS YOUR PRACTICE GETS BUSIER, STAYING ON TRACK AND handling the unexpected will become an increasingly important aspect of the way you practice. The following strategies are time-proven methods of regaining your focus and efficiency.

Addressing problem phone calls

Your front desk person represents your passion and purpose, and implements your office policies in good times and bad. He or she handles problem phone calls by responding in a way that satisfies the caller. When the receptionist is involved in a sensitive phone call, the discussion is best completed in a private adjoining room.

Sometimes office policies are amended when a standing policy doesn't work. For example: "I want to speak to the doctor and *only* the doctor." The patient calling feels that he or she must be answered at once and only by the doctor. How do you cope with this problem?

Your receptionist might say, "Would you be willing to give me the information or the nature of your call so I can present it to the doctor as soon as possible?" If the patient offers that information, great; if they refuse, then the receptionist should ask for the patient's phone number, and give it to you when you're free.

What are likely reasons for this problem to arise? The patient might want to speak only to you because they

are worried about their condition and are desperate for positive news; they were confused by something done or said in the office; they were dissatisfied with the care received; they had had a negative encounter with staff; they were confused about how their insurance worked, or; they are in a financial bind but need help now.

When your staff should seek your advice

If your receptionist does not know the answer to a question that a patient is asking, he or she should ask to be excused and then quickly gather the information, return to the patient and thank them for waiting, and clearly give the information requested.

If the receptionist believes it will take a long time to gather the response, he or she can ask the patient whether a phone call later will be acceptable. It is imperative that the receptionist make every effort to call as soon as possible. This shows interest, consideration, and helpfulness to the patient.

Demanding phone calls

Some calls will be requests for immediate appointments. If it is the first request, every effort should be made to assist the patient and his or her needs. If the request for immediate attention becomes a habit by an established patient, it should be handled in the same manner as walk-ins.

If a patient calls for an appointment at a stated time and it is not possible to

schedule the time requested, state that fact, but also ask if the patient might have a second choice of time. Suggest that if there is any change at all in the appointment schedule, your office will be happy to call and reschedule the appointment for the time originally requested. This lets the patient know you are sincerely interested in helping and cooperating in every way. It builds friendships that deliver a long and secure practice.

Pacifying anger

A patient who is in pain or emotionally upset might express a bad attitude, anger, and fear. A patient can fall into despair because they feel no one is listening to what they are trying to explain. Are you the one who will see past their anger and hear their story?

Once that patient knows their message was heard and that you are committed to helping them, they will usually start to mellow out and eventually show appreciation. Learning to listen is an acquired skill.



GARY A. BORING, DC, BCAO, LCP (Hon.), is a board member of the Sweat Foundation, practiced for 42 years at Boring Chiropractic, and is the author of *Driven Towards*

Excellence 2014. He is also an extension faculty member at Cleveland Chiropractic College and president of the Academy of Missouri Chiropractors. He can be contacted at gboring@everestkc.net.



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HEALTH

A Safer Alternative to Opioids for Treating Chronic Pain

CHICAGO, September 14, 2017 — The Foundation for Chiropractic Progress (F4CP) has announced a new campaign to raise awareness of chiropractic as a safer alternative to opioids for treating chronic pain. The campaign, "Support the Campaign: Save Lives. Stop Opioid Abuse. Choose Chiropractic," is a multi-media effort that includes a website, social media, and a video. The website, f4cp.com/pledge/tosavelives, is the central hub for the campaign. It features a pledge to support chiropractic as a safer alternative to opioids, a list of chiropractors who have pledged, and a video that highlights the benefits of chiropractic. The video, "Chiropractic: A Safer Strategy Than Opioids," is a 2-minute film that features Dr. Sherry McAllister, DC, executive vice president of F4CP. Dr. McAllister discusses the risks of opioid addiction and the benefits of chiropractic. She states, "Chiropractic is a safe, effective, and non-addictive way to treat chronic pain. It's a safer alternative to opioids, and it's a better choice for patients who are looking for a long-term solution to their pain." The video also features a testimonial from a patient who has found relief from his chronic pain through chiropractic. The campaign is a joint effort between F4CP and the Chiropractic Society of Wisconsin. The society is a professional organization of chiropractors in Wisconsin. The campaign is part of a larger effort to raise awareness of chiropractic as a safer alternative to opioids. F4CP is a non-profit organization that is dedicated to promoting the benefits of chiropractic. The organization has a long history of advocacy and education. F4CP's mission is to promote the benefits of chiropractic and to ensure that patients have access to the care that they need. The organization's website, f4cp.com, is a valuable resource for anyone who is interested in learning more about chiropractic. The website features a wealth of information, including articles, videos, and a directory of chiropractors. The website is easy to navigate and is a great place to start if you are looking for a chiropractor. F4CP is proud to be a part of the chiropractic community and is committed to promoting the benefits of chiropractic to the public. The organization's efforts are a testament to the power of chiropractic and the importance of patient care. F4CP is a leader in the field of chiropractic and is dedicated to making a difference in the lives of patients. The organization's commitment to patient care is a core value and is reflected in all of its activities. F4CP is a non-profit organization and all of its activities are conducted for the benefit of the public. The organization's website, f4cp.com, is a valuable resource for anyone who is interested in learning more about chiropractic. The website features a wealth of information, including articles, videos, and a directory of chiropractors. The website is easy to navigate and is a great place to start if you are looking for a chiropractor. F4CP is proud to be a part of the chiropractic community and is committed to promoting the benefits of chiropractic to the public. The organization's efforts are a testament to the power of chiropractic and the importance of patient care. F4CP is a leader in the field of chiropractic and is dedicated to making a difference in the lives of patients. The organization's commitment to patient care is a core value and is reflected in all of its activities. F4CP is a non-profit organization and all of its activities are conducted for the benefit of the public.

CHIROPRACTIC: A SAFER STRATEGY THAN OPIOIDS

OVER 100 MEDICAL SOCIETY PRESIDENTS HAVE SIGNED A LETTER TO CONGRESS, AND SO HAVE SALES OF THESE PRESCRIPTION DRUGS.

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AMERICANS WANT & DESERVE CHIROPRACTIC CARE

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OPIOID ABUSE KILLS

Why lose a loved one to opioid addiction? There are safer options for pain relief.



Take the first step and talk with a Doctor of Chiropractic for back, low back and neck pain, headaches, and related conditions.

OPIOID ABUSE KILLS

Why lose a loved one to opioid addiction? There are safer options for pain relief.



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F4CP CORNER UPDATE

- Save Lives. Stop Opioid Abuse. Choose Chiropractic. GIVE NOW: www.f4cp.com/pledge/tosavelives
- F4CP Hosts National Press Club in Washington D.C., 3/14/17
- Opioid 2.0 White Paper to Launch at DC2017
- F4CP and Chiropractic Society of Wisconsin Team Up to Produce Video Highlighting Chiropractic as a Safer Strategy Than Opioids
- Athletic TIPSTM Sponsors Speaker at FitCon

JOIN US IN MAKING A DIFFERENCE FOR PATIENTS WHO DESERVE THE CARE THAT ONLY A DOCTOR OF CHIROPRACTIC CAN PROVIDE!

TO DONATE TO SAVE LIVES. STOP OPIOID ABUSE. CHOOSE CHIROPRACTIC., PLEASE VISIT: WWW.F4CP.COM/PLEDGE/TOSAVELIVES/.

To learn more about F4CP initiatives, visit www.f4cp.com.

To become a contributor today, please visit www.f4cp.com/pledge/.

ONE MISSION: POSITIVE PRESS FOR CHIROPRACTIC

For additional information, please contact Sherry McAllister, DC, executive vice president, F4CP at dr.mcallister@f4cp.com.

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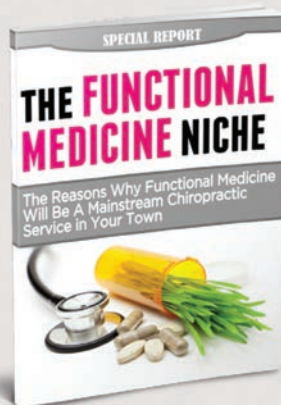
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