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- ✓ Stimulates the release of bile which aids in **digestion***

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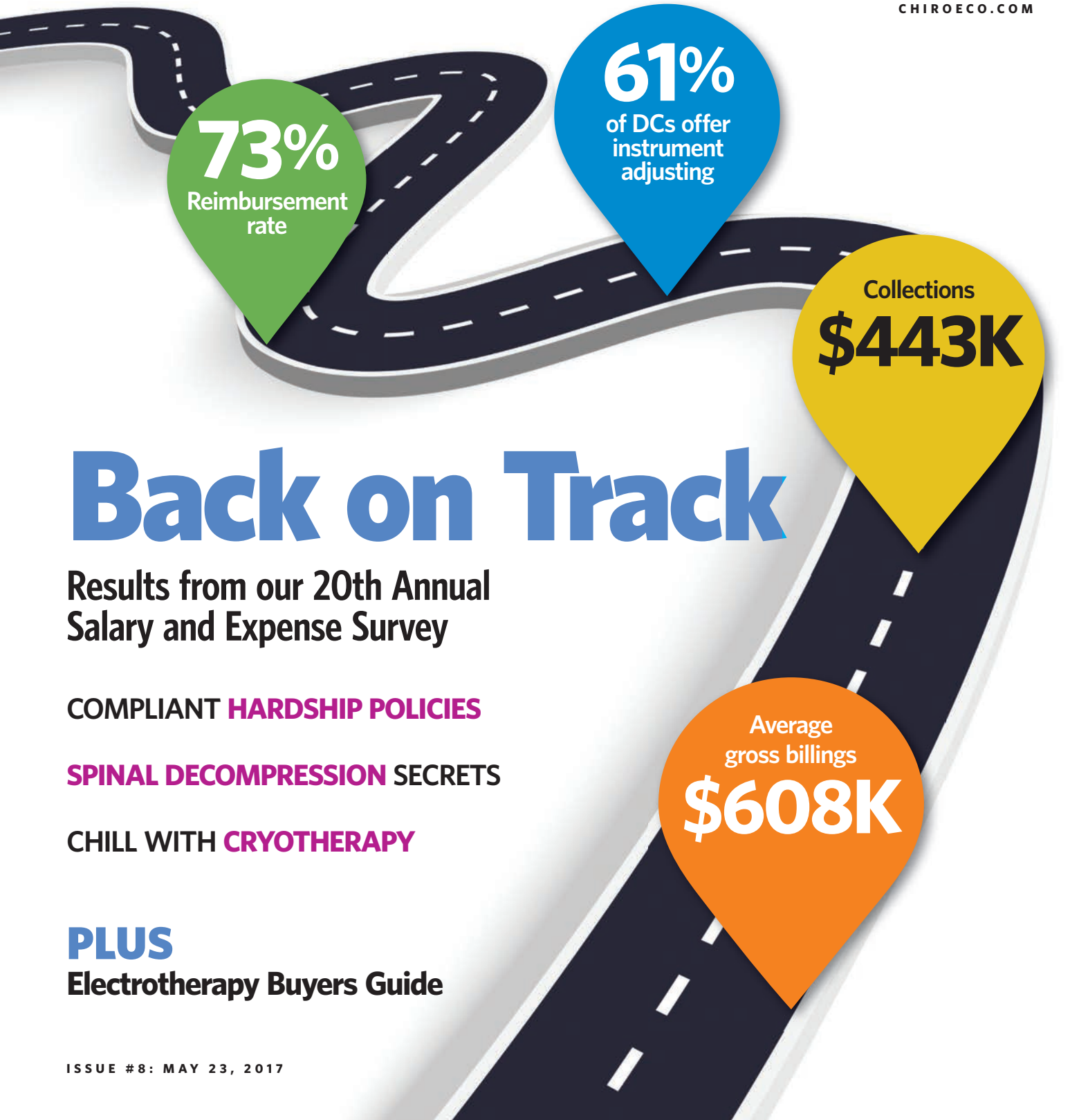

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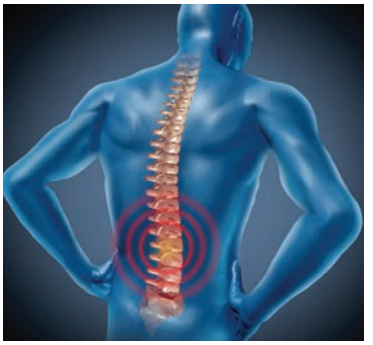

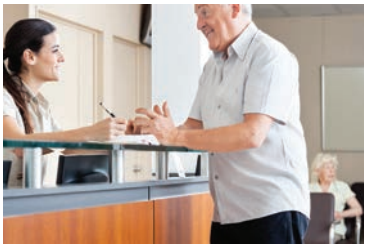

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64 Electrotherapy

PHOTO CREDITS: ADOBE STOCK

IN EVERY ISSUE

Chiropractic Economics (ISSN 1087-1985) (USPS 019-178) is published monthly except semi-monthly (twice a month) in January, February, April, May, June, August, September, and October; 20 issues annually. Address: Chiropractic Economics Inc., 820 A1A N, Suite W18, Ponte Vedra Beach, FL 32082. Phone: 904-285-6020; Fax: 904-285-9944. Website: www.chiroeco.com. (A Florida Corporation) **Postmaster:** Please send form #3579 to Chiropractic Economics, PO Box 3521, Northbrook, IL 60065-9955. Periodicals class postage paid at Ponte Vedra, Florida and at additional mailing offices. GST #131868416. **Subscription Rates:** U.S. and possessions, $39.95 one year, Canadian subscribers add $35 per year shipping and handling; overseas subscribers add $60 per year shipping and handling. Students, $19.95, Single copy, $4. **Statement:** While encouraging the free expression of opinion by contributors to this publication, *Chiropractic Economics* and members of its staff do not necessarily agree with/or endorse the statements made in the advertisements or contributed articles. *Chiropractic Economics* is owned by Chiropractic Economics, Inc. a Florida Corporation, Joseph D. Doyle, President and CEO and Daniel Sosnoski, Editor. Authorization for the use of photographs and/or illustrations is the responsibility of the author(s). All materials submitted for publication shall remain the property of this magazine until published. **Change of Address:** Six to eight weeks prior to moving, please clip the mailing label from the most recent issue and send it along with your new address (including zip code) to the *Chiropractic Economics* circulation Department, PO Box 3521, Northbrook, IL 60065-9955. For a faster change, go to www.ChiroEco.com and click on "Magazine."

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Editor's Pick

Is your chiropractic staff missing the mark with shopper calls?

You or your front desk staff have probably dealt with these types of phone calls time and again.

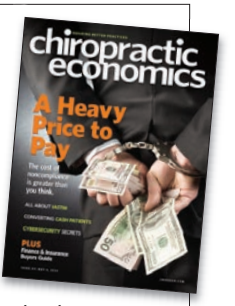
They are usually the ones from people who call to ask about the price for "just a back adjustment" or explain that they "only need one visit."

You and your staff may refer to these callers as "chiro shoppers," because it soon becomes obvious that if you cannot immediately provide them the answers they want, they will simply cross your name out and move on to the next chiropractor on their list. These chiro shoppers can feel like a waste of time for both you and your staff.

But as frustrating as these calls may seem, what if you could turn those shoppers into actual patients who not only show up for that initial appointment but become regular patients who come to understand the benefits that chiropractic can offer them?

ChiroEco.com/shopper-calls

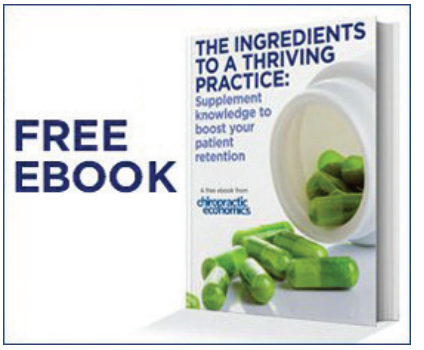
Missed the Last Issue?



A Heavy Price to Pay

The cost of noncompliance is greater than you think.

ChiroEco.com/magazine



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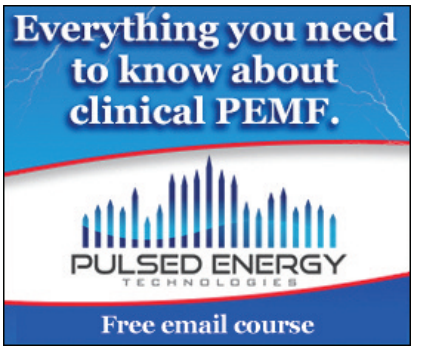

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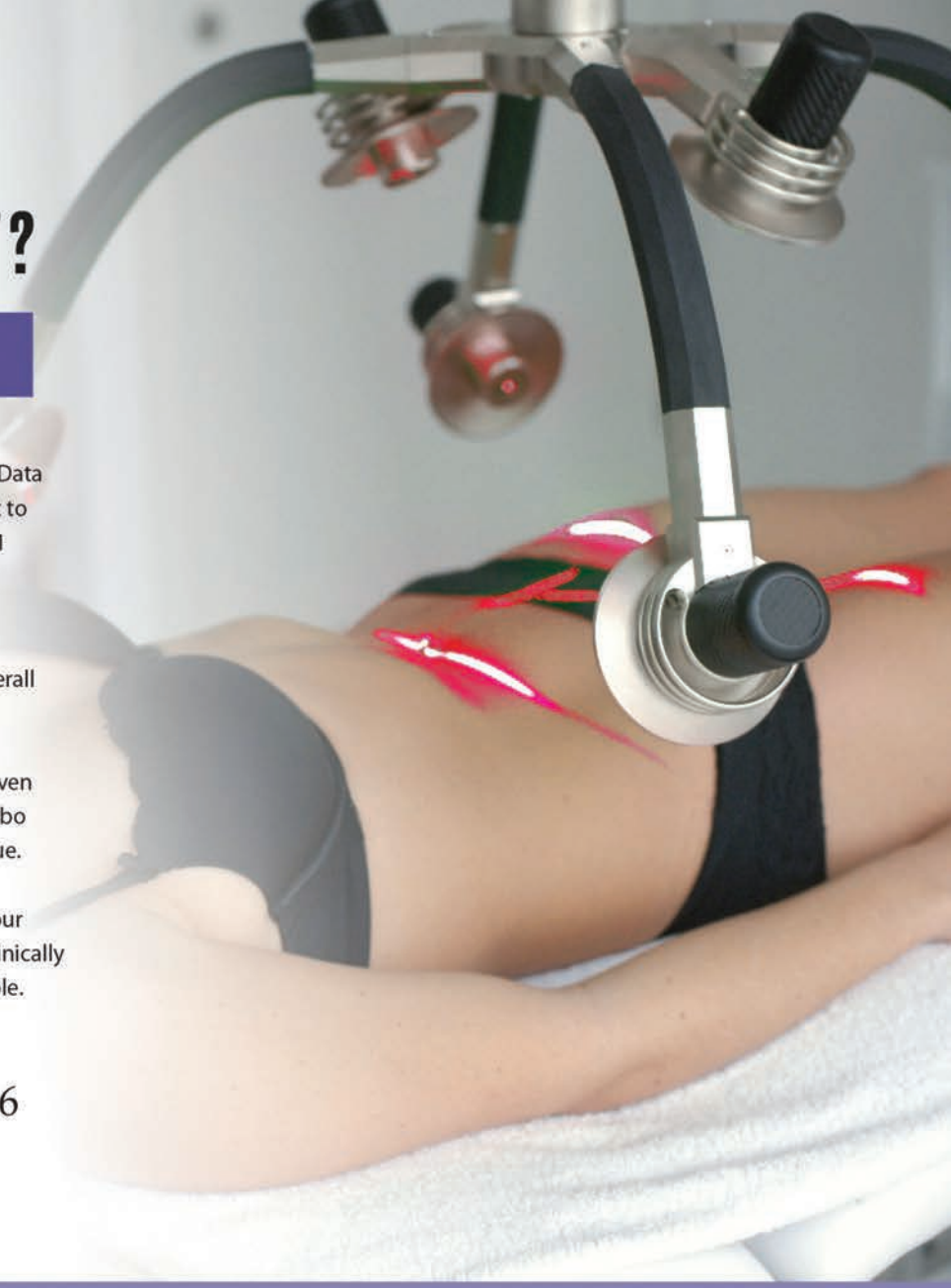

A report by research and consulting firm GlobalData has suggested the body contouring sector is set to rise in value from 500 million in 2015 to almost 1 billion by 2022.

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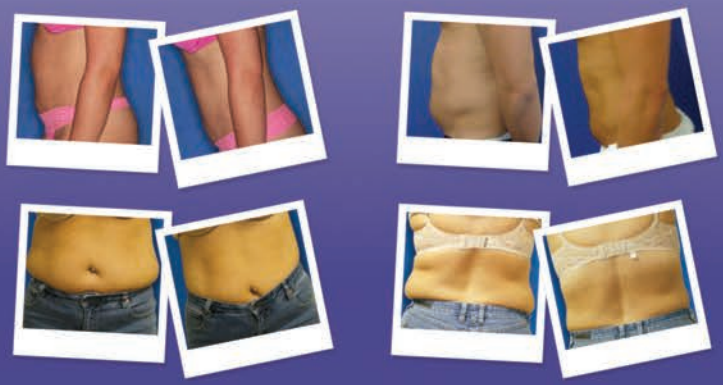

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Attack of the robots

As an old saying has it, "To err is human. But to really foul things up you need a computer." This was true back when computers were little more than adding machines performing basic arithmetic. Things are different now.

A recent article in *Forbes* drives this point home, noting that the next industry to be upended by artificial intelligence (AI) is the world of debt collections. Software will learn when and how to best approach customers who are late on payments, finding the right tone and balance of carrots and sticks.[1]

Let me know what's on your mind:
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Similarly, AI systems are expected to have a profound effect on the delivery of healthcare, as they analyze vast amounts of patient data and apply statistical outcomes on diagnostics and treatment protocols. No, a computer will never replace your hands and judgement, but you might soon be having one look over your shoulder to double-check your work.

The power of big data and smarter machines is arriving whether we're ready or not, and you may already be operating in this space without knowing about it. For example, third-party payers and CMS are using machine algorithms to spot signs of provider fraud and abuse. Electronic claims clearinghouses use the mountains of data they collect to identify errors and optimize submissions. And practice management software and EHR systems are increasingly integrating with natural language processing.

In this issue of *Chiropractic Economics,* we have the results of our 20th Annual Salary and Expense Survey. We crunched the numbers and the story they tell suggests the professional class has finally emerged from the overhang of the Great Recession. Times are still challenging, but you have new tools to work with.

To everyone who participated in the survey, please accept our deepest thanks and appreciation.

To your success,

Daniel Sosnoski, editor-in-chief

Reference

[1] Szczerba RJ. "Which Industry Is Next For A.I. Disruption? The Answer Might Surprise You." Forbes. https://www.forbes.com/sites/robertszczerba/2017/04/26/which-industry-is-next-for-a-i-disruption-the-answer-might-surprise-you/#52a40ed23f1c. Published April 2017. Accessed April 2017.

chiropractic economics

VOLUME 63, NUMBER 8

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THE CHIROPRACTIC PULSE

JAMA study provides further support for spinal manipulation for acute low-back pain

A new study published in the Journal of the *American Medical Association (JAMA)* adds to a growing body of recent research supporting the use of spinal manipulative therapy (SMT) as a first-line treatment for acute low-back pain, according to the American Chiropractic Association (ACA).

The review, "Association of Spinal Manipulative Therapy With Clinical Benefit and Harm for Acute Low Back Pain," examined the effectiveness and safety of SMT for low-back pain patients. Researchers found that spinal manipulation was associated with statistically significant improvements in pain and function for up to six weeks with no serious adverse side effects. The *JAMA* study, published April 11, comes on the heels of new low-back pain treatment guidelines by the American College of Physicians (ACP), who recommend first using non-invasive, non-drug treatments, including spinal manipulation, before resorting to drug therapies.

To read more, visit ChiroEco.com/JAMAstudy
Source: American Chiropractic Assocation, acatoday.org

Foot Levelers named as World Federation of Chiropractic's (WFC) premier corporate sponsor

Foot Levelers, the world's leading chiropractic supplier and manufacturer of custom orthotics, has been named as the WFC's (World Federation of Chiropractic) new Premier Corporate Partner.

Foot Levelers made the announcement just prior to the WFC's Assembly of Members, which was held March 13-14 in Washington, D.C. As the exclusive Premier Corporate Partner of the WFC, Foot Levelers further extends its international presence and legendary support of the chiropractic profession.

Addressing delegates at the Assembly, Foot Levelers CEO Kent S. Greenawalt spoke of his support for the aims and objectives of the WFC. "Foot Levelers has been supporting doctors of chiropractic in their practices for 65 years," he said. "During this time, we have evolved with the chiropractic profession and are now pleased to be supplying orthotics in 83 countries around the world. Partnering with the WFC seemed natural to us and we are delighted to share its aims and objectives in advancing the chiropractic profession."

To read more, visit ChiroEco.com/footlevelerswfc
Source: Foot Levelers, footlevelers.com

Neurofeedback offers hope to chemo patients suffering from neuropathy

Cancer patients undergoing chemotherapy have had few options to alleviate the pain, tingling, and numbness that is a common treatment-related side effect of chemotherapy. Known as Chemotherapy Induced Peripheral Neuropathy (CIPN), this condition affects up to 91 percent of chemotherapy patients; for many, the damage may be long term, increasing the risk of falls, burns, and injury and impacting their quality of life. Few medications have been available to treat CIPN, and those currently used have serious additional adverse effects. Until now.

A new study, funded in part by the American Cancer Society, found that 73 percent of patients undergoing neurofeedback brainwave therapy experienced significant reductions in neuropathic pain, and improvements in quality of life. Researchers at the University of Texas MD Anderson Cancer Center noted "clinically and statistically significant reductions in peripheral neuropathy," and reduced scores for worst pain, activity performance, numbness, and tingling.

"Neurofeedback training offers hope to patients who survive the horrors of cancer, only to suffer the long-term pain of nerve damage from chemotherapy," said W. Brent Reynolds, DC, DACNB, BCN.

To read more, visit ChiroEco.com/chemoneuropathy
Source: New Life Wellness Center and Brain Core Therapy, newlifechiropractic.com, braincoretherapy.com

BY THE NUMBERS

ADOBE STOCK

249 million

The number of opioid prescriptions written in 2015, compared to 112 million in 1992.
Source: Foundation for Chiropractic Progress

ADOBE STOCK

6

The number of factors that if reduced could prevent 37 million deaths annually. These are tobacco use, harmful alcohol use, salt intake, high blood pressure, sugar, and obesity.
Source: *The Lancet*

3

The number of times more likely you are to develop a stroke or dementia if you drink diet soda daily, according to a new study.
Source: Boston University

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Life University's Ron Kirk, DC, wins the WFC's highest honor

Ron Kirk, MA, DC, now an adjunct faculty member in the Chiropractic Sciences Division at Life University (LIFE), received the World Federation of Chiropractic (WFC) David Chapman Smith Honor Award at the recent DC 2017 biennial conference. The award is the WFC's highest honor.

Kirk has been a part of the faculty of the college of chiropractic at LIFE for 38 years.

Kirk is best known for his work organizing the Straighten Up spinal health promotion initiative. In response to receiving the award, he states, "Thank you to the many faculty, students, departments, and administrators at LIFE who participated in developing Straighten Up. Team play carries the day!"

You can view Kirk's Straighten Up exercise videos on Life University's YouTube page, YouTube.com/LifeatLIFE.

To read more, visit ChiroEco.com/kirkwfc
Source: Life University, life.edu

New York Chiropractic College holds commencement

At commencement exercises on April 1 in the Standard Process Health and Fitness Center, New York Chiropractic College (NYCC) conferred the doctor of chiropractic degree on 52 candidates.

Matthew Coté, DC, MS, senior clinician at the College's Depew Heath Center, served as grand marshal. Thomas De Vita, DC, chairman of the NYCC Board of Trustees, delivered greetings and congratulations from the board. Lisa Bloom, DC, PhD, assistant dean of preclinical chiropractic education and professor in the chiropractic clinical science department, delivered the faculty address; and Caitlin Atkinson, president of the Student Government Association had the honor of addressing the assembly with a message from the student body.

David Herd, DC, president of the American Chiropractic Association, delivered the keynote address. Now national chiropractic leader, he was the New York state delegate for the ACA before accepting his current appointment. Herd served as secretary, treasurer, vice president, and president of the Rochester district of the New York State Chiropractic Association. As a chiropractic educator, he held an appointment as assistant professor of chiropractic studies at NYCC and served as president of the Faculty Senate.

To read more, visit ChiroEco.com/nycc2017
Source: New York Chiropractic College, nycc.edu

Contribute to a new imaging suite at Logan University in honor of Norman W. Kettner, DC

Terry R. Yochum, DC, invites your enthusiastic participation in a campaign to honor the tremendous service to the advancement of chiropractic radiology and outstanding career of Norman W. Kettner, DC. Donations from the campaign will be used to rename the imaging suite at Logan University in his honor.

Donations noting "Kettner Imaging" in the memo may be made to:

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Office of Advancement
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Online donations accepted at Logan.edu/Give.

Questions about the campaign may be directed to Yochum at 303-940-9400. CE

To read more, visit ChiroEco.com/normankettner
Source: Terry R. Yochum, DC

WHAT'S HAPPENING IN HEALTH?

Your next text might lead to text neck

ADOBE STOCK

Text neck. Yes, that's now a thing. As you can probably infer, it's a neck strain related largely to looking down at a mobile device multiple times per day. And according to chiropractors and other medical professionals, text neck is causing some very real pain.

"A recent study stated 79 percent of the U.S. population have their cell phones with them all the time, with only two hours of their waking day without their cell phone in hand," said Michael Gottfried, DC, president of the Chiropractic Society of Rhode Island and a chiropractic physician at Aquidneck Chiropractic in Middletown, Rhode Island. "That's a lot of looking down over the course of a day, week, month, and year, which will eventually catch up to you and cause wear on your neck, upper-back, and shoulders."

In addition to a sore neck, symptoms of text neck can include upper-back pain ranging from a chronic, nagging pain to sharp, severe upper-back muscle spasms. Shoulder pain and tightness can also be other symptoms. This condition, left unchecked, can lead to more serious conditions, particularly if a cervical nerve becomes pinched. That can result in even more pain and possibly neurological symptoms radiating down your arm and into your hand or up into your head causing a headache.

To read more, visit ChiroEco.com/textneck
Source: Chiropractic Society of Rhode Island (CSRI), richiro.org

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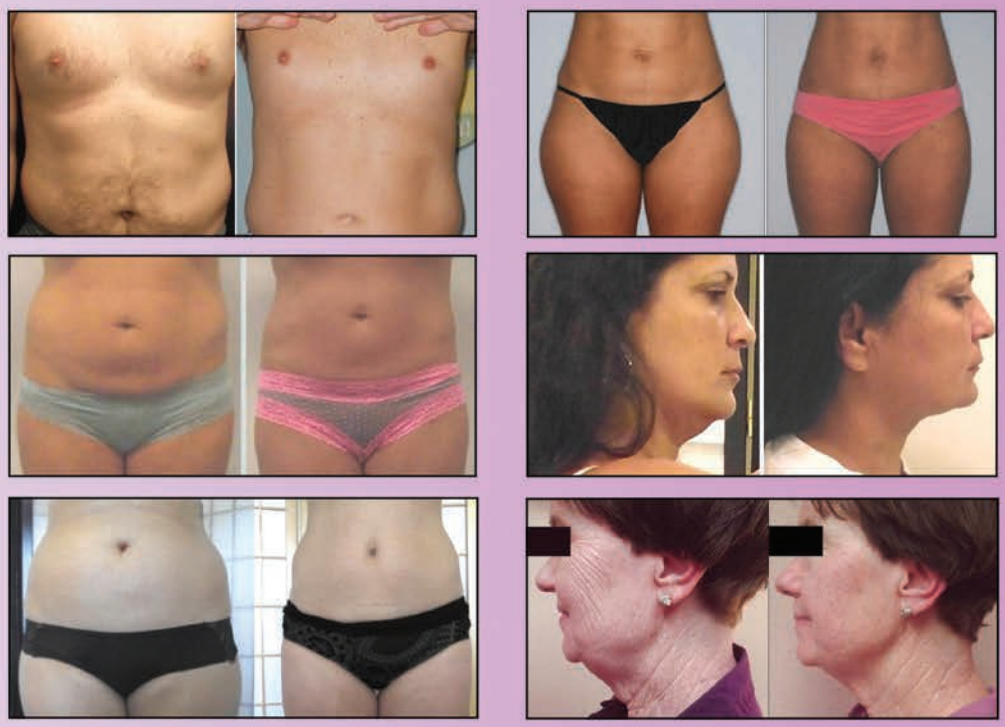

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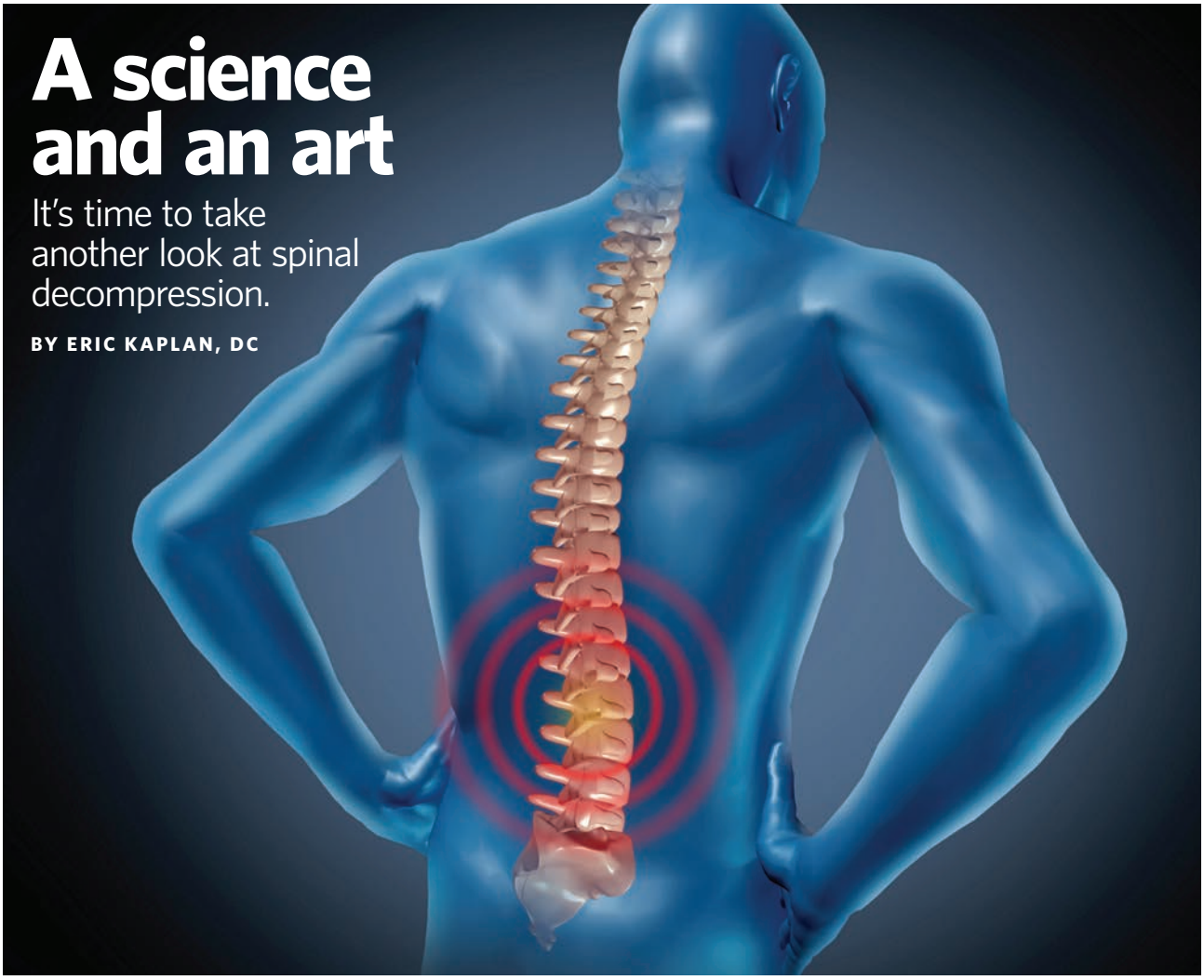
*In multi-site clinical trials NCT02867150 at ClinicalTrials.gov, researchers demonstrated that our breakthrough non-surgical procedure delivers immediate fat loss for 100% of patients, with losses at each treatment averaging 1.6 liters and 3.5" combined from the waist, hips, and thighs. At follow-up visits a week later, patients had lost a total of 4.75" on average. Over 98% of patients lost at least 2" at each procedure. FDA approvals K160880 and K150336. U.S. patents include 9498641 and 9044595.

A science and an art

It's time to take another look at spinal decompression.

BY ERIC KAPLAN, DC



ADOBE STOCK

Since the days of Ponce de León, people have been searching for the Fountain of Youth, as well as the cure to back pain. The cost of this pain was made clearer with *Newsweek* magazine's article, "The Price of Back Pain," which stated: "Despite a growing array of sophisticated drugs, diagnostics, physical therapies, and surgical techniques, the millions of Americans battling back pain may not be any closer to getting that quick relief than they were 20 years ago."

But as the article points out, recent studies show even high-tech medical treatments rarely resolve back problems. The prices charged for them, however, continue to rise.

According to *Newsweek*, "In 2005 Americans spent $85.9 billion looking for relief from back and neck pain through surgery, doctor's visits, X-rays, MRI scans, and medications, up from $52.1 billion in 1997." Yet the number of sufferers increased over the period; in 2005, 15 percent of U.S. adults reported back problems, compared with 12 percent in 1997.

In addition, a *JAMA* study compared data from 3,179 adult patients who reported spine problems in 1997 to 3,187 who reported them in 2005, and found that annual medical costs rose from $4,700 per person to $6,100, adjusted for inflation. Thus, more people are seeking treatment for back pain, and the price of treatment is also increasing. In recognition of the impact musculoskeletal disorders have on society, the United Nations and the World Health Organization designated 2000–2010 as the "Bone and Joint Decade." They cited the 10 million Americans who were currently disabled due to back pain. Those numbers have clearly risen since.

Enter decompression

One solution you can offer patients with low-back pain is spinal decompression. The following discussion will not focus on a specific table, but rather explore the modality itself.

As there are differences among the various decompression machines, the first thing to look for is medical research behind the table you're evaluating. Ask whether the machine has a fixed tower. How is the software driven? Are they using a logarithmic, sinusoidal, or Intervertebral Differential Dynamics therapy index?

When buying a car, you look for features such as comfort and looks. When buying a computer, you look for memory and speed. With decompression, you should do similar research to find machines that offer superior results.

Surprisingly, chiropractors did not invent decompression. It was developed by Allan Dyer, MD, a former Minister of Health from Ontario, Canada, who was already recognized as a pioneer in the development of the external cardiac defibrillator. He invented a treatment table for low-back disc problems that proved to be a revolutionary improvement in the treatment of low-back pain.

This new table was not available in the U.S. until the mid-1990s, when it gained FDA clearance. Dyer's work and research were later updated by Harvard professor and neurosurgeon C. Norman Shealy, MD, the father of the TENS unit.

Demonstrated efficacy

Decompression works, yet many insurance companies still want DCs to use HCPCS code S9090 (vertebral axial decompression), which is not reimbursable because they deem decompression to be an investigational therapy. There is arguably a need for more research.

Dennis McClure, MD, a neurosurgeon who conducted a study that tested over 500 surgical candidates, found spinal decompression had a success rate between 86 and 92 percent a year post-treatment.

There have been numerous other studies done on spinal decompression. One of the first and largest was based on the data compiled by Gose, Naguszewski, and Naguszewski, and published in 1998 in *Neurological Research.* In this study, data was collected from 22 medical centers on patients who received vertebral decompression therapy for low-back pain, and examined a total of 778 cases. Patients offered quantitative assessments of their own pain, mobility, and ability to carry out activities of daily living. Decompression was successful in 71 percent of the 778 cases, "when success was defined as a reduction in pain to 0 or 1, on a 0 to 5 scale."

Shealy reported the following in the *American Journal of Pain Management* in April 1997, following a study comparing 14 patients who underwent traditional mechanical traction with 25 patients given spinal decompression: "The decompression system gave 'good' to 'excellent' relief in 86 percent of patients with ruptured intervertebral discs and 75 percent of those with facet arthroses." Furthermore, the researchers found that the computerized decompression table produced "consistent, reproducible, and measurable non-surgical decompression, demonstrated by radiology."

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Avoiding surgery

Dentistry is a good example of an industry changed by time and technology. "Tooth pullers" became dentists when extraction wasn't the only way to approach the cause of dental pathology. Both dentistry and spinal manipulation treat bone pathology, and both stress the necessity of prevention. And both started abroad but were popularized and developed further in the U.S.

Today, in most instances, patients no longer have to have their teeth extracted or their back operated on. As the aforementioned *Newsweek* article reported, "Having an operation to fix a back problem is costly both financially and in recovery time. But the jury is still out as to whether some of these procedures are worth it." The author cites a study published in *JAMA* in 2006, which found that herniated disk patients who declined surgery had outcomes after a two-year period on par with those who "went under the knife."

Michael Haak, MD, a spine specialist and orthopedic surgeon at Northwestern University's Feinberg School of Medicine, says, "You need to encourage [doctors and patients] to be aware of all the alternatives." Take the time to read, research, challenge, and acknowledge. To learn, we must be open-minded. Do your homework on spinal decompression, and then make an educated decision. CE

ERIC KAPLAN, DC, FIAMA, serves as the co-chairman of the International Medical Advisory Board on Spinal Decompression. An award-winning author, he is also president of DISC Centers of America. He is the creator and lead instructor of the National Spinal Decompression Certification program held annually at Parker University. He can be contacted at 888-990-9660 or drekaplan@aol.com.

Quick Tip

Treating headaches

Many people suffer from primary headaches, but you can help:

- Perform spinal manipulation or chiropractic adjustments to improve spinal function and alleviate the stress on their nervous system.
- Provide nutritional advice, recommending a change in diet and perhaps the addition of B complex vitamins.
- Offer advice on posture, ergonomics, exercises, and relaxation techniques. This advice should help to relieve the recurring joint irritation and tension in the muscles of the neck and upper back.

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ADOBE STOCK

More than skin deep

Know your options when a patient presents with a dermatological problem.

BY TODD G. SINGLETON, DC

OVER THE COURSE OF MY CHIROPRACTIC PRACTICE, I'VE seen patients present with skin problems such as rashes, acne, eczema, and psoriasis. For many years, I didn't have any answers or treatments for them. However, once I started focusing on nutrition with my patients, many of their skin conditions cleared up as their bodies healed of other ailments.

For example, one of these patients had been taking prescription medications for 11 years, beginning at the age of 13, to treat an extreme psoriasis condition. After determining that she was reacting to the yeast in her body, we opted to put her on a Candida program to clear it up. She also changed to using organic skin care products and in turn her psoriasis significantly improved.

Experience shows patients with skin problems typically have no idea that their infirmities are often the result of internal conditions in their body. They generally focus on treating the symptoms of their skin problems with topical ointments, which alone rarely correct the problem. Major improvements take place after you address the source of the condition, which is typically a toxic diet and lack of proper nutrients.

Your patients spend a lot of money each year on products that promise impressive results but turn out to have little or no positive effect. Conversely, if you teach your patients how to treat their internal conditions, you can positively impact their skin's overall health and appearance.

Food matters

Internally, the body needs to be fed, cleansed, and hydrated. The skin is the largest organ of the body and it too needs to be fed, cleansed, and hydrated. Patients who accomplish those three things promote healthy cell renewal. Encourage patients to eat plenty of fresh fruits and vegetables rich in antioxidants, as these are good for their bodies, including their skin.

Unstable molecules called free radicals can harm skin cells and cause signs of aging, whereas antioxidants such as vitamins C, E, and A can

eliminate free radicals from the body. Recommend your patients eat as many different colored fruits and vegetables as possible, as this will ensure they are getting a broad range of nutrients.

Foods high in omega-3 fatty acids are ideal for supporting skin health. Omegas 3s strengthen the top outer layer of skin, making it resilient and less permeable to toxins. Examples of foods high in omega 3s include walnuts, wild salmon, eggs, and sardines. Supplementing with high-quality fish oil will also help your patients ensure they are getting enough omega-3 fatty acids in their diet.

Supplements and external products

The skin is an indicator of health for the entire body, especially the liver. There are many supplements on the market geared to help with skin conditions, and some of the herbs used internally to help patients with their skin are milk thistle and dandelion root. Both of these herbs work to cleanse the liver of toxins, helping to clear up skin conditions. If your patients are dealing with problems like acne, supplementing with anti-inflammatory herbs such as turmeric, ginger, and cinnamon could also be helpful.

The skin is also an eliminative organ; it needs to be cleansed externally every day because it's excreting toxins out of the body through its pores. Many people apply daily makeup and lotions that are full of chemicals that could be harmful to the skin, aggravating the problem further.

Long-term exposure to the low-level toxins found in everyday products such as makeup, lotions, and facial cleansers cause problems with patients' health over time. Encourage them to use organic products that are free of toxic chemicals whenever possible.

Helping your patients change their lifestyle habits to improve their health is a challenge that can be highly rewarding. Assisting them in making dietary changes can be effective in countering their skin problems.

Teaching them to address their skin concerns by first addressing their diet, and to increase their intake of antioxidants and omega-3s will help them achieve positive results. Encouraging them to take supplements that cleanse the body is another established way to support skin health, and one that can make a positive impact in their lives. 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 can be contacted through singletonsystems.com.

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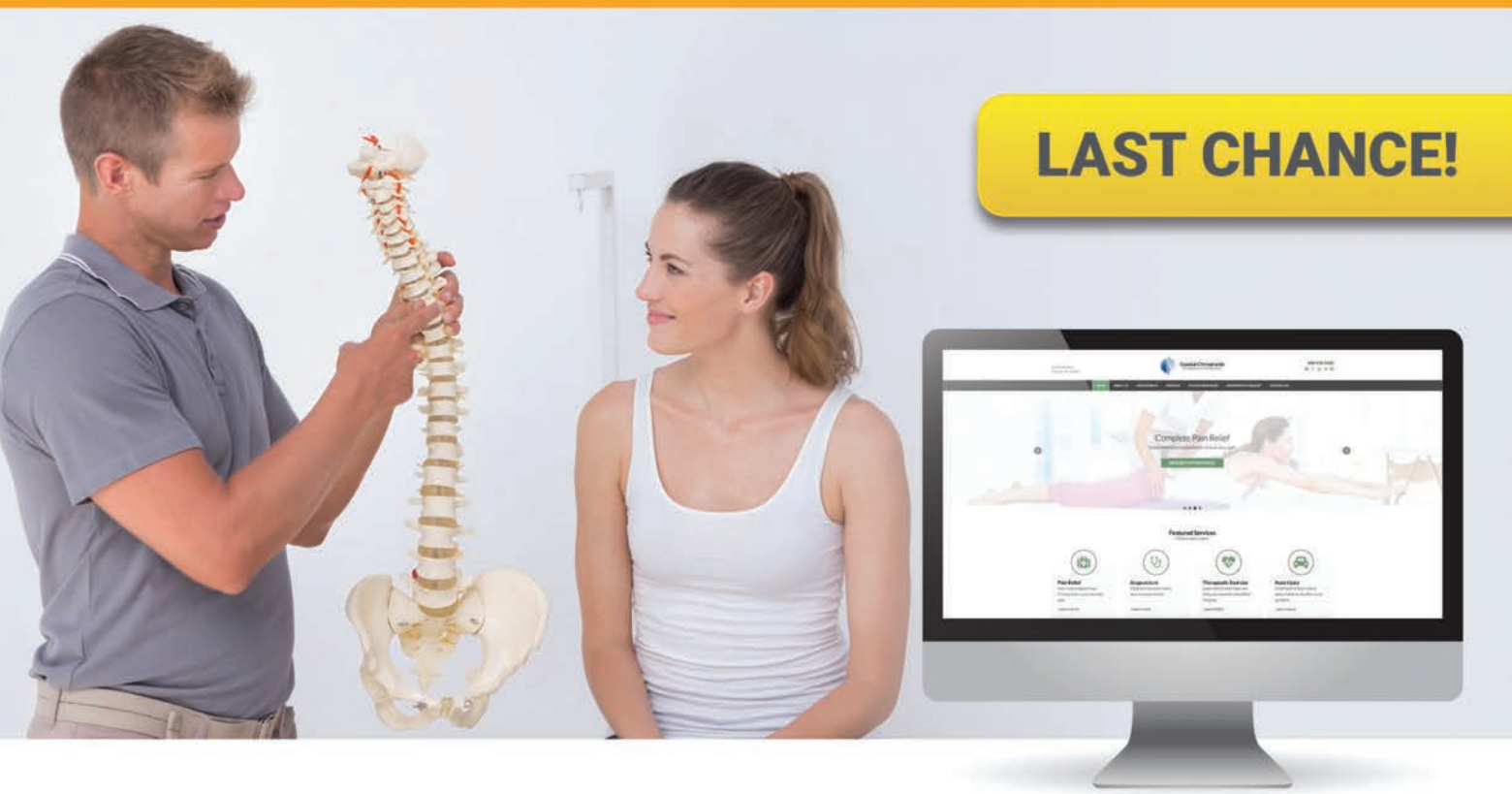

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- restore the structure and function of the intestinal lining
- increase the population of beneficial intestinal flora

ADOBE STOCK

Cover your bases

How to develop a compliant hardship policy.

BY KATHY MILLS CHANG, MCS-P

DOES THIS SOUND FAMILIAR? A NEW PATIENT PULLS UP TO YOUR clinic in a late model, high end European sedan. It's the middle of winter, but the gentleman is sporting a tan and tells you that he hurt his back sleeping on a hotel bed during a Caribbean vacation, from which he's just returned. You perform a stellar examination, order some X-rays, and deliver a reasonable care plan that should get your patient back to boot camp with his personal trainer in short order.

Now the time comes to conduct the financial side of the conversation. In your mind, you have built up tremendous value for what you proposed for care. Miraculously, the patient's $3,000 deductible has been met and he "only" has a copayment of $50 per visit. The patient sits there thoughtfully, then tells you, "Sorry doc, but I can't afford that!"

You feel the angst in your gut that has become commonplace in this new healthcare economy and are tempted to move into hardship mode and give this person a "deal." But do you? Should you?

You know you need to have a hardship policy but have neglected to put anything in writing that guides you and your practice's ability to determine what your hardship criteria should be. Do not overlook this aspect of your practice's compliance program. Not only does it spell out what can be offered to a patient claiming a hardship but it also outlines who is eligible to receive it in the first place.

Policy guidance

Assuming you have a compliance program for your practice, you may recall that much guidance can be taken from Medicare policy and procedures. Medicare policy is often a good litmus test as it is frequently the most conservative. Many private insurers look to Medicare when setting their policies and it can often be your default for guidance.

Medicare prohibits the routine waiver of copayments and coinsurance to beneficiaries. Medicare views discounts and coinsurance waivers as an inducement to patients to choose a particular provider, especially if the discounts are offered at or before the time of service. The only way to offer hardship discounts to Medicare beneficiaries

without incurring increased risk is to meet the following criteria:

- The waiver is not offered as part of any advertisement or solicitation,
- Waivers are not routinely offered to patients,
- The waiver occurs after determining in good faith that the individual is in financial need, and
- The waiver occurs after reasonable collection efforts have failed.

The most important exception to the prohibition against waiving copayments and deductibles is that providers may forgive the copayment in consideration of a patient's financial hardship. This hardship exception, however, must not be used routinely. It should be used occasionally to address the special financial needs of a particular patient. Except in such special cases, a good faith effort to collect deductibles and copayments must be made.

Otherwise, claims submitted to Medicare may violate the statutes discussed above and other provisions of the law. If you read between the lines, Medicare seems to be saying that they'd rather you let patients make payments to your office toward their balance than to simply excuse their financial responsibility.

Determining need

Hardships do exist. Undoubtedly, a patient's hardship scenario—if genuine—is something you occasionally see in practice. If something that is expected to be an exceptional situation occurs with such frequency that it is now your norm, expect it to be looked upon with suspicion. So, what to do?

One of the most important components of a good hardship policy is a clear explanation of how you will verify a financial hardship. As you formulate your policy, it's essential to strengthen its validity with strong verification criteria. Whether you are offering relief for the copayment and deductible to an uninsured patient or a patient with insurance, this strong statement of your willingness to verify should indicate your commitment to fee-schedule compliance.

The Office of Inspector General advises: "One important exception to the prohibition against waiving copayments and deductibles is that providers, practitioners or suppliers may forgive the copayment in consideration of a particular patient's financial hardship. This hardship exception, however, must not be used routinely; it should be used occasionally to address the special financial needs of a particular patient. Except in such special cases, a good faith effort to collect deductibles and copayments must be made."[1]

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Develop a hardship policy that a patient who is requesting an exception from your office's financial policy can agree to.

patients who are in-network should be verified with the carrier to insure you don't commit a violation of your contractual obligations by offering a hardship waiver.

Develop a hardship policy that a patient who is requesting an exception from your office's financial policy can agree to. There are many options for the criteria and verification methods possible in a compliant hardship policy. Yours can include situations such as the loss of a job, increased and unexpected medical bills, a divorce, or simple systemic financial hardship.

Most often, hardship policies follow the federal poverty guidelines. Based on family size and actual income, and where that patient fits with respect to the federal poverty level (100 percent, 125 percent, or 200 percent, for example), you can then charge a fee based on a sliding scale. But first your practice must write a policy, the verification procedure, indicate the length of time of the hardship extension, and outline procedures followed by the team that ensure compliance with the policy.

A case study

Recently, a colleague shared how patients who pay something for their care place more value on what they are receiving, which illustrates the importance of a hardship policy. This doctor said one of her first new patients was an elderly woman who lived in subsidized housing two blocks from the practice. She had Medicare but no secondary insurance. Her meager Social Security check was eaten up almost entirely by her rent and food costs.

She demonstrably could not afford the coinsurance payment she was required to pay. This doctor had implemented a hardship policy as part of her compliance program, but realized that this patient would struggle with even the low end of the sliding scale.

She decided that this case was the most exceptional she had encountered and thought about waiving the copayment entirely. Her patient would not hear of it. She insisted on paying something. As all she could pay was $2, that was the amount accepted.

Each time this patient came in, she proudly paid her $2 at the front desk every time she needed care. Yes, the hardship form was signed and implemented, but this Medicare patient kept her dignity and the practice didn't run afoul of the strict Medicare rules about this subject.

The lesson here extended well beyond that of compliance. The patient reminded her chiropractor of the value of the care she was providing. Something for nothing is worth nothing and the patient brought this valuable lesson to life. CE

KATHY MILLS CHANG, MCS-P, CCPC, CCCA, is a certified medical compliance specialist and, since 1983, has been providing chiropractors with reimbursement and compliance training, advice, and tools to improve the financial performance of their practices. She leads a team of 20 at KMC University and is known as one of the profession's foremost experts on Medicare. She and any of her team members can be contacted at 855-832-6562, info@kmcuniversity.com, or through kmcuniversity.com.

Reference

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ADOBE STOCK

Beyond the adjustment

Creating partnerships in patient care.

BY KARLOS BOGHOSIAN, DC

OFTEN, A PATIENT STEPS INTO A CHIROPRACTIC CENTER FEELING at their worst, and wondering how a care plan can benefit their specific health issue. They've exhausted all options and have yet to find relief in allopathic medicine. They're downtrodden and defeated, and they have little faith that their issue can or will ever be resolved.

For chiropractors and their staff, watching patients make gradual strides to better overall health through chiropractic care is highly gratifying, and perhaps the most rewarding aspect of a career is following a patient through their journey from the initial consultation to making chiropractic a lifestyle choice.

Of course, this transformation doesn't come overnight, and it involves far more than the practice of delivering care. High-impact chiropractic care moves beyond the adjustment by creating a partnership with patients that prioritizes trust, transparency, and responsibility in making the difficult strides toward resolution.

Being patient with patients

Communicating the importance of chiropractic care to new patients is paramount in creating a long-term and lasting relationship, and that communication must help them realize those benefits on their own. Understandably, objections are nothing new for practicing chiropractors when they meet a first-time patient. They've heard everything from "Once I go, I have to go the rest of my life," and "Chiropractic care can hurt me," all the way to "Chiropractors aren't real doctors."

For DCs, the first step is to understand your patients' point of view, appreciate that they have the courage to share their objections, and never take these objections personally. Once you've done so, you can then quell patient concerns by providing evidence-based care as it relates to their specific qualms. For example, reassure a patient that there is a specific beginning and end to their care program based on their goals. Interestingly, these patients may become your most loyal ones because their concerns were understood, addressed, and appreciated immediately.

Goal-driven conversations

There's no silver bullet for chiropractic care, and each case must be handled individually based on a patient's goals. Care is a multifaceted process, and by understanding a patient's goals, such as improving pain, function, or overall wellbeing, you can provide options on what will work best to achieve the patient's desired outcome.

For example, an office worker who consistently strains his or her neck

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while using a computer may have different needs than a construction worker whose daily tasks include heavy lifting. Your job is to communicate how these everyday scenarios can affect the spine, and then provide care and counseling. Getting patients excited about chiropractic care boils down to personalizing the discussion.

Organization-wide effort

From your lobby to the exam room, creating true partnerships with patients must be an organizational mission that starts the moment they step through the front door. Chiropractic assistants are the first and last faces a patient sees when visiting your practice and, as such, they are responsible for setting the tone of the visit.

By demonstrating a keen ability to relay information, defining a doctor's care recommendations, and answering questions a patient has during or post-care, your CAs and other staff are constantly ingraining a feeling of trust and correspondence with patients. Your team must commit to learning about the industry, its history, and the benefits of chiropractic care to instill trust and to clearly and confidently communicate with patients.

Education and training

Care plans shouldn't end when a patient leaves the office. Making them an active partner in their care by educating them on the strides they can take on their own is essential to nurturing the patient-practice relationship. This comes with increased awareness of a chiropractic approach and the impact of a healthy nervous system on their spinal health.

By introducing stages of healing through postural exercises, spinal hygiene tips, and proper ergonomics at home and work, you can help your patients safely keep themselves engaged and responsible for their own spinal health.

Creating partnerships with patients is best achieved by giving patients an active role. By helping them understand the benefits of chiropractic care, personalizing plans for their specific needs, understanding their care experience, and establishing an organizational identity that prioritizes trust, a practice can do more than just serve patients—it can create lasting relationships.

KARLOS BOGHOSIAN, DC, is the founder and CEO of SoVita Chiropractic Center, a Hartford, Connecticut-based chiropractic clinic with five locations that offer a franchise model to qualified chiropractors. He was nominated for Chiropractor of the Year in Connecticut in 2014, and was appointed to the Connecticut Chiropractic Board of Examiners in 2015. He can be contacted through sovitafranchise.com.

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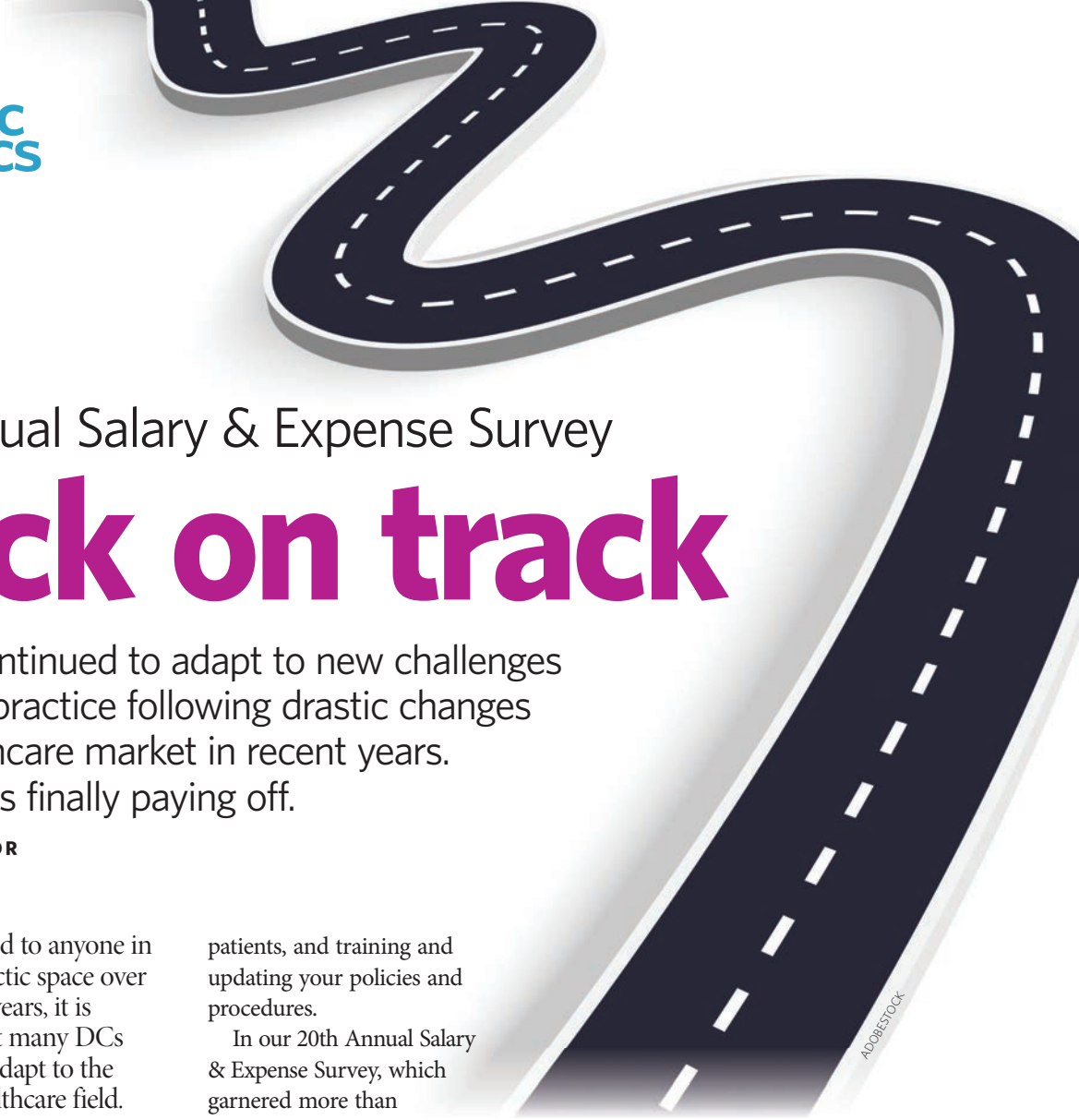


20th Annual Salary & Expense Survey

Back on track

You have continued to adapt to new challenges facing your practice following drastic changes to the healthcare market in recent years. And now it is finally paying off.

BY CASEY NIGHBOR

If you've talked to anyone in the chiropractic space over the last few years, it is manifest that many DCs have struggled to adapt to the changes in the healthcare field.

With the introduction of a new coding regime (namely, ICD-10), and the overall shift in healthcare to a value-based approach, going into practice may seem daunting. Not only are you responsible for the care and wellbeing of your patients, but now you have to make sure you are HIPAA compliant, coding compliant, up-to-date with technology, and following the ever-changing rules of MACRA and Medicare, while still maintaining your bottom line.

Although it may seem like running a practice in this era would be impossible, you have shown that it is not only possible to endure in such an environment but to succeed in it.

Over the past year, we've discussed how to make your practice more diverse by expanding your offerings, recommending great products to your patients, and training and updating your policies and procedures.

In our 20th Annual Salary & Expense Survey, which garnered more than 500 responses, we saw an increase in the average salary of DCs across all practice types.

However, what this year's survey most strongly shows is that DCs are changing the traditional models of practice to bring in more patients and, therefore, increasing their total compensation and salary—a trend that has clarified over the last few years. Adjustments may continue be in order for not only your patients but for you, too.

Continued growth

Chiropractors have proven over time that the profession is here to stay, with incredibly high job security and a low unemployment rate in the field. In fact, *U.S. News & World Report* puts the unemployment rate in chiropractic at just 0.8 percent, lower than other healthcare jobs such as pharmacists, who have a 1.7 unemployment rate.[1]

The results of our survey showed again that multidisciplinary and integrated practices are achieving new levels of success with greater salaries, reimbursement rates, and total compensation. This trend has sustained over the past couple of years. The difference in total compensation between a solo DC practice and an integrated practice (those with a DC and MD on staff) is more than $55,000.

Those who add specialists and other extras for their patients are seeing similar results as well as those who partner with one or more additional DCs. This is also a trend that is accelerating, proving that diversifying your practice has long-term benefits.

Furthermore, the survey also showed

that a larger paycheck comes with more experience, demonstrating that hard work does eventually pay off in the longer run.

Marketing really does matter

The biggest change that occurred in this year's survey was the dramatic increase in marketing budgets among DCs. The means of marketing and advertising continue to change and evolve with the introduction of social media and the overwhelming number of people on smartphones. This year the average amount spent on advertising was $15,400, nearly double last year's average budget of $8,000. With the an increase in the means of advertising, this trend makes sense, but only time will tell if it pays off in terms of practice growth.

Over all, the industry appears to be taking a turn for the better. After more than a few rough years, chiropractic has shown that it's not going anywhere and that you will continue to find success in providing patients with drug-free relief. ■

Reference

[1] U.S News Best Job Rankings. "Best Healthcare Jobs." http://money.usnews.com/careers/best-jobs/rankings/best-healthcare-jobs. Published Jan. 11, 2017. Accessed April 2017.

3-Year Comparison of Respondent Information

PERSONAL CHARACTERISTICS	2017	2016	2015
Average age	48	47	47
Male	80%	80%	78%
Female	20%	20%	22%
Years in practice	20	19	19
Solo practitioner	59%	60%	63%
Group practitioner/partner	25%	27%	27%
Associate	13%	11%	10%
Franchise owner	3%	2%	1%
PRACTICE CHARACTERISTICS			
Suburban	51%	52%	48%
Urban	30%	31%	29%
Rural	19%	17%	21%
No. of employees	3.9	4.3	3.5
Hours/week in patient care	35	34	33
Average PVA	30	24	26
Average patient visits/week	131	136	113
Average new patients/week	7.4	7.8	7.0
INCOME COMPARISONS			
Average gross billings	$608,141	$689,092	$539,046
Average gross collections	$443,090	$384,627	$348,773
Average DC salary	$101,734	$76,542	$89,219
Average DC total comp.	$136,971	$147,334	$122,243
EXPENSES			
Advertising	$15,455	$8,057	$8,169
Malpractice insurance	$2,915	$3,175	$2,891
Office lease or mortgage	$24,009	$28,037	$22,616

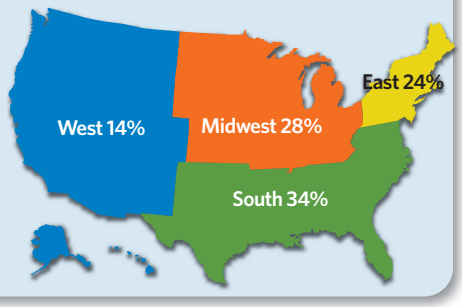
About this survey

Our 20th Annual Salary & Expense Survey had a record number of participants, with 531 doctors of chiropractic responding to our confidential, web-based questionnaire. Throughout March 2017, *Chiropractic Economics* magazine invited practicing chiropractors (and CAs on their behalf) to complete the yearly survey.

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

Regional representation. Our response to this year's survey was wide-ranging, and we received at least one response from every state except Hawaii, Nevada, and New Mexico. The regional breakdown is as follows: Midwest, 28 percent; South, 34 percent; West, 14 percent; and East, 24 percent. We also had responses from Canada and Puerto Rico.

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



All about you

With more than 530 respondents, our Salary and Expense Survey attracted a wide-range of practices across the nation. We heard from doctors between the ages of 25 and 75 years old, and from those who have been in practice for less than a year to 30 years. By averaging the responses to many of this year's questions, we can see what the average respondent might look like:

- Male (Only 20 percent of respondents were female)
- 48 years old
- A solo practitioner (59 percent)
- Licensed in one state

Our average respondent:

- Owns one clinic
- Prefers to practice in the suburbs (51 percent)
- Employs four individuals in the clinic (two of whom work full time)
- Sees 131 patients each week
- Has a patient-visit average (PVA) of 30
- Attracts seven new patients each week,
- Sees patients about 35 hours a week

This respondent:

- Has average billings of $608,564 and collections of $436,705 for a reimbursement rate of 73 percent
- Sells products to patients for 8 percent of gross revenues
- Pays their CAs $30,400 and themself $101,734
- Enjoys average total compensation of $136,971

Finally, this typical respondent spends roughly $24,000 on office leases or mortgages, $15,400 on advertising, and $2,915 on malpractice insurance. ■

Overview of 2017 Respondents

PERSONAL CHARACTERISTICS

Average age	48
Male	80%
Female	20%
Years in practice	20
Solo DC	59%
In a group or partnership	25%
Associate	13%
Franchise owner	3%
No. of state licenses	1.6

CLINIC CHARACTERISTICS

Clinics	1.05
Urban	30%
Suburban	51%
Rural employees	19%
Average PVA	30
Average patients/week	131
Average new patients/week	7
Cash only	14%

SPECIALTY

General	62%
Family	15%
Sports/Rehab	10%
Nutrition	3%
Pediatrics	1%
Other	9%

SPECIALISTS IN CLINIC

LMT	44%
Acupuncturist	14%
Nutritionist	7%
MD/DO	8%
PT	8%
Fitness trainer	5%
Other	5%
None	46%

INCOME

Average billings	$608,141
Range	$300–$4M
Average collections	$436,705
Range	$0–$4.5M
% Income from retail	8%

AVERAGE SALARIES

Average MD/DO	$122,400
Total DC comp.	$136,971
Average DC	$101,734
Average associate	$64,293
Average PT	$45,000
Average LDN	$33,000
Average CA	$30,440
Average LMT	$26,526
Average FT	$18,100

AVERAGE EXPENSES

Advertising	$15,455
Malpractice insurance	$2,915
Office lease/mortgage (yr)	$24,009

MODALITIES PROVIDED

Chiropractic	98%
Instrument adjusting	61%
Electrotherapy	61%
Exercise programs	58%
Nutrition	52%
Massage	49%
Kinesiology taping	47%
PT/Rehab	44%
Laser therapy	34%
Decompression	33%
IASTM	24%
Acupuncture	20%
Weight-loss programs	19%
Fitness devices	13%
Homeopathy	11%
Medical services	8%
Other	5%
None	1%

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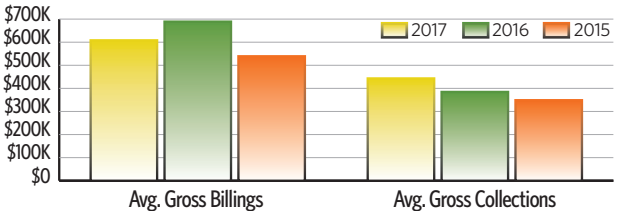
Can you pay my bills?

Average collections increased over last year's number, while billings decreased slightly. However, there was a significant increase in this year's overall reimbursement rate.

According to our survey, average gross billings were reported at $608,141, slightly down from last year's $689,000. Collections were reported at $443,090, up from $384,600 last year.

This year's billings and collections numbers equal an average reimbursement rate of almost 73 percent—a 17-percent increase from 2016 and an 11-percent increase from 2015. While many DCs may be billing less, it appears that they are getting a majority of that money back compared to previous years. ■

3-Year Comparison of Average Gross Billings and Collections



Doctor, who?

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

Some DCs team up with MDs to create a more comprehensive practice and others consult regularly with general practitioners in their community. As such, this year we compared our salary survey to the data collected by *Medical Economics*.

In the *Medical Economics 88th Annual Physicians Report,* published in April 2017, respondents indicated that the average salary for a primary care physician was $202,000. This is in sharp contrast with specialist physicians who top out between $264,000 and $460,000.

Comparatively, the average total compensation reported for DCs in this year's survey was $136,900, down from 2016 ($147,300). However, salaries increased drastically this year from $76,500 last year to $101,700 this year.

Medical Economics also reported that the highest median MD income came from the Northwestern and South Central regions ($262,000 and $256,000, respectively). Salaries were also higher in the suburbs with an average of $257,000.

The average number of patients seen by general physicians was 85 per week and the average number of hours worked was 52. To compare more statistics between chiropractors and primary care doctors, visit medicaleconomics.com. ■

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Let's stay together

Our 2017 survey showed a slight decrease in the number of DCs practicing in groups or partnerships, falling to 25 percent this year, compared to 27 percent in 2016 and 2015. However, since 2013 the number has hovered between 25 and 30 percent, showing that even with small changes, there is still power in numbers.

The 59 percent of doctors reporting as solo practitioners remained in line with last year's 60 percent—a minor decrease.

Those indicating they were working as an associate increased again this year (13 percent compared to 11 percent in 2016). And the number of franchisees is holding steady from last year at 3 percent.

When it comes to billing and collections, solo practices saw an increase in both. Solo DCs reported average billings of $427,500 and collections of $294,800, compared to last year's $416,700 and $258,400, respectively.

The reimbursement rate increased as well (68 percent compared to 2016's 62 percent).

Group practice billings and collections fared better over solo DCs across the board, but reimbursement rates were quite similar in 2017. This year's group billings were $876,500 (compared to $855,000 last year) and collections came in at $605,300. The group practice reimbursement rate increased slightly from last year (69 percent compared to 66 percent in 2016).

The average total compensation for solo DCs this year was $128,100 compared to $113,700 last year. The average total compensation for a DC practicing in a group setting increased from $145,000 last year to $187,600 this year. Salaries for solo DCs averaged $91,000, and those participating in a group practice averaged $139,400 this year.

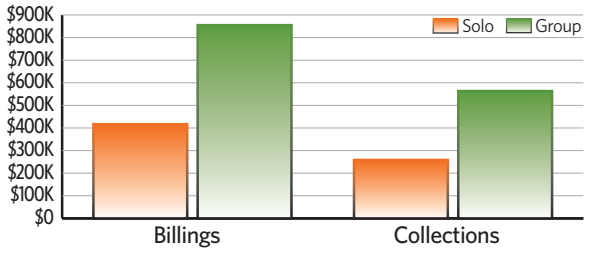
(Note: Total compensation for unincorporated DCs is defined as earnings after tax-deductible expenses, but before income tax. For DCs in a professional corporation, it is the sum of salary, bonuses, and retirement/profit-sharing contributions made on their behalf.)

Solo practices spent $1,895 on insurance (a slight decrease from last year), and $10,100 on advertising. Group practices spent more on insurance than last year ($5,700 compared to $4,000 in 2016). They also spent $13,500 on advertising, the same as in 2016. ■

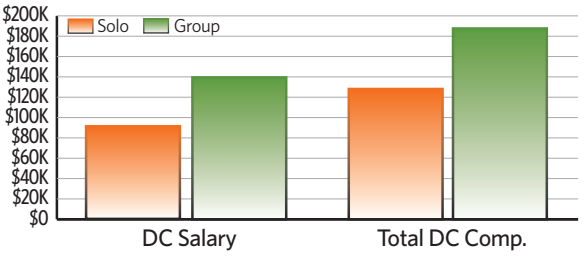
Comparison of Solo & Group Practices

CLINIC LABEL	Solo	Group
Clinic	73%	64%
Wellness center	20%	23%
Medical spa	0.4%	0%
Rehab center	7%	13%
Franchise	3%	0%
CLINIC STATISTICS		
No. of employees	2.5	6.4
No. of FT employees	1.5	4.6
PVA	30	29
No. patients/week	110	172
New patients/week	5.5	11.6
Cash only	15%	14%
Average billings	$427,496	$876,562
Average collections	$294,862	$605,299
COMPENSATION AND BENEFITS		
Retirement	24%	44%
Healthcare benefits	33%	59%
Incentives or bonuses	44%	69%
Profit sharing	5%	13%
Paid time off	65%	84%
Average LMT	$27,473	$25,112
Average CA	$37,825	$34,161
Average DC	$91,066	$139,467
Average total DC comp.	$128,114	$187,602
SPECIALISTS PROVIDED		
LMT	36%	59%
Acupuncturist	9%	21%
PT	5%	11%
Nutritionist	3%	13%
MD/DO	3%	13%
Fitness trainer	2%	13%
Other	2%	11%
None	59%	25%
EXPENSES		
Office lease or mortgage (yr)	$20,257	$33,024
Advertising	$10,109	$13,519
Malpractic insurance	$1,895	$5,764

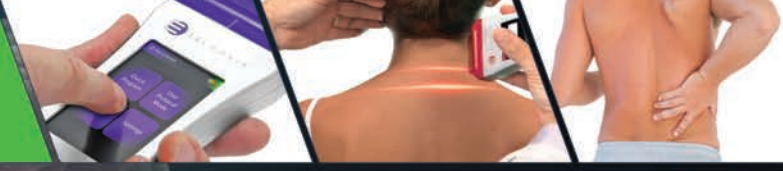
Solo vs. Group: Average Billings and Collections



Solo vs. Group: Average DC Compensation



Payments as low as $210/month



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All in the family

In response to reader requests years ago, *Chiropractic Economics* expanded its "integrated clinics/DCs only" breakdown to provide a more comprehensive look at the profession.

We continued that practice this year by asking respondents to indicate if they were practicing as: a DC only, in an integrated clinic, or in a multidisciplinary clinic.

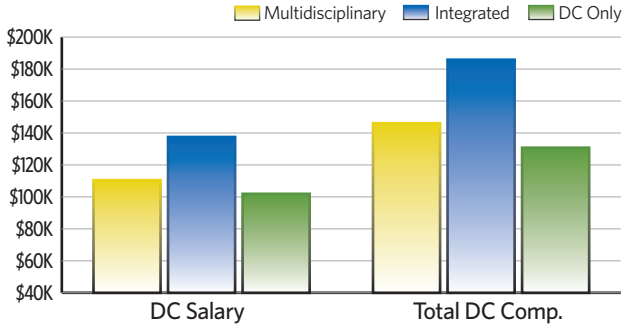
An integrated clinic includes those practices with both a DC and a medical doctor on staff. A multidisciplinary clinic is defined as having a practicing DC and any other complementary and alternative medicine practitioner on staff.

This year, 64 percent reported as operating alone, down from 67 percent last year; 25 percent said they operated as a multidisciplinary clinic, down from 52 percent last year; and 11 percent responded as an integrated clinic, a decrease from 26 percent in 2016.

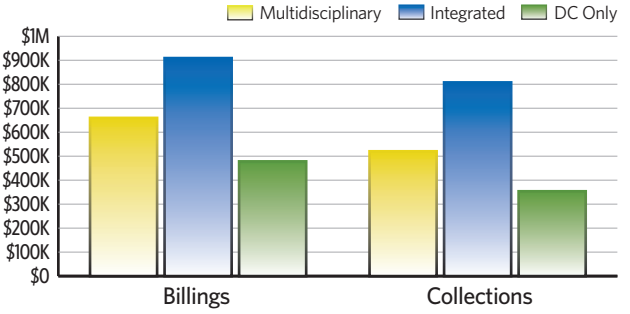
Here is a further breakdown of the numbers:

Billing. Integrated healthcare practices reported the highest billings ($909,000), while multidisciplinary practices

A Look at Average DC Compensation



DC vs. Integrated Healthcare vs. Multidisciplinary Clinics: Comparison of Financials



reported billings of $659,600, and DC-only practices came in at $478,300.

Collections. Likewise, integrated practices saw the highest collections ($807,600) while multidisciplinary clinics reported collections of $520,400, and DC-only practices had collections of $353,700.

Salaries and total compensation. Salaries rose across the board for all three types of clinics, but multidisciplinary and integrated clinics fared better salary-wise than DC-only clinics. Integrated DCs had an average salary of $137,500 annually, compared to last year's $94,800. Multidisciplinary clinics had an average of $110,400, followed by DC-only at $101,900.

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

With regard to total compensation, solo DCs averaged $130,700, while multidisciplinary clinics came in at $146,100. Integrated practices took a large lead with an average total compensation of $185,800.

More to consider

Practice label. Fewer integrated practices identified as rehab centers this year (21 percent) than last year (26 percent). This was true as well for those clinics labeled "wellness centers," which declined drastically in integrated practices. That number dropped from 15 percent to 5 percent. The term "medical spa" all but disappeared across all three practice types.

Specialties. All three types of clinics reported "general" as their main specialty. Sports/rehab was the second-most popular type of integrated clinic again this year, and "family" for DC-only and multidisciplinary practices. ■

DC vs. Integrated and Multidisciplinary Clinics: Significant Comparisons

PRACTICE TYPE	Multi	Integrated	DC Only
Solo	51%	16%	70%
Group/partnership	37%	36%	18%
Franchisee	1.5%	7.1%	2.1%
CLINIC LABEL			
Clinic	57%	56%	77%
Wellness center	27%	5%	18%
Rehab center	14%	40%	5%
Medical spa	0%	0%	0.4%
LOCATION			
Suburban	46%	41%	54%
Urban	32%	44%	28%
Rural	22%	16%	18%
SPECIALTY			
General	52%	35%	69%
Family	20%	12%	14%
Sports/Rehab	9%	21%	9%
Nutrition	5%	0%	2%
Pediatrics	0%	0%	2%
Other	15%	27%	5%
CLINIC STATISTICS			
No. of employees	5.2	7.8	2.7
No. of FT employees	3.0	4.6	1.9
PVA	30	21	46
Patients/week	131	145	137
New patients/week	8.2	13.7	7.5
Cash only	15%	4%	15%
EXPENSES			
Office lease/mortgage (yr)	$24,541	$48,200	$22,686
Advertising	$12,393	$18,320	$16,132
Malpractice insurance	$2,729	$8,230	$2,249
COMPENSATION AND BENEFITS			
Offers retirement plan	30%	38%	24%
Healthcare benefits	45%	71%	38%
Offers Incentives or bonuses	59%	47%	50%
Profit sharing	10%	6%	6%
Paid time off	72%	94%	69%
Average LMT	$24,959	$38,000	$21,533
Average CA	$33,651	$32,444	$30,510
Average DC	$110,481	$137,500	$101,932
Average total DC comp.	$146,111	$185,858	$130,778

He said, she said

Our annual survey consistently reveals an 80/20, male-to-female split that makes up the chiropractic industry. As expected, this year did not reveal any drastic changes in gender demographics.

Even so, we've seen a slight decrease in female respondents over the last few surveys. This year, 20.2 percent of respondents were female as opposed to 20.4 percent in 2016, marking a slight decrease from last year.

That said, this year we've seen a change in a positive direction in regard to closing the gender gap. While male respondents are still making more, the salaries of female DCs increased this year as did their total compensation.

This year's group of female DC respondents reported an annual salary of $78,407, compared to $55,000 last year. It was also an increase from 2015, which had an average of $77,000 annually for women. Total compensation also increased dramatically this year with an average of $98,538, compared to $68,700 last year.

Male respondents also saw an increase in annual salary with an average of $105,700, up from $93,700 in 2016. Total compensation decreased slightly for men, with an average of $147,100 compared to $150,000 last year.

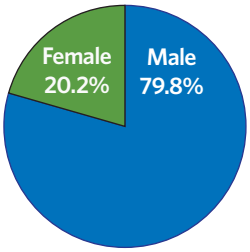
Other statistics:

Patient hours. The number of hours spent in patient care between genders was quite different this year. Around 11 percent of female DCs said they spent more than 36 hours in patient care a week (down from 22 percent last year), while 54 percent of males reported the same. A majority of women averaged between 31 to 35 hours of patient care a week, while 11 percent of men reported the same.

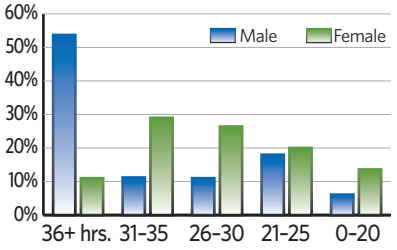
Groups or partnerships. The number of men participating in a group setting decreased from last year at 25 percent, down from 28 percent in 2016.

Marketing efforts. Much like 2016, this year's survey indicated that women spent less money on advertising than men ($7,247 compared to $14,700). In addition, women spent less on office leases than men ($22,400 compared to $24,300), and on malpractice insurance ($2,200 compared to $3,100). ■

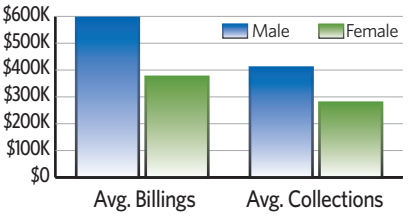
Male vs. Female Respondents



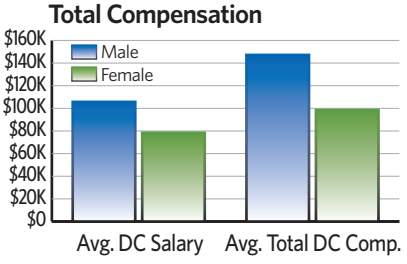
Hours Spent in Patient Care



Billings and Collections



Average Salary and Total Compensation



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Joseph Andris, DC
Logan College of Chiropractic

"As a new graduate, working at The Joint has been ideal for me. I've been able to gain clinical experience and improve my adjusting skills much faster than I feel I would have in a private practice setting because of the large diversity and volume of patients that we see on a daily basis. The Joint takes care of details like determining ways to grow the practice or how to make our services more convenient or affordable for our patients, which leaves me able to focus entirely on patient care."

Cady Logan, DC
Palmer College of Chiropractic

"The Joint rethinks what Chiropractic can be by putting our patients' physical and mental wellness first. The Joint encourages lasting wellness relationships, and makes my community a happier, healthier, and better place to live."

Emeliah Hanson, DC
Palmer College of Chiropractic

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Nick Poff, DC
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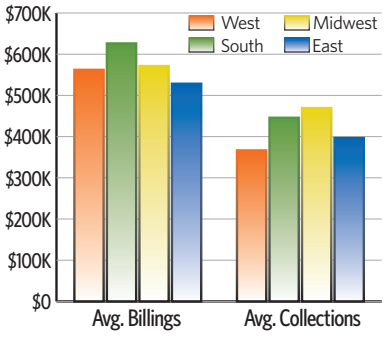
From sea to shining sea

This year's survey showed that DCs are continuing to balance out financially across the nation. But there was a change in the regions that did the best overall this year. While the South, similar to previous years, remained steady in its high billing and collection rates, the Midwest rose in the rankings in 2017. The West dropped this year in both categories and the Eastern region remained similar to previous surveys.

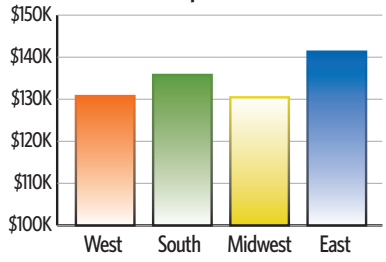
The East gained ground, however, in regard to total compensation, with the highest average of $141,300, a large increase from last year's $106,000. It was followed by the South at $135,780 and the West at $130,760. The Midwest averaged $130,400 this year, a significant increase from last year's $121,500.

The Midwest took the crown for highest reimbursement rate this year with an average of 82 percent. The rate in the South increased drastically from last year, going from 55 percent in 2016 to 71 percent in 2017. The East had an average rate of 75 percent, followed by the West at 65 percent. ■

Regional Comparison of Average Billings and Collections



Regional Comparison of Average Total DC Compensation



Comparing the Regions

PERSONAL CHARACTERISTICS	West	South	Midwest	East
Average age	51.8	48.3	46.3	52.9
Male	82%	71%	84%	84%
Female	18%	29%	16%	17%
Solo	78%	57%	55%	75%
Group/partnership	14%	26%	33%	19%
Associate	2%	14%	12%	4%
Franchisee	6%	3%	0%	2%
Years in practice	21	18	18	22
Licenses	1.2	1.3	1.2	1.4
Clinics owned	1.1	1.3	1.2	1.1
LOCATION				
Suburban	55%	50%	43%	58%
Urban	37%	37%	28%	25%
Rural	8%	13%	29%	17%
CLINIC STATS				
No. of employees	3.8	4.2	3.8	3.3
No. of FT employees	1.9	2.9	2.6	1.9
PVA	32	28	25	35
Patients/week	129	134	152	127
New patients/week	6.4	7.9	8.2	5.5
Cash only	9%	19%	10%	17%
Average billings	$562,097	$626,148	$571,297	$528,348
Average collections	$366,561	$445,734	$469,318	$396,471
EXPENSES				
Office lease/mortgage (yr)	$23,673	$18,240	$28,566	$23,833
Advertising	$8,643	$14,928	$10,677	$5,272
Malpractice insurance	$2,407	$4,276	$2,603	$2,521
SALARIES				
Average CA	$26,631	$26,978	$40,631	$35,522
Average LMT	$30,750	$33,636	$22,318	$22,350
Average associate	$58,286	$68,000	$63,111	$63,500
Average DC	$94,620	$101,240	$109,853	$119,320
Average DC total comp.	$130,763	$135,781	$130,455	$141,306

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Rockin' the suburbs

With more space, a developing infrastructure, and a large range of potential patients, it should be no surprise that many DCs choose to set up their practice in the suburbs. Over the course of many surveys, the majority has responded that the suburbs offer the ideal location for their practice.

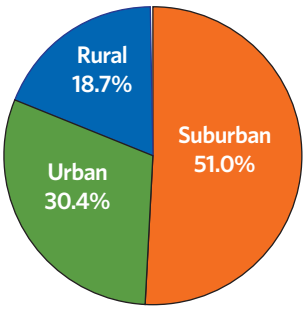
This year was no different, with a little more than half of DCs reporting the suburbs as the location of their practice.

Although the numbers were similar from last year, there was a slight decrease in suburban DCs at 51 percent compared to 52 percent in 2016. The amount of urban practices remained the same at 30 percent. The number of rural practices increased slightly from last year.

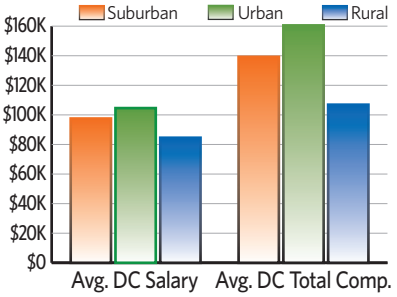
Urban chiropractors still reported the highest average salary at $104,600, with their suburban counterparts reporting an average of $97,500. Urban practices also reported a higher compensation rate at $160,500, an increase from last year's average of $130,000. Suburban DCs had an average compensation of $138,200, a decrease from $145,000 last year. Rural practices had an average salary of $84,500, with average compensation at $106,900.

Suburban practices had average billings of $598,400 and collections of $459,600, for a reimbursement rate of 77 percent. Rural practices followed closely behind with a reimbursement rate of 76 percent, with $405,200 for billings and $308,800 for collections. Urban DCs had average billings of $605,200 and collections of $403,700, for a reimbursement rate of 67 percent. This is a dramatic increase from last year's rate of 45 percent. ■

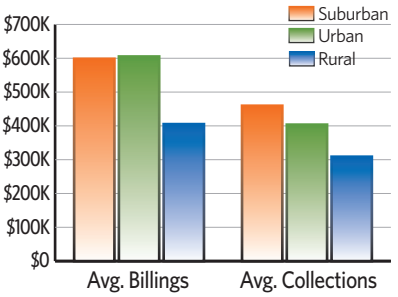
Location Preferences



Average DC Compensation by Locality



Suburban, Urban, and Rural Comparisons



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The perks of being middle-aged

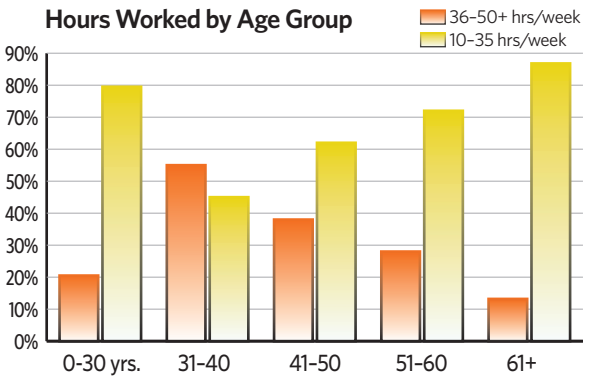
While time may not feel as if it is on your side, it definitely benefits your bank account.

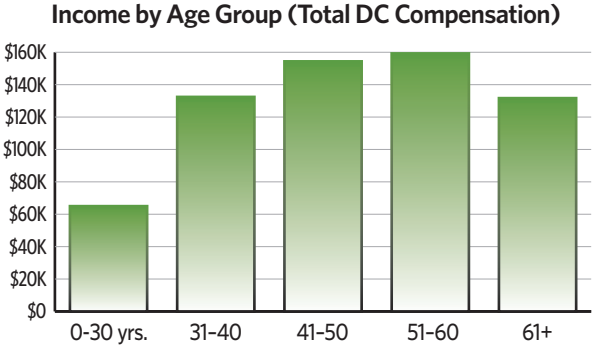
The results of this year's survey show experience and age still reign supreme when it comes to paychecks. Similar to last year's survey, younger DCs (up to age 30) reported the lowest income with an average annual salary of $65,000. This is slightly up from $64,933 last year, but still down from $70,650 in 2015 for the same age group.

Paychecks grew significantly for DCs aged 31 to 40, who reported total compensation of $132,442, up from last year's $118,103 average. Historically, DCs aged 41 to 50 have made the most money but this year's cohort aged 51 to 60 claimed this honor. Chiropractors in this group made an average of $159, 282 annually, while ages 41 to 50 clocked in at $154,388.

Chiropractors in the 60-plus age bracket made slightly less but mainly held steady at $131,688, on average.

This year's survey showed a slight difference in hours worked by age group from previous surveys. DCs in the 31-to-40 age range worked the most overall, with 55 percent reporting more than 36 hours a week in patient care. Last year, DCs over the age of 60 clocked in the most hours, but this year more than 86 percent reported working less than 35 hours a week. The vast majority of DCs of all ages spent 35 hours or less in patient care a week. ■





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Employee appreciation

As a DC, you are focused on providing your patients with the best possible care. Are you taking the same care of your employees?

By providing them with benefits such as healthcare, paid time off, and retirement, you are investing in the success of your business and the performance of your employees.

Overall, some employee benefits have increased compared to previous years, but a few have decreased. According to our survey, almost 42 percent of respondents reported that they provide healthcare to their employees, up from 34 percent last year.

However, those who provide some type of retirement plan decreased from 34 percent last year to 27 percent this year.

Paid time off, which could include vacation or sick days, held steady at 71 percent this year. Those offering bonuses decreased from 55 percent to 52 percent. Profit sharing also decreased from 2016, from 11 percent to 7 percent, respectively.

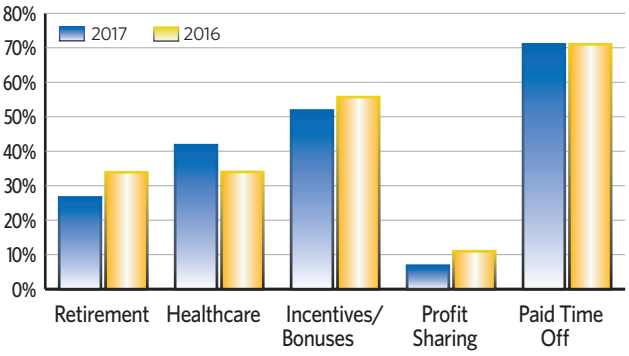
We also asked respondents for salary information on full-time employees only—not part timers. We defined "full time" as employees who work 30 hours or more per week.

Our survey showed that DCs, on average, employed two full-time and two part-time staff members.

The average salary paid to full-time employees was

- MD/DO: $122,400,
- DC: $101,700,
- Associate: $64,300,
- PT: $45,000,
- CA: $30,400, and
- LMT: $26,200. ■

2-Year Comparison of Employee Benefits



All in the name of ... chiropractic

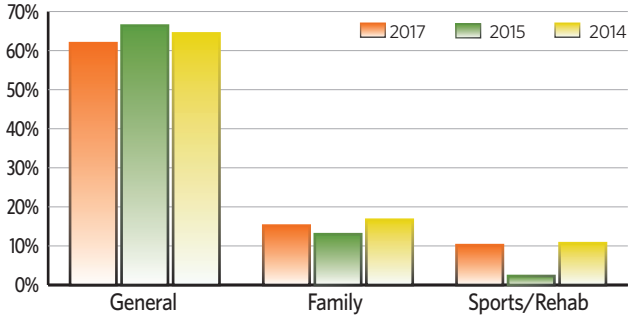
Attracting the type of patients you want often means differentiating yourself and the style of services you provide. DCs who want to work with athletes might add sports and rehab to their practice name. Those who want to work with children may want to indicate that with a family practice designation, while wellness centers attract patients who aim to live a healthier, more balanced lifestyle.

In this year's survey we once again asked respondents if they considered their practice as general, family, or sports/rehab. There was a significant increase in the number of sports/rehab practices with 10 percent this year compared to only 2 percent in 2016.

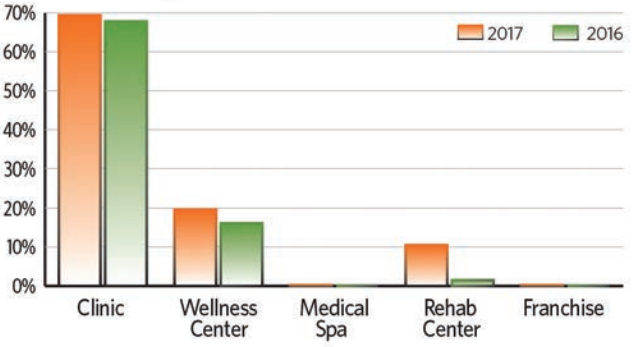
Family practices also increased slightly from 13 percent last year to 15 percent in this year's survey. The "general" classification remained the most popular choice at 62 percent, similar to last year's 66 percent.

"Clinic" was still the top label this year with 69 percent of respondents reporting this designation. The wellness center label increased in popularity to almost 20 percent as reported this year, compared to 16 percent in 2016. Rehab centers increased from a little over 1 percent last year to 10 percent this year. Medical spas and franchisees rounded out the bottom, similar to previous years. ■

Chiropractic Specialties



2-Year Comparison of Practice Labels



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Shop around

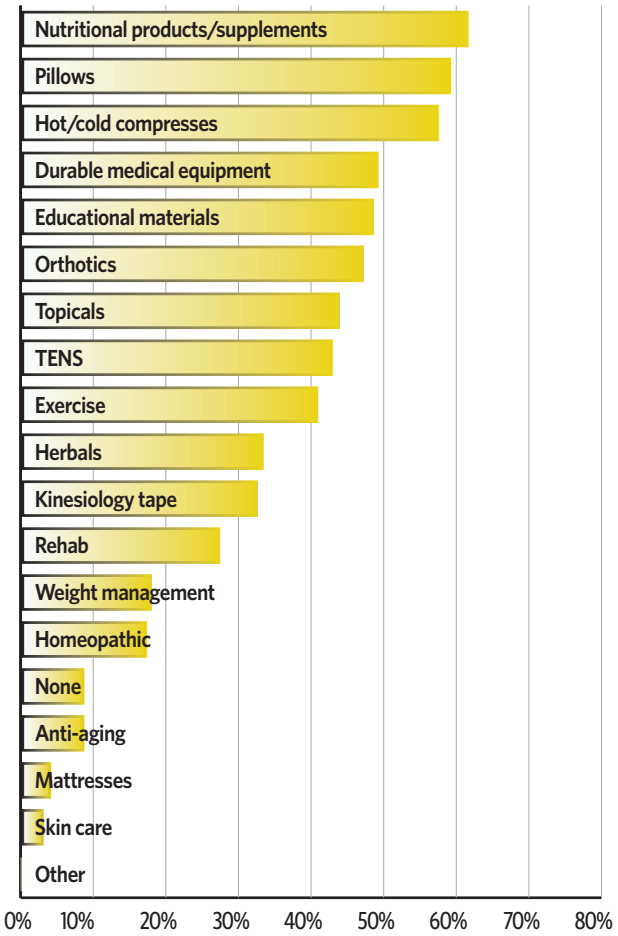
Our survey shows over 92 percent of chiropractors sell at least one product in their practice. As this number has consistently remained high over the years, it's clear that DCs across the board find success through the integration of quality care and providing patients with the best products available.

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

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

- **Nutritional products/supplements.** 61 percent, down from 65 percent last year.
- **Pillows.** 58 percent, the same as last year.
- **Hot/cold compresses.** 57 percent, up from 51 percent last year.
- **Durable medical equipment.** 49 percent, up from 42 percent last year.
- **Educational materials.** 48 percent, up from 34 percent in 2016. ■

Which Products Are Offered to Patients?



Money, money, money

While your true specialty lies in your ability to provide successful chiropractic care, there has been a steady rise in other sources of income. Retail, diagnostics, and consulting have all increased from last year.

However, DCs still report that their major source of income remains in patient care, highlighting the dedication and commitment DCs have to their patients. Our survey showed that 87 percent reported patient treatment as their major source of income, holding steady from 2016.

We also asked what percent of your treatment is paid for by the following: cash from patients, individual or group health insurance, Medicare, auto insurance, Medicaid, workers' compensation, barter or trade, and other. The majority of treatments are paid for by insurance at 39 percent and also cash at 39 percent. ■

Sources of Income

Patient treatment	87%
Other	8%
Retail	8%
Diagnostics	7%
Consulting	2%

Percent from Treatment

Insurance	39%
Cash	39%
Auto insurance	16%
Medicare	12%
Medicaid	5%
Workers' comp.	4%
Barter/trade	2%
Other	1%

Back in business

While you may not think of yourself as a "business person," it is invariably a huge part of being a DC. And as the business world continues to change and evolve, so do the expenses involved in running a chiropractic practice.

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

- **Office lease or mortgage.** Average costs were $24,000, an increase from $22,600 last year.
- **Advertising.** Average costs in this year's survey were $15,400, representing a dramatic increase from last year's expenditures of $8,200.
- **Malpractice insurance.** Respondents reported an average expense of $2,900, slightly less than 2016's rate. ■

Major Practice Expenses

	2017	2016
Office lease/mortgage (yr)	$24,009	$28,307
Advertising	$15,455	$8,057
Malpractice insurance	$2,915	$3,175

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Specialty service

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

In 2017, a large percentage of DCs reported having other specialists working or consulting within their practice. Those specialists included LMTs, PTs, MDs, and DOs in addition to acupuncturists, fitness trainers, and LDNs.

The specialists who become part of your healthcare team offer a wider range of treatment options and programs. When evaluating how this benefits you, the numbers speak for themselves: Clinics employing specialists see more patients per week (139, compared to 128 patients per week in nonspecialist clinics), bill more (average of $775,000 versus $471,700), and collect more (average of $505,800 versus $317,900).

As a result, clinics employing specialists averaged a higher total compensation than those practices without specialists ($160,500 and $115,000, respectively).

Practices employing specialists also attract a higher number of new patients per week (nine) compared to non-specialist clinics (six).

How Specialists Boost Your Income

	Specialists	No Specialists
Mean Total Comp.	$160,579	$115,055
EXPENSES		
Office lease/mortgage (yr)	$26,358	$21,153
Advertising	$10,950	$8,555
Malpractice insurance	$3,605	$2,183
SALARY		
DC	$120,388	$85,915
Associate	$58,288	$66,000
PT	$55,000	N/A
CA	$30,919	$31,081
LMT	$28,694	N/A

Modalities offered

While more than 54 percent of respondents have at least one specialist on staff, the most common specialist was an LMT (44 percent).

Other popular specialists include:

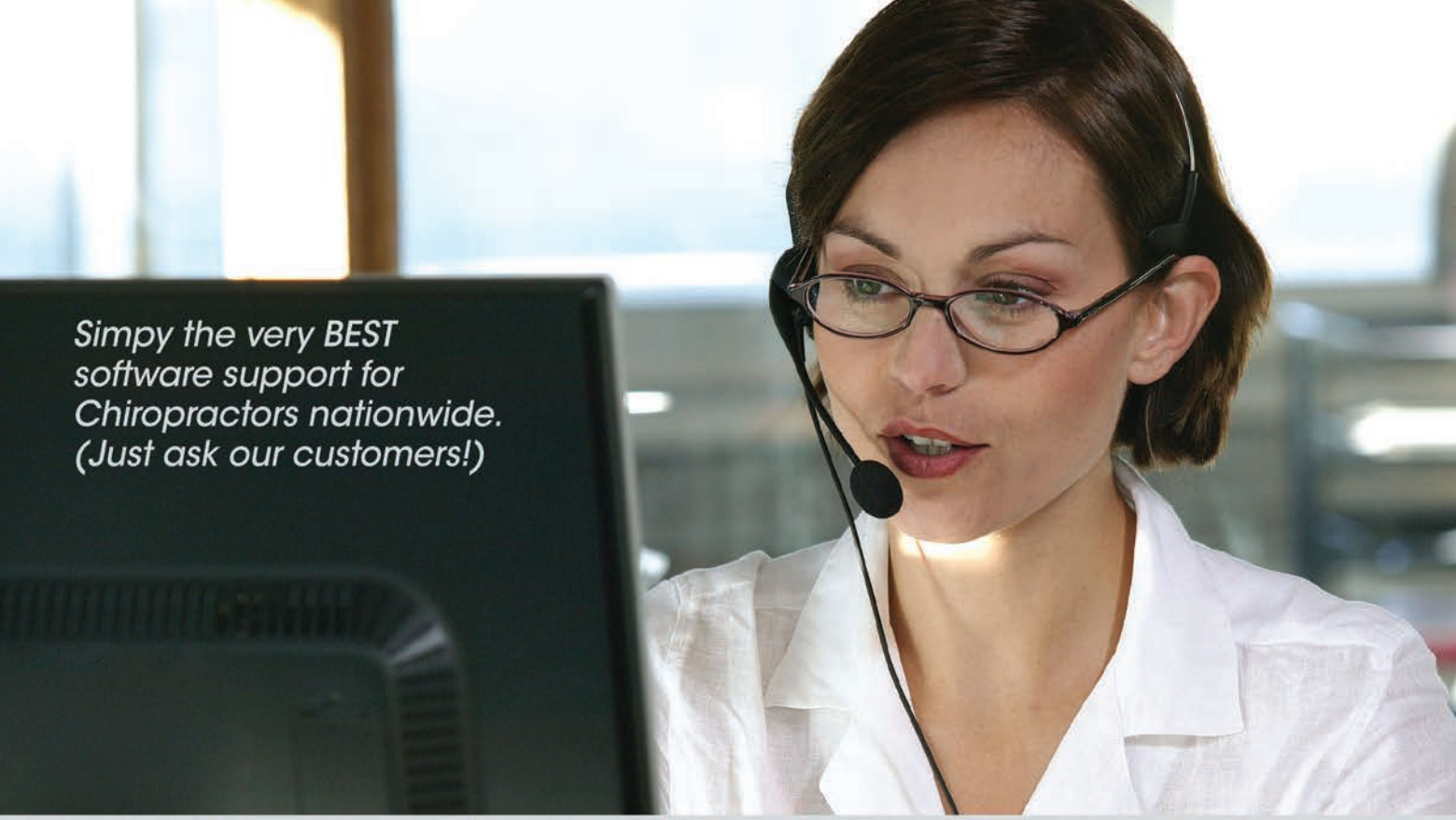
- Acupuncturist, 14 percent
- Nutritionist, 8 percent
- MD/DO, 8 percent
- PT, 8 percent
- Fitness trainer, 5 percent

And 5 percent of respondents indicated "other" for specialists they have in their clinic.

Respondents (including clinics with and without specialists) also reported offering a wide range of modalities, even if they do not have specialists who provide them. These modalities include:

- Chiropractic, 98 percent
- Instrument adjusting, 61 percent
- Electrotherapy, 61 percent
- Exercise programs, 58 percent
- Nutrition, 52 percent
- Massage, 49 percent
- Kinesiology taping, 47 percent
- PT/Rehab, 44 percent
- Laser therapy, 34 percent
- Decompression, 33 percent
- IASTM, 24 percent
- Acupuncture, 20 percent
- Weight-loss programs, 19 percent
- Fitness devices, 13 percent
- Homeopathy, 11 percent
- Medical services, 8 percent
- Other, 5 percent
- None, 1 percent CE

CASEY NIGHBOR is the associate editor of *Chiropractic Economics*. She can be reached at cnighbor@chiroeco.com, 904-395-3389, or through ChiroEco.com.



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ADOBE STOCK

Regain the flame

You can rescue yourself from low motivation.

BY KELLEY PENDLETON, DC

Patient care. ICD-10 coding. Insurance billing. Marketing. Repaying student loans. Staff management. Equipment maintenance. Meetings. Electronic health record documentation. HIPAA compliance. Paying taxes. Continuing education. With all these tasks plus the demands of a household, it's easy to feel overwhelmed and isolated. It can sometimes seems like you're expending every ounce of energy just to keep your head above water.

If that sounds familiar, you're not alone. Too much stress can cause even the most driven person to lose their focus and motivation. Once motivation wanes, it's hard to find the energy and internal resources to get back on track. But there are some simple ways to regain your motivation so you can build the practice of your dreams.

What is low motivation?

Low energy, procrastination, and loss of interest are obvious indicators of decreased motivation. However, being passive, not making decisions, feeling trapped or misunderstood, and having low self-esteem are also traits of those with low motivation.

Demotivated people often experience high levels of stress, stagnation, and frustration, and may feel like they can't get out of their own way. Of course, some of these feelings may come before the decreased motivation (a chicken-or-the-egg scenario), but either way they can continue to feed a negative pattern of behavior.

Some common causes of low motivation are uncertainty (in one's skills, abilities, and education), feelings of insecurity, and fear of failure. You must figure out where your demotivation is coming from before you can address the cause and turn it around. This may involve some soul-searching and brutal honesty on your part, but once you've figured out *why* you're losing enthusiasm, you can begin the process of regaining it.

Reignite your passion

First, rediscover your passion. Take some time to consider why you decided to become a chiropractor. What drew you to the profession? Did a chiropractor help someone you love? Did chiropractic change your life? Did you just want to make a difference in the lives of others and this is the path you chose?

For so many chiropractors, a personal experience with chiropractic led them to enter chiropractic school. Remember how you felt at that time—

the energy, the passion, and the excitement? How is where you are now different from the career you dreamed of all those years ago? You need to bring those two paths closer together.

Remember *why* you do what you do. In other words, what's your purpose? If you feel like you don't have one, consider this quote by Richard Bach: "Here is the test to find whether your mission on Earth is finished: If you're alive, it isn't." We all have a purpose in life—we just need to recognize it.

Once you've remembered your passion for chiropractic and you've determined your purpose, there are many tangible things you can do to keep your momentum. A few suggestions: Learn something, such as a new adjusting technique, a new language, or a martial art. Set two or three short-term, realistic, and attainable goals. As you meet these goals you'll be encouraged to do more.

Reignite your fire by reconnecting with your passion and purpose and take action to generate enthusiasm.

Find positive role models and mentors who can help keep you motivated. Join a mastermind group to hold yourself accountable. Rebrand your office to reflect changes in your services or purpose, or just to give your practice a fresh look. Admittedly, getting started can be the most difficult part of regaining your motivation. Once you begin the mental process above, you can also start working on the second phase.

Recharge your batteries

We all have different likes, dislikes, and hobbies. Therefore, the things that replenish one person's energy reserves may be draining to another. Make a list of the things and activities that bring you joy or help you to feel at peace. And incorporate more of them into your life. You may have to start small by adding one enjoyable activity a day or week and build from there.

To help you get started: Spend some time in nature, play with your pet, give a hug, read a book to feed your mind, turn off the TV, plan (and take) a vacation, get a massage, get adjusted, read to your child, take a bubble bath, stop watching the news, go for a drive, meditate, take a fitness class, go dancing, splurge on a favorite dessert, take a nap, listen to a podcast, watch a TED talk, go to a movie, watch a sunrise or sunset, do some deep breathing, go shopping, start a gratitude journal, or volunteer for a worthy cause.

As you're adding positive activities to your life, remove those things that cause you stress. For example, toxic

relationships, commitments that drain your energy, a long commute, or inept staff.

Recognize when you need help

Everyone has times when they need a little boost from someone else. Perhaps you need a coach, a mentor, additional staff, a marketing consultant, or a practice management company. Decrease your stress and increase your productivity and motivation by figuring out what tasks you can outsource or delegate. Of course, a lack of motivation could be a sign of something more serious such as depression. If that's the case, professional help may be necessary.

In summary, once you recognize the signs of demotivation, explore where it comes from and take steps to address the root cause. Reignite your fire by reconnecting with your passion and purpose and take action to generate enthusiasm. Recharge your batteries by taking care of yourself and doing things that bring you joy, peace, and relaxation while eliminating stressors. Finally, recognize when you need help to get to the next level.

In the whole history of humankind, there has never been another person with your unique combination of skills, experiences, and training. You have something spectacular to share with the world—get out there and do it. CE

KELLEY PENDLETON, DC, is a healthcare marketing consultant, professional speaker, and the author of *Community Connections! Relationship Marketing for Healthcare Professionals.* She uses her expertise to help other healthcare professionals build the practices—and lives—of their dreams. She can be contacted at drkelley@drkelleypendleton.com or through drkelleypendleton.com.

Quick Tip

Milk thistle for liver health

Double blind studies on the effect of milk thistle seed on toxic liver damage (mostly induced by alcohol), and ailments caused by certain drugs have been reviewed by medical experts. They concluded that basic lab and clinical data suggests milk thistle is a therapeutically useful medicinal plant product that stabilizes the cell membrane and stimulates protein synthesis, while accelerating the process of regeneration in damaged liver tissue, and that these effects are important in the therapeutic efficacy of milk thistle.

— The Baseline of Health Foundation
JonBarron.org

Electrotherapy

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ADOBE STOCK

Cool treatment

Cryotherapy could heat up your practice.

BY KEITH SCHEINBERG

USED BY CELEBRITIES AND ATHLETES FOR GENERATIONS, cryotherapy is gaining popularity as a post-workout necessity. What is cryotherapy? By definition, it involves single or repeated exposures to extremely cold dry air below minus 148 degrees F (-100 C) in a specialized chamber for two to four minutes per exposure.

It was developed in Japan in 1978 as a treatment for arthritis, but more recently has been embraced by professional sports teams, celebrities, and the overall health-conscious market. A cryosauna is a single-person, vertical walk-in chamber that surrounds the user's body up to the neck with extremely cold non-toxic nitrogen gas. During cryotherapy, the chamber's environment can drop to temperatures below minus 256 degrees F (-160 C) rapidly cooling the user's skin surface to as low as 32 degrees F (0 C).

With claims that cryotherapy can boost muscle recovery, increase metabolism, reduce cellulite, and burn calories up to 48 hours after a session, it has drawn the attention of the healthcare community. Athletes are particularly attracted to cryotherapy due to assertions that its use can decrease inflammation, redirect blood flow to vital organs, and boost the body's immune system and metabolism.

Elite athletes and professional sports teams who use cryotherapy include Kobe Bryant, LeBron James, the Denver Nuggets, and the Kansas City Royals, with a number saying they feel better and stronger after cryotherapy. Some even claim it improves their appearance and leads to weight loss, influencing celebrities such as Jennifer Aniston, Mandy Moore, Kate Moss, Jessica Alba, and Lindsay Lohan to try it.

Scientific studies are currently underway to verify the health claims made by proponents of cryotherapy but, until they are complete, the FDA has made it clear cryotherapy providers and manufacturers cannot make such claims. Some people say that walking out of a cryotherapy treatment

Scientific studies have shown cryotherapy can decrease pain and swelling, diminish inflammation, and reduce muscle spasms and tension.

feels like you have just been reborn, which is a primary reason it has become a must-have weekly treatment.

Mechanism of action

Health professionals have generally accepted the use of cryotherapy to relieve pain and inflammation from conditions such as arthritis, fibromyalgia, and sports-related injuries. The benefits of cryotherapy stem from the rapid and sharp drop in skin surface temperature.

The extremely cold environment triggers the body's powerful protective mechanisms, sending the blood from the skin surface, muscles, and surrounding joint space to the core, where it is restricted to the cardiovascular system and vital organs in a continuous loop. This shorter loop allows the core temperature to stay intact. It also enhances blood flow, which in turn supplies the organs with elevated levels of oxygen, nutrients, and enzymes.

When the user exits the cryosauna, the body immediately begins vasodilation, returning the blood to the skin's surface, improving blood supply and flushing out toxins. Participants who have used cryotherapy report boosted energy levels, cellular regeneration, clearer and more radiant skin, improved collagen production, and anti-inflammatory effects that can help relieve psoriasis, dermatitis, and eczema. Furthermore, scientific studies have shown cryotherapy can decrease pain and swelling, diminish inflammation, and reduce muscle spasms and tension.

Treatment protocols

Cryotherapy can be particularly useful for chiropractors. It can lead to a decrease in muscle tension, which translates to more effective adjustments, physiotherapy, and massage after just a single session. It is also an effective method for treating acute musculoskeletal injuries and, among chiropractic practitioners who have cryotherapy equipment, is the most-used passive adjunct therapy.

As cryotherapy is inexpensive to administer (typically $4 to $5 per three-minute session), cryotherapy can be an economically smart addition to any practice. Because treatments only last one to three minutes, most offices use them as an add-on to other services that they offer.

A cryotherapy session must be administered by a trained operator, but this doesn't have to be the doctor. Many colleges and high school sports teams either use ice baths or they caravan in groups of 10 to 15 to a local cryotherapy location for a quick treatment after practice. If your practice is looking for that next boost in revenue, look into cryotherapy as an option—it could be the "cool" modality you've been looking for. CE

KEITH SCHEINBERG has a BS in Biology from San Diego State University and received science research grants from Johnson & Johnson and the U.S. military. After graduating from Chapman University School of Law, he started a software and app development company and is currently the president and CEO of Cryo Innovations in Newport Beach, Calif., which manufactures cryotherapy chambers. He can be contacted through cryoinnovations.com.



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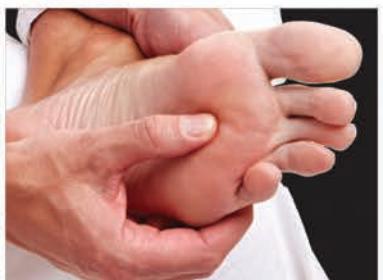

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The power of first impressions: Part 1

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

When new patients call for an appointment, that phone call is their first impression of your practice, so it should be welcoming and professional. And just as important is their first visual impression of your office.

Does your office reflect prestige and respect, or present a cold atmosphere and a lack of confidence? If the patient's first impressions are good ones, that can lead to more informative doctor-patient interactions.

Through their eyes

When was the last time you looked objectively, with the eyes of a new patient, at the front door and entryway to your office? What is the first sight that greets the new (and established) patient? Is it inviting? Is it pristine and well-painted? Is it friendly?

Have your staff walk through your office and honestly voice what is positive and negative to them.

Curb appeal

Does your property and building have positive curb appeal? A cared-for entrance and a clean and painted exterior and interior reassure patients that your office is well-kept.

A wise choice of colors and décor radiates a feeling of warmth and approachability. A sloppy, disorganized office with a too-casual staff reflects directly back on the doctor.

Play to the senses

Does your office smell fresh or stale? Humans are blessed with five senses: sound, sight, touch, smell, and taste. It is vital that your reception area appeals to them. When prospective patients enter your office they should sense the cleanliness, efficiency, and integrity that build respect and admiration for the doctor.

You can't say aloud, "I am qualified, I run a clean office, and I am successful." Instead, the interior setting of your reception area, X-ray room, and adjusting rooms tell the story of your personal standing in the profession and community.

Play to emotions

The reception area also needs to cater to the patient's emotions. Color, design, and furnishings can enhance a patient's feeling of wellbeing. Your reception area should be sunny, clean, and bright; it should reflect good taste and be relaxing to the eyes and mind.

Be sparing with signs and posters, especially generic ones. Your office should be tastefully decorated and free of commercialism.

Your reception room should look like the living space in a fine home. And when patients feel at home, their potential of fear of treatment is lessened. Floor coverings, accessories, lighting, wall pictures, paint, and wallpaper—all are important in producing a pleasant atmosphere.

Play to vision

Color can produce many psychological effects. It affects a person's mood and emotions. When patients enter your office, they may be nervous or not feeling well. The use of color can put them at ease.

For example: red, yellow, and orange generate warmth. Use lighter hues with these colors. Calming colors include blue, green, and violet. White walls can appear sterile and unappealing to patients.

When painting your exam room, consider the type of light that enters the room. For instance, if your exam rooms have fluorescent lighting, they will give off a bluish color. Used properly in the reception area, colors can comfort patients before their treatment.

Color combinations can make a room appear smaller or larger. Warm colors such as red, orange, yellow, and brown will make rooms look smaller. A room will look larger if painted in cool colors, such as green, blue, cool gray, or aqua. Warm colors create an atmosphere of intimacy, familiarity, and friendliness, while cool colors have the opposite effect. A clever combination of both brings about a wonderful atmosphere. CE

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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June 3-4	**Biomechanics, Imaging, and the High School Athlete**	Denver	Foot Levelers	800-553-4860
June 10	**FMT Blades**	Waterloo, NY	RockTape	408-912-7625
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June 23-24	**Posture, Balance, and Motion**	Myrtle Beach, SC	South Carolina Chiropractic Association	803-772-9376
June 24-25	**Outcomes Assessment Tools for Motor Vehicle Injuries**	Phoenix	American Academy of Motor Vehicle Injuries	480-664-6644
July 15	**Posture Assessment Rehab and Therapy for Pain Relief**	Pasadena, TX	Texas Chiropractic College	770-922-0700
July 20-23	**ICAK International Annual Meeting**	Arlington, VA	International College of Applied Kinesiology	913-384-5336
July 22-23	**Extremity Exam for Motor Vehicle Injuries**	Phoenix	American Academy of Motor Vehicle Injuries	480-664-6644
July 29	**Scrape, Tape, and Move**	Honolulu	Advances in Clinical Education	503-642-4432
Aug. 19-20	**Case Management for Motor Vehicle Injuries**	Phoenix	American Academy of Motor Vehicle Injuries	480-664-6644
Aug. 24-25	**CEAS I: Ergonomics Assessment Certification Workshop**	Denver	The Back School	404-355-7756
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Sept. 17-18	**Concussions and Cranial Nerve Exam for Motor Vehicle Injuries**	Phoenix	American Academy of Motor Vehicle Injuries	480-664-6644
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Nov. 3	**Scrape, Tape, and Move**	Portland, OR	Advances in Clinical Education	503-642-4432

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For spring, Spenco Medical Corporation has a line of structured memory foam sandals and slides. The footwear offers the initial softness of memory foam with the added benefit of structural integrity. Technical four-way stretch nylon encapsulates the substantial layer of memory foam that sits atop the Total Support footbed found in all Spenco footwear. The low-friction fabric helps reduce shear that can cause hot spots and blisters. Silpure antimicrobial agent inhibits the growth of bacteria that can cause odor.

800-877-3626 • spenco.com

MACRA program

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877-788-2883 • bestpracticesacademy.com

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844-692-2252 • avazo.com

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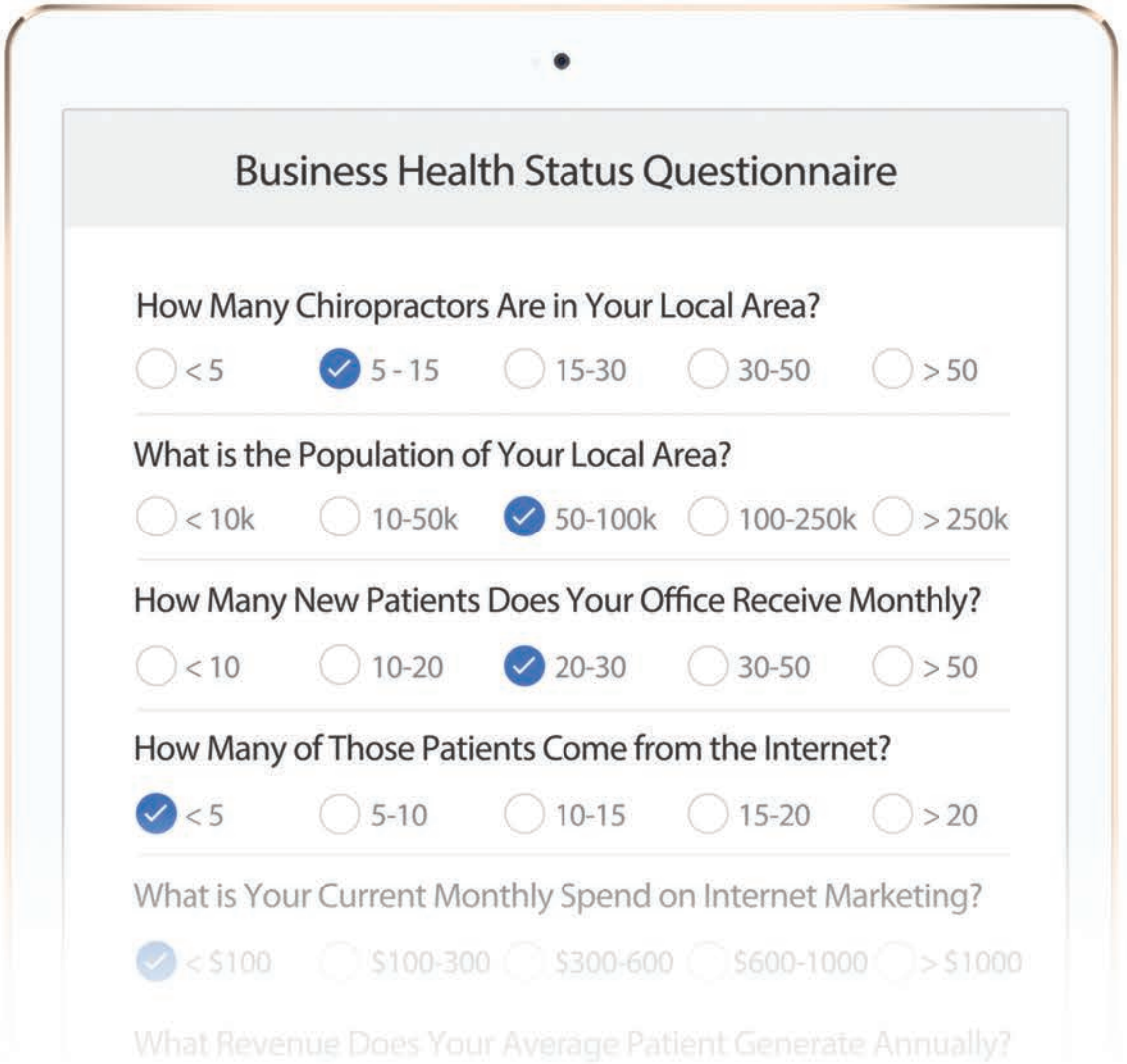

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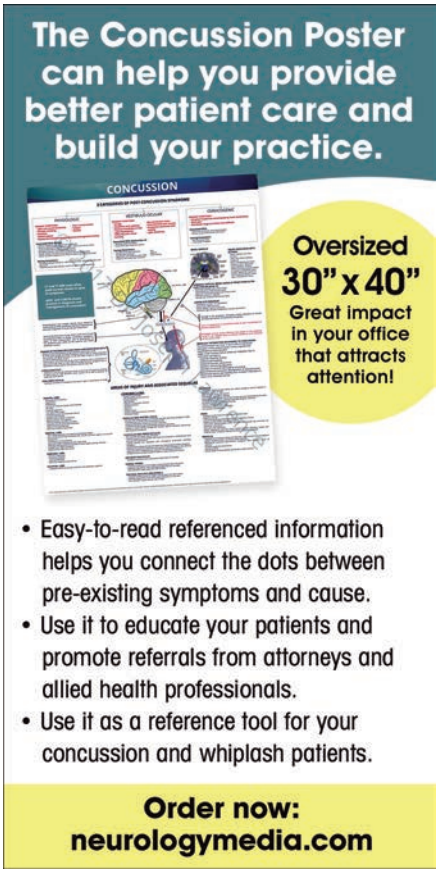

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