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Master of One

James Gudgel, DC, RPT, advises new practitoners

WELLNESS
Child's play and chiropractic

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Compliance consultant or not?

PLUS
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- Learning how to speak to skeptical parents about chiropractic for their child can be a challenge. A sample of a letter you can send to parents can be found at www.ChiroEco.com/pediatric.

More From The Web

- Food factors and athletic performance www.ChiroEco.com/factors
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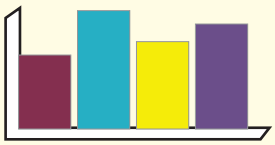
Online Poll

What's the most effective way you've found to motivate your staff?

To enter your response and view the results of our last poll, visit **www.ChiroEco.com**.



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As a doctor, there are probably many things that come up that are new to you. Whether you are new to practice or have been practicing for years, there are still opportunities to learn something new.

One thing that may be new to you is the benefit of instrument adjusting. In "Master of one" on page 40, James W.Gudgel, DC, RPT, offers his advice and shares his secrets to success on how being the master of one technique can be the best policy. For nearly three decades, he has held the same idea for his practice: Learn one technique extremely well. See if his philosophy can work for you.

Let me know what's on your mind:
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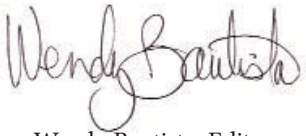
wbautista@chiroeco.com

Another new thing that can work for you is learning how to lead others. On page 37, "Follow that leader!" informs you how learning to lead intentionally can make you a better business owner and a more valuable asset to your employees.

Even more valuable to your employees is a reason to work. With the economic climate in the country finally showing signs of improvement, "Back from the brink" on page 60 shows you how to motivate your staff after the economic downturn. An upswing in the economy is good news for everyone and even more welcomed news for your practice.

Hopefully, somewhere in this issue you will learn your one new thing today — maybe even more than one!

Wishing you success,



Wendy Bautista, Editor

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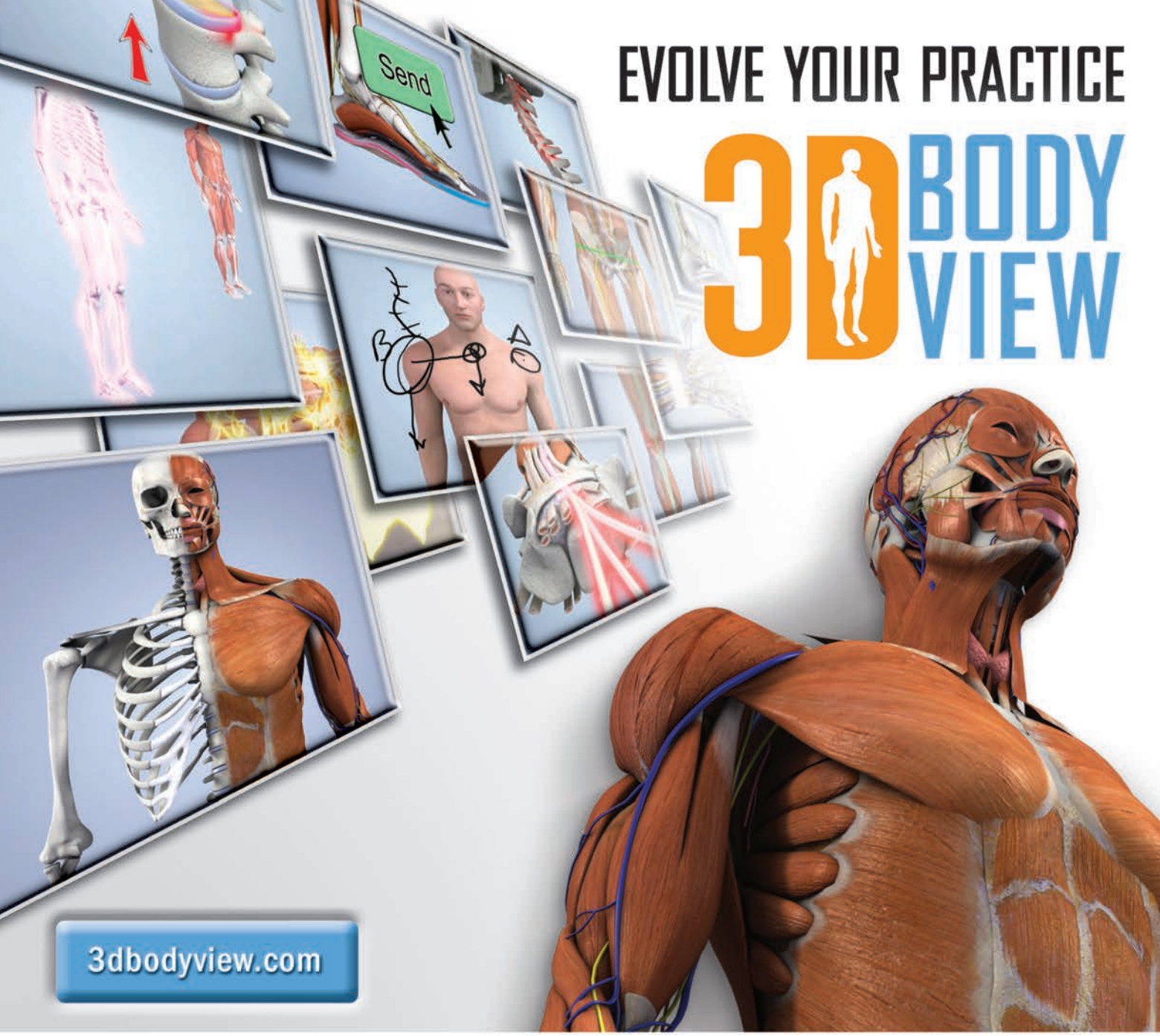

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TOP NEWS

TV station cites tips from American Chiropractic Association

Last weekend, the Detroit ABC affiliate, WXYZ, cited information from the American Chiropractic Association (ACA) regarding what to do to avoid aches and pains while gardening.

To watch the full segment, visit www.ChiroEco.com/acatv.

Source: American Chiropractic Association, www.acatoday.org

AMA specialists promote repeal of nondiscrimination toward licensed integrative practitioners, others

The ink was hardly dry on the landmark Non-Discrimination in Health Care provision (Section 2706) of the Obama-Pelosi healthcare overhaul, the Patient Protection and Healthcare Affordability Act, and MD specialists are pushing its repeal.

Anesthesiologists and ophthalmologists have asked the American Medical Association (AMA) to initiate a lobbying campaign at the executive, Congressional, and grassroots levels so the Section 2706 of the 2010 law, scheduled to come into effect in 2014, never does.

The request is framed as part of the AMA's ongoing Scope of Practice Partnership against other professions. Section 2706 is healthcare reform's most significant inclusiveness measure for DCs, NDs, LAcs, massage therapists, and licensed midwives.

To read this article in its entirety, visit www.ChiroEco.com/amarepeal.

Source: Integrative Practitioner, www.integrativepractitioner.com

Be certified in wellness, lifestyle medicine

The Wellness Coaching Institute and Southern California University of Health Sciences will be jointly sponsoring a two-day certification program "Wellness/Lifestyle Medicine for Public Health" July 31-Aug. 1 and Aug. 7-8 in the Czech Republic.

The 16-hour "Wellness/Lifestyle Medicine for Public Health" certification program will be held July 31-Aug. 1 in Carlsbad/Karlovy Vary. The program will be repeated on Aug. 7 and Aug. 8.

The faculty for the two-day program are: Stephen Bizal, DC, founder of the Wellness Coaching Institute and author of The Optimal Life, Empowering Health Healing & Longevity; Zuzana Bic, Dr. PH, MUDr, international speaker and author of No More Headaches, No More Migraines; and Colette Bizal, ScD, CMT, WHP, founder and director of Sky Hill Institute.

To learn more about this certification program, visit www.ChiroEco.com/wellnesscertification.

Source: Southern California University of Health Sciences, www.scuhs.edu

EHR requirements 'too strict'

Elite healthcare institutions are expressing deep reservations about the government's proposals for electronic health records (EHR), saying the approach taken by the Obama administration has "unrealistic expectations" and "unachievable timelines," according to a recent article in the New York Times.

Physicians and hospital executives, who have expressed their frustration in meetings with White House and Medicare officials, say the president's all-or-nothing approach could discourage efforts to adopt EHR because some of the proposed standards are impossibly high and the risk of failure is great.

To read the New York Times article, visit www.ChiroEco.com/toostrict.

Source: American Physical Therapy Association, www.apta.org

INDUSTRY NEWS

Improved communication, patient management possible with DocGreet.com

DocGreet Inc. is helping doctors communicate with each other to find new solutions to patient care and healthcare issues, through its website DocGreet.com.

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To learn more about what DocGreet offers, visit www.ChiroEco.com/docgreet.

Source: DocGreet Inc., www.DocGreet.com

Wellness center team receives advanced certification

Dr. Carrie Oleston and Dr. Cindy Perkins of Back In Health Wellness Center are pleased to announce their Advanced Certification of Competency for Whiplash and Brain Injury Traumatology from the Spine Research Institute of San Diego.

The Spine Research Institute in San Diego is home to the world's only multimodule program dedicated specifically to whiplash and traumatic brain injuries.

Dr. Arthur C. Croft, founder and director of the Spine Research Institute and the Center for Research into Automotive Safety and Health, led the advanced training program.

During the certification process, Oleston and Perkins studied the physics of motor vehicle

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crashes as well as human biomechanics, diagnostics and management. They also performed an in-depth analysis of brain, neck, and cervical spine trauma.

To see this article in its entirety, visit www.ChiroEco.com/backinhealth.

Source: Back in Health Wellness, www.backinhealthwellness.com

HEALTH NEWS

Wearing a backpack: tips to prevent back problems

Backpacks are a convenient way to carry books and other school supplies, but wearing them improperly or overloaded can place harmful stress on the back.

Mary Ann Wilmarth, PT, DPT, a member of the American Physical Therapy Association (APTA) and director of the physical therapy doctoral program at Northeastern University in Boston, has conducted research on the effects that wearing backpacks improperly have on children and college-age students. She recommends the following tips for safe backpack use:

- Wear both straps to distribute the weight evenly;
- Put on and remove backpacks carefully. Avoid excessive twisting;
- Wear the backpack resting evenly over the middle of the back. The backpack should not extend below the low back;

To see all the tips for preventing back problems, visit www.ChiroEco.com/backpacktips.

Source: American Physical Therapy Association, www.apta.org

Common pain relievers raise heart risk in otherwise healthy patients

According to a recent Danish study, the use of non-steroidal anti-inflammatory drugs (NSAIDs) for minor aches and pains can increase the risk of heart-related problems even for otherwise healthy patients.

These common medications include ibuprofen and diclofenac. This study provides even more evidence of what DCs already know: that chiropractic provides an effective conservative alternative without the use of potentially harmful pharmaceuticals.

To learn more about this study, visit www.ChiroEco.com/painrelievers.

Source: American Chiropractic Association, www.acatoday.org

COLLEGE NEWS

Parker provides chiropractic during South American Games

Seven Parker College student interns from the student abroad program in Colombia and their faculty chiropractor joined the Olympic healthcare staff in the 2010 South American Games by providing chiropractic care for the country of Colombia where they made history by becoming the champion of the games for the first time.

The games were held in Medellin, Colombia including 15 competing countries for two weeks in 42 sports.

Student interns Terry Lea, Robert Cox, April Holly, Edward Newsome, Joseph Passanante, Eric Phipps, and Victoria Wirtz treated the Colombia athletes that competed in 42 different sports, under the supervision of Dr. Sarah SantoDomingo.

For more information, visit www.ChiroEco.com/southamericangames.

Source: Parker College of Chiropractic, www.parkercc.edu

Life West highest in alumni satisfaction

Life Chiropractic College West alumni continue for the third year in a row to honor their alma mater in an independent survey administered and tabulated annually by New York Chiropractic College (NYCC).

The analysis of the data demonstrates to Life West that they ranked number one. Respondents were chiropractors who graduated three, five, and seven years ago. They answered a detailed questionnaire covering 17 different issues regarding the quality of their education and satisfaction with their current profession.

Life West alumni ranked highest of all the participating colleges in the key areas of "satisfaction being a chiropractor" and with the "overall value of your education." Among the respondents from all the colleges, the Life West grads also expressed among the highest levels of "feelings of success," of being "prepared to effectively use techniques and treatments," and of being "prepared to manage patient care."

To read more about this survey, visit www.ChiroEco.com/lifewestalumni.

Source: Life Chiropractic College West, www.lifewest.edu

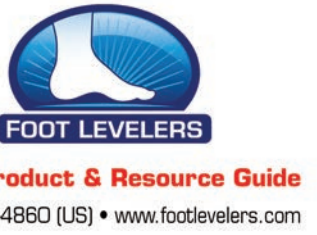
Life University places third in rugby championship

Life University reached the final four of the Division 1 Men's Rugby Championship. After losing by three points in the semifinals to eventual national champions, Las Vegas, Life University regrouped and dominated Palmer College of Chiropractic 61-17 in the consolation game.

The Life University Men's Rugby team finished the season with a record of 20-1, with the only loss coming in the national semifinals. Having recently been voted Rugby Club of the Year, by *Rugby Magazine*, Life University continues to be the class of college rugby, boasting two elite rugby teams in SuperLeague and Division 1. CE

To read more, visit www.ChiroEco.com/rugby.

Source: Life University, www.life.edu



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A proven solution

How laser therapy can be used for the treatment of myofascial trigger points

BY PHIL HARRINGTON, DC, CMLSO

MYOFASCIAL PAIN SYNDROME IS AMONG THE LEADING DIAGNOSES OF PAIN MANAGEMENT SPECIALISTS[1] and is certainly a common complaint among patients seeking chiropractic care.

The role of myofascial trigger points (MTrPs) in myofascial pain syndrome (MPS) is noticed every day in musculoskeletal clinical practice since first being identified by Travell and Rinzler in 1952.[2]

It could be argued that MTrPs identification and treatment have been a part of chiropractic practice from the very beginning.

Travell defines MTrPs as, "A hyperirritable spot in skeletal muscle that is associated with a hypersensitive nodule in a taut band. The spot is painful on compression and can give rise to characteristic referred pain, referred tenderness, motor dysfunction, and autonomic phenomena."[3]

Trigger points can be subdivided into "active" (those that refer pain at rest, during muscular activity, and upon palpation) and "latent" (those that only refer pain with the application of direct steady pressure). MTrPs can arise in any muscle group, but are more common in postural muscles such as the levator scapulae, upper trapezius, and quadratus lumborum.[4]

Patients with active trigger points frequently complain of widespread pain, which results in reduced active range of motion. Joint swelling and neurological deficits are typically absent upon examination, and the pain from MTrPs does not follow a dermatomal or neurologic pattern.[5]

Postural stress, inefficient biomechanics, and repetitive use are frequently implicated among the many factors that could be causing MPS. Gunn describes chronic muscle shortening as a key to MPS.[6]

Through the years, treatment for MTrPs has included cross-friction massage, spray and stretch, trigger point injection, dry needling, electrical muscle stimulation, and ultrasound, to name a few. Recent research is pointing to the efficacy of using therapeutic lasers to address MTrPs and MPS.

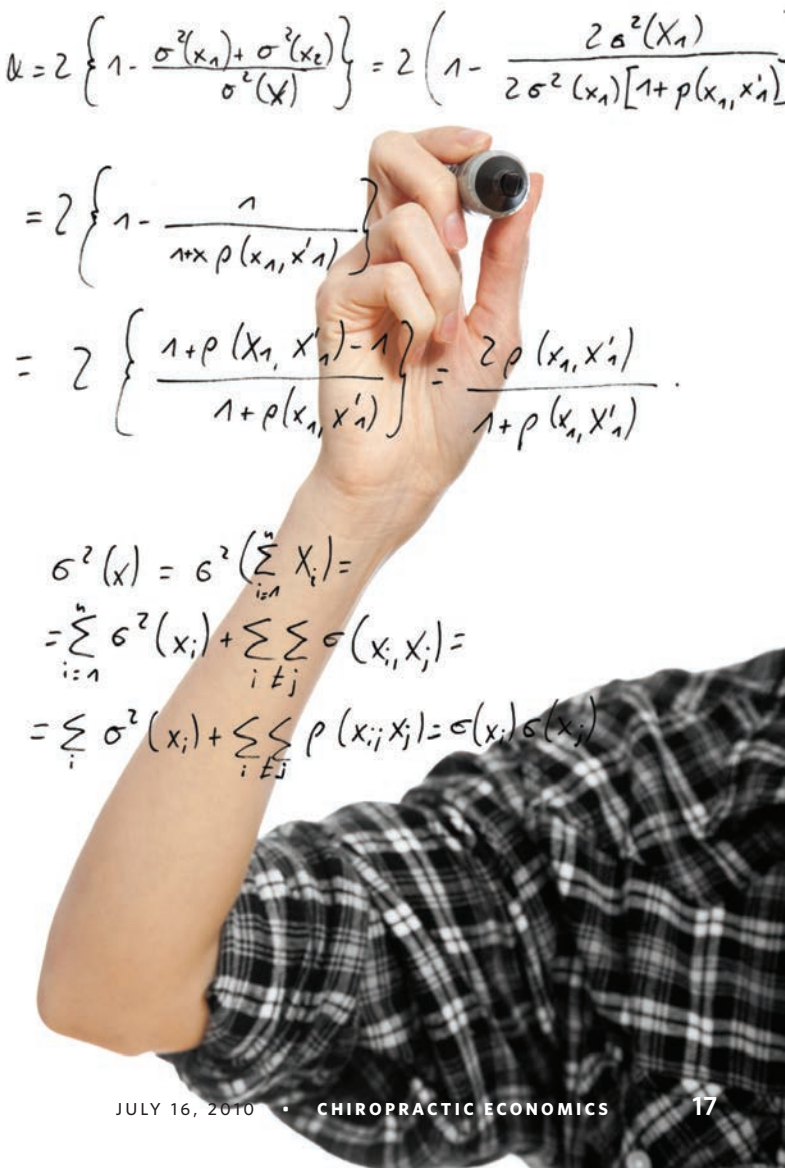
Waves and classifications

Therapy lasers of various wavelengths have shown promise in treating MTrPs, improving local microcirculation and oxygen supply to hypoxic cells in the trigger point areas while also removing the collected waste products.[7]

Normalization of microcirculation interrupts the pain cycle and allows for restored pain-free range of motion. Gunn points out that infrared lasers (wavelength greater than 750nm) are suitable for deeper lesions.[8]

Lasers are classified according to the degree of hazard to the eye by the American National Standards Institute, with the classification number increasing with output wattage.[9] Therapy lasers can be class 2, 3a, 3b, or 4, with 500 milliwatts being the cutoff between the last two.

Trigger point treatment with lower powered therapy lasers (class 2, 3a, and some 3b) would involve holding the laser applicator directly over the lesion for a period of time until the therapeutic dosage is delivered; whereas treatment with a higher powered therapy laser (some class 3b and all class 4)



would involve sweeping the laser applicator over the area, delivering a therapeutic dosage to a large volume of tissue.

Tuner and Hode describe trigger point treatment with a lower powered laser as follows, "In the treatment of trigger points and acupuncture points, the dose is often said to be a number of Joules per 'point'…(w)e have defined a 'point' as an area that is 5 millimeters in diameter (equal to 0.2 square centimeters) or less.

"This means that if we hit the skin with the light concentrated to this small area and administer one Joule, we have given one Joule 'per point'…and the dose is 5 J/cm2."[10]

What is it good for?

Many chiropractors are employing class 4 therapy lasers in the treatment of MPS and other conditions.

Class 4 laser therapy is proven to improve healing in traumatized muscles[11] and has been shown to be a treatment option for patients with lumbar stenosis accompanied by low back and leg pain.[12]

Class 4 therapy lasers used in the U.S. have output power up to 12 Watts, and do not cause damage to tissues when applied appropriately.[13]

A 2002 study suggests that laser therapy is effective for treating pain, muscle spasm, and morning stiffness associated with fibromyalgia, and suggests that laser therapy method is a safe and effective treatment in the cases with fibromyalgia.[14]

Rickards in 2006 concluded that, "…there is significant evidence that laser therapy may be effective as a short-term intervention for reducing pain intensity in myofascial trigger point pain of the neck and upper back."

Rickards went on to point out there is insufficient data to provide evidence of transcutaneous electrical nerve stimulation beyond immediately after treatment; and that some evidence showing that therapeutic ultrasound was no more effective than placebo.[15]

The Council on Chiropractic Guidelines and Practice Parameters (CCGPP) in 2009 examined 112 articles for evidence in treating MTrPs.

It found strong evidence to support laser therapy; moderate support for transcutaneous electrical nerve stimulation, acupuncture, and magnet therapy; limited evidence for electrical muscle stimulation, high-voltage galvanic current, and interferential current; and weak evidence for ultrasound therapy.[16]

One study used a gallium-aluminum-arsenide (GaAlAs) diode laser to target cervical MTrPs, and found a statistically significant difference in pain attenuation between the treated and placebo groups, both immediately after treatment and three months later.[17]

Another examined 243 patients who were treated with Helium-Neon (HeNe), GaAlAs, and Gallium-Arsenide (GaAs) and concluded that laser therapy could be used as a

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stand-alone therapy, or as a supplementary treatment incorporated with other therapeutic procedures.[18]

In conclusion, laser therapy is proven to be a safe and effective treatment for MTrPs and is easily implemented into any chiropractic practice. Whether used as a stand-alone treatment or in combination with chiropractic techniques, laser therapy undoubtedly has a "bright" future. CE

PHIL HARRINGTON, DC, CMLSO, is manager of education and clinical support of K-LaserUSA. He can be reached at 866-595-7749 ext 104, pharrington@k-laserusa.com, or through www.k-laserusa.com.

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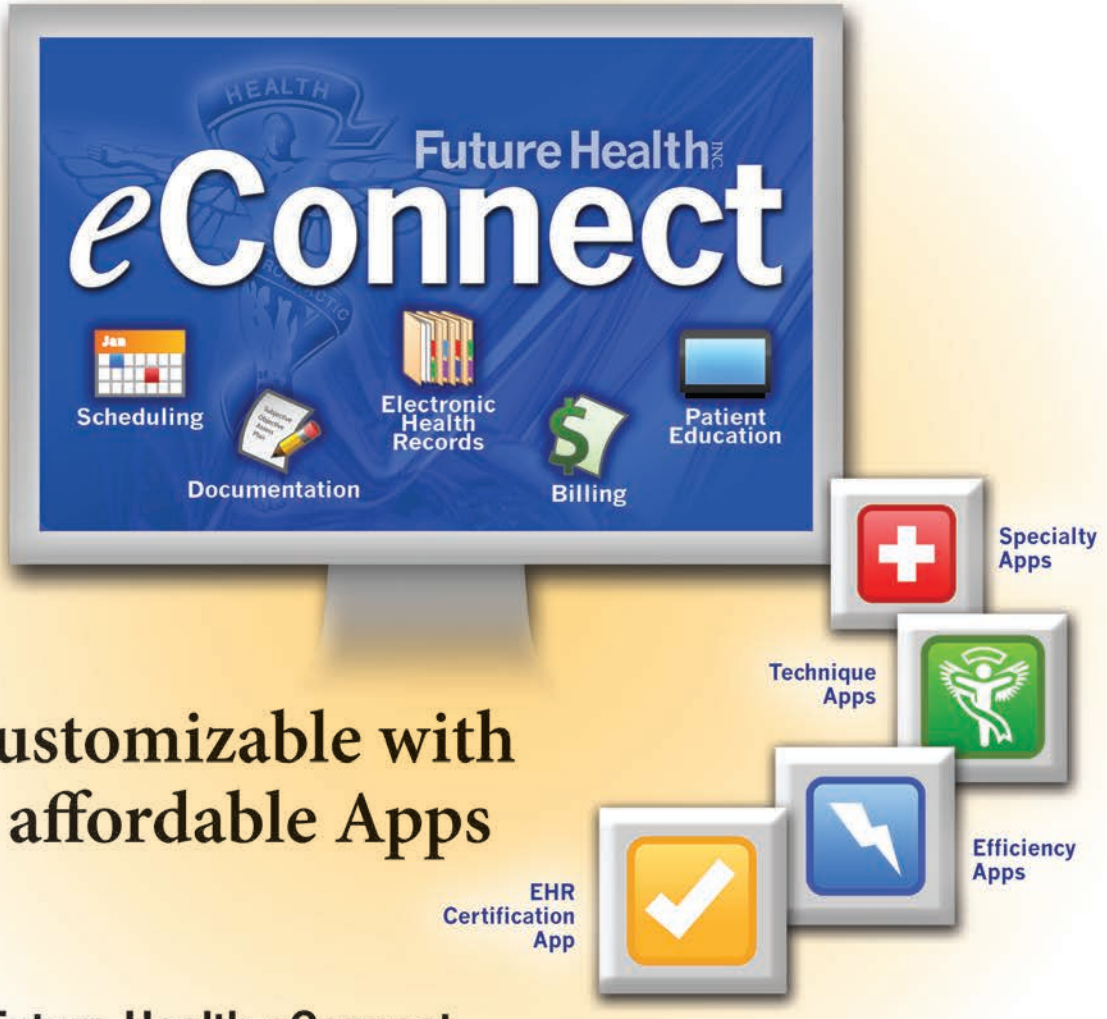

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Are you speaking their language?

Learn how to speak to skeptical parents about chiropractic for their child

BY LYNNE SULLIVAN, DC

MANY OF YOU HAVE MORE THAN LIKELY HAD EXPERIENCES WITH CHILDREN WHO NEED CHIROPRACTIC, but whose parent(s) "forbid" them from starting chiropractic care.

This can be frustrating because parents against chiropractic for their child may not have the proper chiropractic education or be open to getting information about the benefits of chiropractic care.

It can also be frustrating when one parent is for chiropractic but the other is not. There is often a power struggle between the parents, which results in the child staying subluxated and sick.

One thing you can do is educate the parent(s) so the child does not suffer.

6 suggestions for the situation

The following are six suggestions to help you deal with the above situation. Remember, however, you can't win them all.

1. Get them in to observe. There is a higher success rate when parents experience chiropractic care for children firsthand. Try to get the uncooperative parent(s) in your office to observe you adjusting other children. Many parents have little firsthand experience with chiropractic for children. For this reason, it is very important to get them to come into your office.

You may accomplish this if one parent is waiting in the car for the other parent's visit to conclude or if they are coming by to pay a bill. Entice them into your office briefly, and when they see you adjust other children, it should dispel many of the misconceptions they may have.

2. Provide success stories and pamphlets. Give patients pediatric success stories to bring home for other parents or friends to read. When they see the results, it may help shift their attitude slightly. You can also provide patients with children's pamphlets to read. Even if they don't read them, it doesn't hurt to try.

3. Offer articles and research. Many uncooperative parents may think the allopathic approach to wellness is the only way for their family. There are, however, many articles out there that show antibiotics and Ritalin as being ineffective and harmful to children.

There are many other ways to shake the foundation of their medical beliefs that will open them up to the chiropractic approach. You must use the most-respected scientific references and logic to prove your point.

4. Teach and educate. Teach and educate the parent who supports their child's care. Pick carefully which issues or points are the most important, so they can bring them up to their spouse.

Teach them not to be argumentative and to ask open-ended questions, which will shed light on the flaws in

their spouse's thinking process.

Many times, asking questions will reveal to the skeptic that they do not have all the answers and they will be more open-minded.

5. Pick up the phone. Call the uncooperative parent and answer some of his or her questions to help put him or her at ease. Start by discussing how you determine if there is a problem in the child's spine.

You can also have, with permission, one of your patients call the parent and talk "parent to parent."

6. Send home a video. Have them watch a video, such as "The World's Greatest You," which features Gold Medalist Dan O'Brien — who's known as the "world's greatest athlete" — discussing how chiropractic has helped him. The video also features children testimonials.

These ideas should give you more options to help families work together for the benefit of the child.

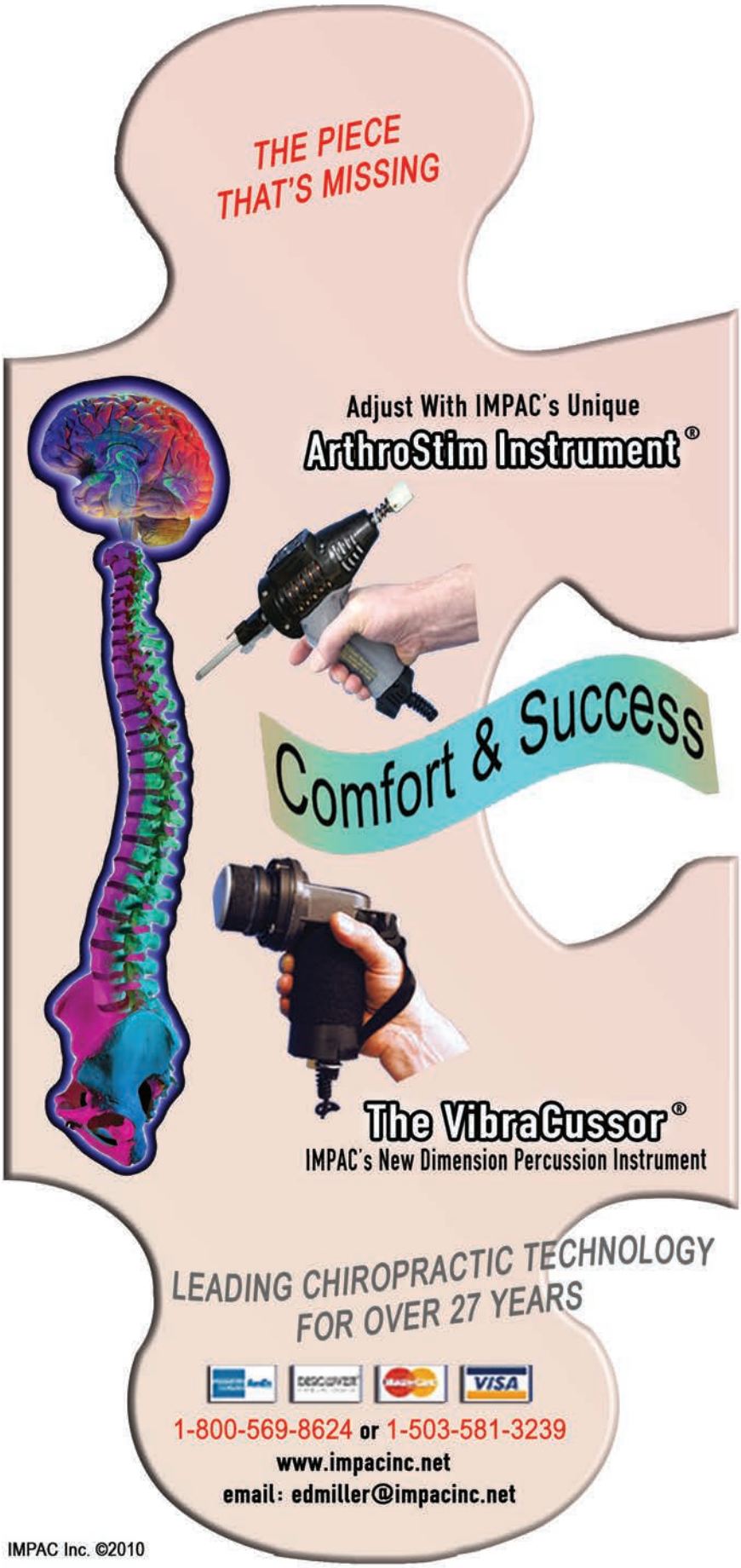
If you have situations with one, or both, of the parents, remember that your sincerity, passion, and commitment to help children will go a long way. If you keep the child's best interest at heart, you will be able to help more children. Sometimes you have to be persistent in a loving way.

Try holding a seminar on how to raise healthy children. Invite your patients and everyone in your community and send a press release to local news outlets. This can be an effective way to educate.

As a profession, we can help more kids grow up healthy and not rely on drugs. CE

LYNNE SULLIVAN, DC, ran a high-volume, family/wellness practice for more than 21 years. She now works as a practice coach with APB. She can be reached at 925-487-4070 or through www.drsully.com.

To read a sample letter you can send to parents skeptical about chiropractic, visit www.ChiroEco.com/pediatric.



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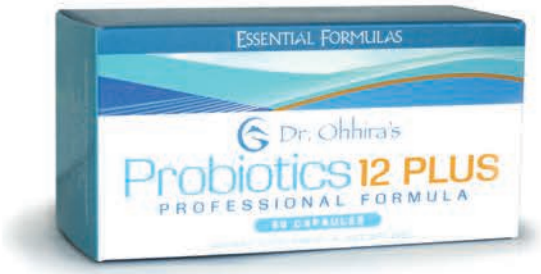

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Straight shootin'

How to determine whether you need a compliance consultant or not, and what to look for if you do

BY TED A. ARKFELD, DC, MS, CICE, CPC

MANY TYPES OF CONSULTANTS ARE AVAILABLE TO THE CHIROPRACTIC PROFESSION — practice management, financial, and compliance consultants to name just a few.

But how can you determine whether or not you need to hire a consultant, or a compliance consultant specifically?

To begin, honestly answer the following questions:

1. Does your office currently have a compliance officer who is constantly keeping abreast of the changing rules and regulations of healthcare? Does your compliance officer periodically hold training sessions for you and the staff?

2. Does your office have a certified coder in your insurance department?

3. Does your office run between 98 percent to 100 percent error free in insurance claims submissions? In other words, minimal, if no, claims rejections or denials for reimbursements from insurance companies?

4. Does your office fully understand the requirements of each evaluation and management code for new and established patient visits?

5. Does your office know the difference between a new and established patient?

6. Does your office have a complete understanding of what a five-level chiropractic manipulation treatment really entails (98942 CMT)?

7. Does your office understand what constitutes downcoding and upcoding, and how it can create a negative profile and loss of revenue?

8. Does your office prescribe massage therapy and active rehabilitation? Does your office understand what a timed-based code actually means?

9. Does your office understand the difference between maintenance and active care?

10. Does your office know that offering free exams or enticements to attract new patients is abusive and can lead to large fines?

11. Does your office know what profiling is and how it can work for or against you?

12. Does your office know how to work within the medical necessity definitions of Medicare and other third-party payers and still keep your chiropractic philosophy?

13. Would your case files and documentation validate your prescribed treatment for patients?

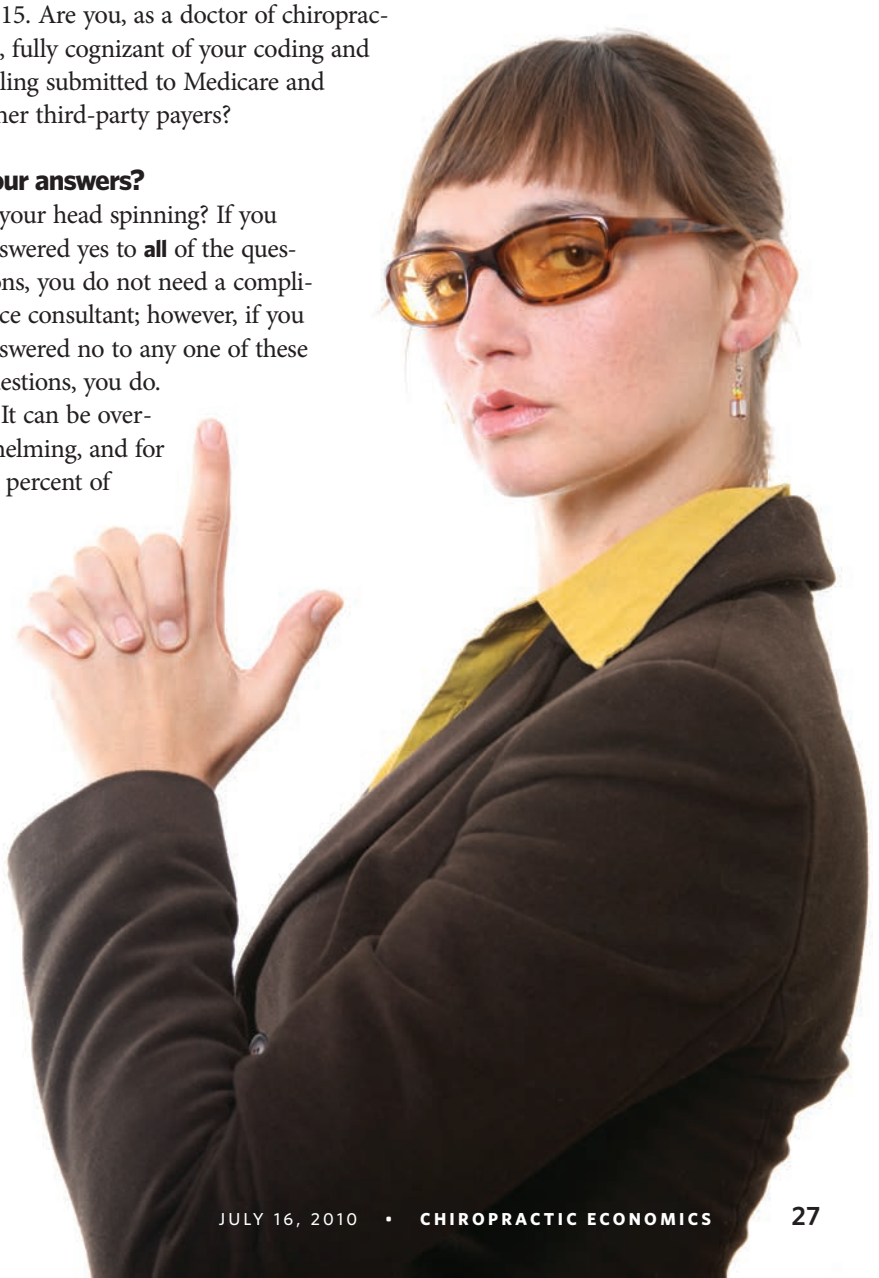
14. Does your office understand what a care plan really is and how it is a requirement for Medicare and all other third-party payers?

15. Are you, as a doctor of chiropractic, fully cognizant of your coding and billing submitted to Medicare and other third-party payers?

Your answers?

Is your head spinning? If you answered yes to **all** of the questions, you do not need a compliance consultant; however, if you answered no to any one of these questions, you do.

It can be overwhelming, and for 95 percent of



chiropractic offices nationwide the above questions cannot be answered with a yes.

An instructor at Northwestern College of Chiropractic (NWCC) once stated, "If you don't look for it, you will never find it."

Many doctors are not taught billing and coding to any great degree in chiropractic college; however, because your name is on the CMS claim form in box 32, you have a duty to ensure all coding and billing are accurate to Medicare and all other third-party payers.

"How can they expect me to do all of this?"

A doctor at a seminar on compliance a few months ago made this statement. He became very upset and voiced his displeasure and frustration on how he was supposed to treat patients, run a small business, and keep current on all compliance related matters.

The simple reply, "Hire a compliance consultant."

Many of you may be thinking you can't afford one because you are already struggling to meet the overhead in this down economy and here you are reading you must hire a compliance consultant.

Some of you may even be thinking, "What is this thing called compliance?" or "I already have a HIPAA manual in my office, I don't need a compliance consultant."

Compliance means doing it right

Dr. Bryant Goldmon, who is a compliance consultant, eloquently states, "Compliance is doing the right thing every time."

What does doing the right thing every time equate to for your office?

One of the main benefits is increased revenues. Retaining a compliance consultant will allow you and your staff to be educated in the rules of insurance reimbursement. This provides you the knowledge of how to correctly code and bill for the services performed, which really means you get paid for the work you do.

So now that this "compliance stuff" is starting to look better and better, you are probably now wondering, "Where do I sign up?" Not so fast, as with any consultant, experience and credentials are a must.

Incorrect information being taught

Over the past three years, compliance consulting has grown due to the ever-rising number of post-payment audits sweeping across the country. New consultants are popping up everywhere, but buyers beware.

Some of these consultants are the same doctors who have been through audits, had to pay money back, and

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now feel they know everything regarding Medicare and post-payment audits.

Going through an audit is an educational experience, but it does not necessarily equate into genuine proficiency in compliance. Unless the consultant has the following credentials or work experience, the information they are teaching is questionable.

This may sound somewhat harsh, but incorrect coding and billing advice being taught can be even harsher.

Credentials, credentials, credentials

The consultant must have credentials that demonstrate he or she is serious about compliance. A compliance consultant should have at least one of the following certifications:

- CPC — Certified Professional Coder
- CPMA — Certified Professional Medical Auditor
- CICE — Certified Independent Chiropractic Examiner

In the absence of the above credentials, the consultant should have work experience in the area of compliance.

- Worked on a state or national level lecturing and consulting on compliance.
- Wrote compliance programs for chiropractic colleges and or insurance companies.
- Authored publications or books on coding, billing, and documentation.

Anything less than the above recommended credentials will have your practice playing Russian roulette with Medicare and other third-party payers due to questionable advice from an uncredentialed consultant.

Check out the potential consultant's educational background and the source(s) of information being taught. If they are not citing the Medicare Manual for Chiropractic or the 2010 ChiroCode Deskbook, run away as fast as you can.

Time is of the essence

The time has come for all chiropractic offices to adopt a compliance program in order to ensure correct coding, billing, and documentation policies. This process begins with retaining the services of a well-educated and credentialed compliance consultant.

Outside the investment in your chiropractic education, this will be the wisest decision and will provide an excellent return on monies spent. Stop stressing out about new patients or patient visits and start getting paid for the work you perform. Hire a compliance consultant today. CE

TED A. ARKFELD, DC, MS, CICE, CPC, is the president of Advanced Compliance Technologies PLLC, a consulting firm specializing in compliance programs, billing and coding, and proper documentation. He is also a Certified Professional Coder (CPC) through the American Academy of Professional Coders. He can reached at tarkfeld@arkfeldcompliance.com or through www.arkfeldcompliance.com.

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Kick-start your marketing

A successful startup practice requires successful marketing strategies

BY MARC SENCER, MD

FOR THE OWNER OF A NEW STARTUP PRACTICE, IT CAN SEEM LIKE A DAUNTING TASK to get from your practice vision to a practice that is actually up and running.

Many of the things that need to be done, however, can actually be divided into three main areas:

1. The practice must have patients to see,
2. The practice must be physically ready to treat patients, and
3. The practice must be able to be reimbursed for its services.

The first question you must be able to answer when opening a brand new practice is: "Who will be my patients, and where will they come from?"

Do not make a huge investment in time and money if you do not have a clear answer to this key question. Do not make the mistake of thinking that just because you are open, patients will stop by.

Your goal should be to have patients scheduled on the first day you are open for business and to continue to have patients scheduled each day after.

In order to accomplish this, you will need to begin your marketing in advance of opening day and have a well-thought-out plan with a marketing budget.

Some very successful doctors began their practice during their last year in school — setting up their offices, hiring staff, and beginning their network marketing. Of course, most doctors are not able to do this.

Often, school won't be near where you plan to practice, which makes networking for referral sources while still in school almost impossible.

Marketing your new practice

Decide who your target patients will be and where the reimbursement for treating them will come from. Will they be personal injury patients, private insurance patients, or cash patients?

What conditions will you treat? Will you focus on one group such as disc problems, pediatrics, or senior care? Or will you have a diverse practice in the beginning and see which, if any, group dominates?

This is important because your marketing efforts will convey your practice identity and vision to the general public and your potential referrers, and will be targeted to the specific patient groups you want to see.

Make sure you've done your homework in choosing a location and creating the physical plant for your practice.

Start talking to family and friends about your practice and begin meeting with potential referral sources. You should have a practice brochure to leave, which references your website and invites the reader to visit.

Get your website up and begin making announcements about the opening. Try to get good rankings on search engines before you are even open. If you are not Web-savvy, hire someone to help you.

As opening day gets closer, create excitement with direct response offers. Do direct mailings to your target groups offering something of value. Put these offers on your website and consider doing newspaper ads.

Avoid ads that simply announce you're opening your new practice — patients almost never respond to these announcements.

Instead, include your direct-response offer. Be prepared to repeat newspaper ads for at least two or three months.

You should also try to get a listing in the Yellow Pages, if the timing of your opening allows it. Consider, however, that the Yellow Pages has been increasingly dwarfed in importance by the Internet, so don't spend a lot and don't worry if you miss the book deadline.

About two weeks before your opening, try to meet again with all of your

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potential referral sources. Have your receptionist on board and begin coming to work several weeks before you have your first patient scheduled.

This way, you can meet with and show the office to potential referrers and also vendors who may be helpful in getting the practice off the ground.

Vendors can be a great help to you in the beginning. They typically know all of the players in your arena and can orient you to the local politics. They can also make connections for you.

Remember, they want you to succeed, so you will become a great customer and referral source for them. Privately owned MRI facilities can be especially helpful. Contact all in your area and arrange to meet with them.

Begin scheduling appointments at least two weeks prior to opening, and schedule them in clusters so the office appears busier that it really may be. There is nothing like a full waiting room to generate excitement among patients, staff, and yourself.

Conversely, an empty office is depressing, and makes patients wonder if they are in the right place.

Remember, starting a new practice is a huge undertaking. It should not be contemplated if you don't have a clear plan for getting enough patients to make it a viable business.

MARC H. SENCER, MD, is the president of MDs for DCs, which provides intensive one-on-one training, medical staffing, and ongoing practice management support to chiropractic integrated practices. He can be reached at 800-916-1462 or through www.mdsfordcs.com.

Test yourself

Test your knowledge about marketing a startup practice with this true or false quiz.

- ❑ 1. It is ridiculous to think you can start your first practice while in your last year of training.
- ❑ 2. When starting out, patients should be spread throughout the daily schedule.
- ❑ 3. Vendors are a good source of information about the local scene in your practice arena.
- ❑ 4. Getting a Yellow Page listing is no longer essential for starting a new practice.

Answers:

Nos. 3 and 4 are true.

Nos. 1 and 2 are false. If your school is in the location where you will practice, you can begin networking and setting up your practice while still in your last year. Patients should be booked in clusters so the office appears busy, not spread throughout the day.

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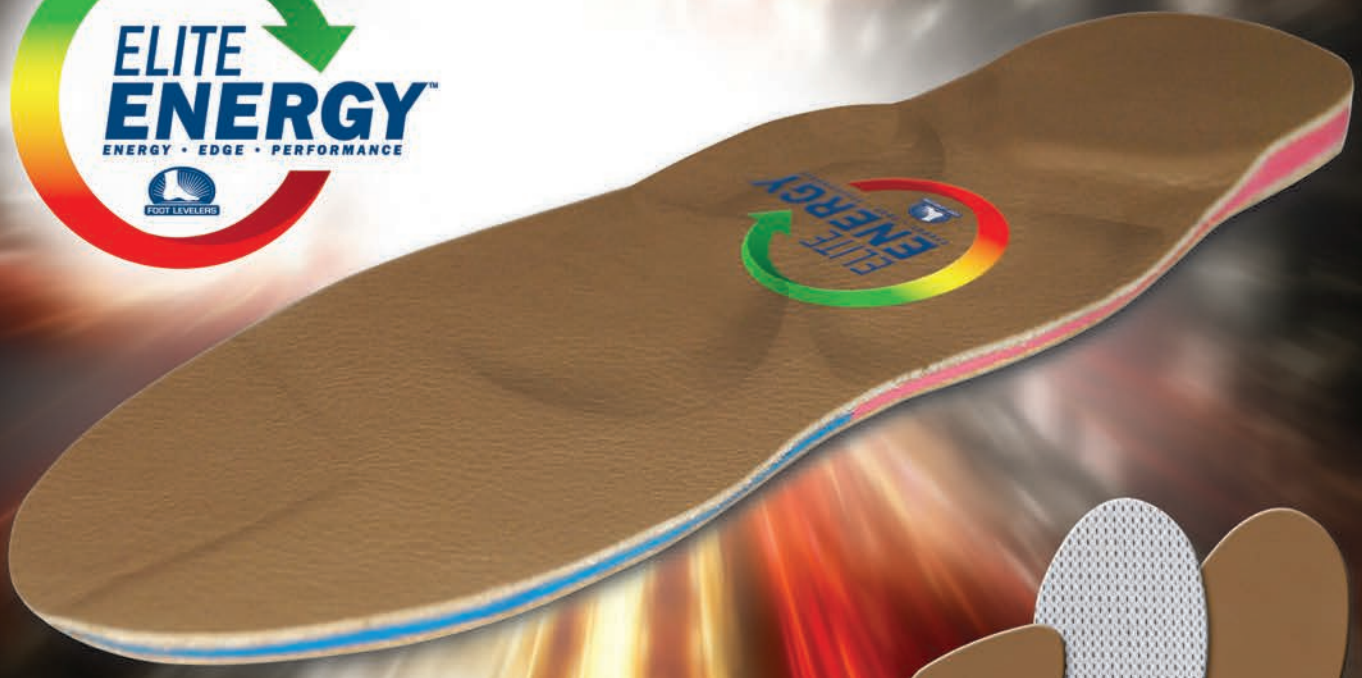

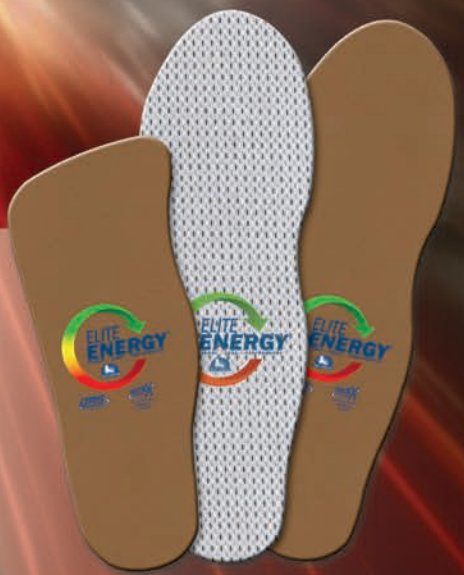

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Follow that leader!

Learning to lead intentionally can make you a better business owner and a more valuable asset to your employees.

BY MONICA WOFFORD, CSP

YOU HAVE THE CORNER OFFICE, THE FANCY BUSINESS CARDS, AND THE OUTWARD RESPECT of all those who now realize you command the future of their paycheck as the owner of your own practice.

This is it! You've made it. That euphoric feeling will last for about … hang on … OK … and now it's done.

The reality is you are a leader, with or without that title and office. Leadership is something you have to earn.

Management is a title you can give yourself when you own the business. National studies report that only 24 percent of the population of middle managers actually shows a well-developed set of leadership traits, yet 83 percent of those same managers see themselves as having well-developed skills.

That means the way you see your management style isn't necessarily reality. You may have "arrived" and those folks who report to you know you are in charge; however, the way they see your management style may be quite different.

If that is the case, how do you improve as a manager — or better yet, become a more effective leader?

Leadership takes work

Just like any relationship takes work, so too does leadership. You don't get married and let the relationship take care of itself, do you?

A bigger title on your business card doesn't mean all the work is over. In fact, the work has just begun. Employees won't trust you just because you tell them to, and they won't respect you because you say they should or you put it on a performance appraisal.

Employees won't believe you care because you say you do every once in a while.

You have to earn these rights, and that garnering of the corner office is not the sum total of the work it takes.

What work is involved?

It isn't as difficult as it sounds to be a leader. Here is the secret: No matter what anyone tells you, you **are** a leader of the voices in your head, the actions you take, and the perceptions and beliefs you hold to be true.

If you wish to lead other people, one piece of the work will entail honoring and understanding those very same things in all the other people you lead.

It is an intentional decision to see the people you lead as

equally valuable contributing parties to the work you will be responsible for completing.

1. Value and honor the contributions of those you work with. Each person you lead has experiences, backgrounds, beliefs, perceptions, and skills that got them where they are.

Ignoring those would be fatal to your team's unity. Teamwork only happens when each member of the team feels valued, special, and involved. This isn't about you telling them you value their work and then fixing it behind their back.

If you are staying late at the office to put the filing back the way you want it or to sort out an insurance billing mess, then you are not leading — you are managing to pay people who are not helping you build your business.

Leadership is about showing each team member you value their judgment, efforts, and work. If it isn't exactly the product you asked for, then that leads to step two.

2. Shift the focus of your role to the development of others. One of the greatest challenges of middle management is figuring out exactly what their priority is. Some say it's the work they do, while others believe it to be the people they lead.

Some say priorities change depending on the day, or rather, the fire drill or patient load of the moment. No matter what, the priority of management may shift, but the priority

of a true leader is the development of those they lead.

The greatest leaders practice the skills of empathy, listening, and flexibility to allow others to grow and make mistakes that allow them to learn. Yet, in these same national studies mentioned earlier, only 5 percent of the respondents have well-developed skills in this area. A full 95 percent of middle managers show a need for training in empathy, listening skills, and flexibility.

Does that mean 95 percent of managers really do subscribe to the "my way or the highway" philosophy? This will not win you the "best leader" award, much less the respect from others or the pride of ownership from your team members. If it is your project or your way, what are they to have pride in?

3. Ask those you lead for help and have enough self-esteem to accept it. Those you lead may have an answer you have been trying to figure out. Don't let an overinflated ego over office space and position status get in your way of allowing team members to play an active role in the work they are producing.

Ask them to help you and bring them along. Deny their help and you clearly demonstrate a belief that they couldn't help, shouldn't help, or aren't "special enough" to help. If that is what you believe, perhaps it is you who will benefit from a deeper belief that you are "special enough" to let others contribute.

It shouldn't take away from your status unless you let it and, in fact, the combined efforts of you and those around you should elevate the entire team and the entire project. This is neither the time, nor the place for, "I am doctor, hear me roar." What would be more appropriate in this effort is, "I am doctor, how can I help?"

Leadership is an intentional practice, a conscious decision. It is the way in which we believe all leaders practiced their leadership skills, or at least that is what employees tell us.

What, you weren't born with leadership traits? Welcome to the rest of the 76 percent of middle management who would benefit from more training in the most common leadership traits.

You were born a leader of you. To be a leader of others requires intentional practice of new skills. When will you begin to lead intentionally? CE

MONICA WOFFORD, CSP, is the CEO of Contagious Companies Inc., an Orlando-based training and consulting firm. Her 20 years of leadership experience makes her a highly sought after coach, consultant, speaker, and trainer. She can be reached at 866-382-0121 or through www.contagiouschiropractic.com or www.contagiouscomapnies.com.

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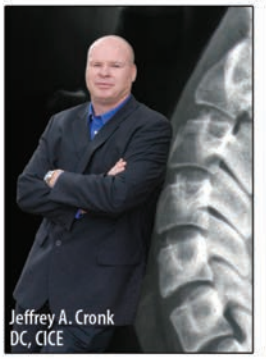

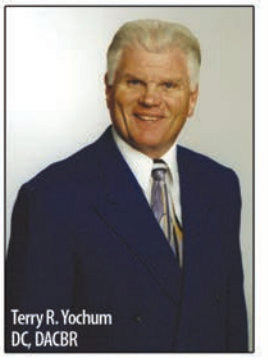

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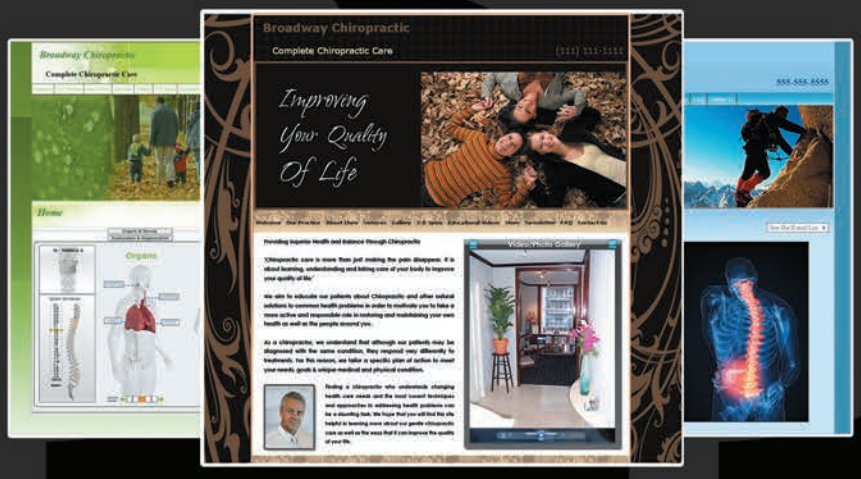

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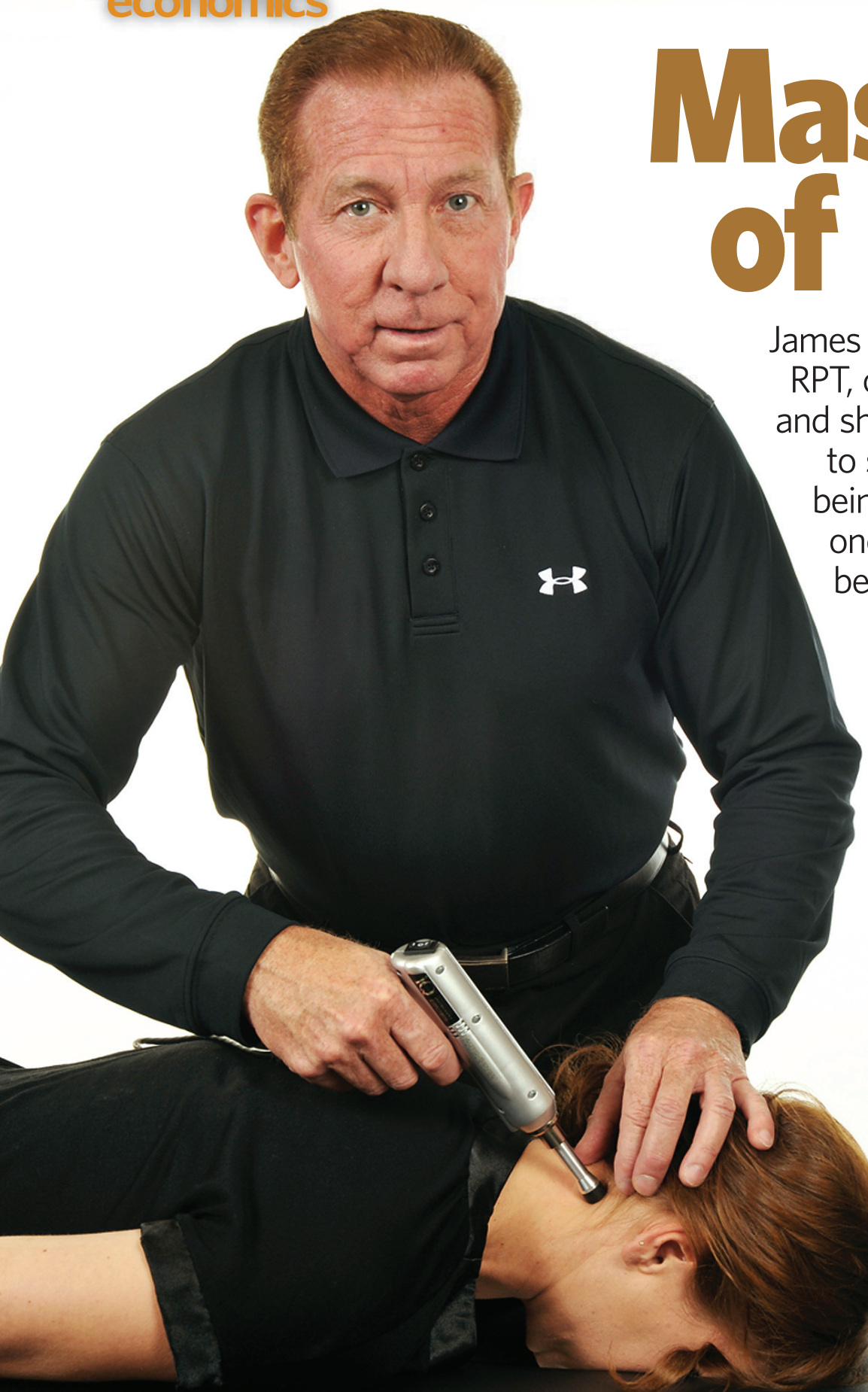
Master of one

James W. Gudgel, DC, RPT, offers his advice and shares his secrets to success on how being the master of one technique can be the best policy.

BY WENDY BAUTISTA



For nearly three decades, James W. Gudgel, DC, RPT, has held the same idea for his practice: Learn one technique extremely well — become a master of one — rather than a jack of trade of several.

"By learning one technique extremely well and focusing on that, and knowing that you know it, you can then deliver the adjustment with confidence — and your patient will also know you found it, you fixed it, and it's time to go on," says Gudgel. "And that's the way it's always been in this office."

His clinic, which sees 500 patients a week, was always, and still is, a high-volume clinic offering instrument adjusting only — no modalities. He attended one Activator Methods course in 1980 while attending Logan College of Chiropractic and was hooked on instrument adjusting — eventually teaching Activator Methods along with physical therapy at Logan until he graduated in 1982.

Upon graduation, he accepted an offer to become the clinic director of the Lee-Fuhr Chiropractic Clinic in Redwood Falls, Minn. — the birthplace of Activator Methods.

He began as the director in January 1983 and, today, still practices in the same building, but changed the name when he bought the practice in the early '90s. He instructed for Activator Methods all over the United States, Canada, and Australia until 2005, when he began teaching for Neuromechanical Innovations in 2006 — where he is currently the lead technique instructor.

While he also holds a B.S. in physical therapy from the University of Oklahoma and practiced physical therapy until 1979, he currently only uses that knowledge to provide specialized exercises to certain patients for their specific condition.

"As a physical therapist, I do instruct patients in the one or two most important rehab exercises for their condition," says Gudgel. "I have found, and the literature agrees, that most patients will not do the rehab exercises if they are given too many exercises or exercises that require assistance or external devices or machines. Therefore, I keep it simple and 'do-able.'"

Do what you do best

His practice philosophy is to administer the best spinal and extremity instrument adjustments possible, supplement with appropriate exercise if indicated, and let the body heal itself. An average treatment session in his practice is less than five minutes, usually around three minutes, which allows them to be able to see a large volume of patients each week.

"I believe too many of today's chiropractors spend way too much time in the treatment room. Part of this is their uncertainty of when an adjustment is 'done.' They feel the need to do more to the patient," says Gudgel.

"Further, much of what they do above and beyond the adjustment is never charged for. Many chiropractors are struggling because they cannot reduce their treatment time enough to see the volume that must be seen to make a decent profit."

In his many years of teaching instrument adjusting, Gudgel says a lot of what he's seen when doctors attend the classes is they're confused. "They get to the table during the practical session and when I show them what we are teaching, they ask, 'what about this, and what about that,'" continues Gudgel. "What I garner from this is they are throwing

Family-run operation

James W. Gudgel, DC, RPT, married his wife, Kathryn, in 1967, and together they have two children and now four grandchildren. Both children went on to become chiropractors, but his daughter is currently a stay-at-home mom who keeps her license current. His son, Wayne, works with him in the clinic.

Gudgel's wife is the office manager and gets to travel with him when he teaches because she runs the registration tables.

The rest of the staff is like family. His associate, Clark Phillips, DC, has been at the practice for about as long as he has. He also has one full-time insurance CA and three part-time front-desk CAs — with very little to almost no turnover.

He believes if it's a "family-run" operation you have better control of the staff and your finances because embezzlement is another problem that happens when you hire employees that maybe aren't attached to you.

"Granted, there are other problems, of course, with having family in the office, but if you can get it to work, it's a good deal," says Gudgel. "Then everyone knows what's going on and there's people double-checking here and there, so it reduces fraud and embezzlement and everybody's on the same page."

Because they want to be available to the patients, they try to make themselves very accessible. The practice is open six days a week, Monday through Saturday. It sees about 500 patients a week, with Saturday mornings seeing about 70 to 80. They are open 8 a.m. to 8 p.m. Monday through Friday and from 9 a.m. to noon on Saturday.

They pride themselves on being very accessible with their hours and very quick. "You can call from your car to say you are on your way, and we will get you in because our procedures are so proficient," says Gudgel.

in a basketful of different procedures and that, of course, increases the amount of time in the treatment room, but in essence what they are saying is they're not sure they are done."

But Gudgel feels that once you found the area on the patient that needs to be adjusted and you've done your adjustment, what more is there to do?

One main point he tries to make is there are essentially three codes primarily that chiropractors get paid on, which are based on regions of the body, not time.

"So I tell them if I can see a person in three minutes and accomplish what I'm after with an instrument adjustment and it takes you 20 minutes with a manual adjustment, who's going to see more people in an hour, in a week, in a month, and who's liable to make more income, employ more people, pay the bills, improve the building, and reach more people?"

He says often times attendees will still ask about increasing treatment time and he has to go back to the original thing: Learn one technique only. He brings up examples of the original masters of the profession such as Gonstead, where they did one thing and one thing exceedingly well. They didn't dabble with four or five other things.

Working for you and your practice

Gudgel says one of the biggest reasons most people don't go to chiropractors is because they're scared. But with instrument adjusting, the patient lies prone, doesn't move, and the adjustment is administered in a neutral posture with a very relative light force — therefore it opens up the range of patients you can treat.

Not only does instrument adjusting increase the range of people you can see, but it tends to bring in cases that may be a little bit more difficult for the average chiropractor because some people cannot withstand the higher velocity, higher force procedure — either they're too sore, too old, or too scared.

"I have performed an instrument adjustment because of the low-force nature of the adjustment on a one-day-old baby on the way home from the hospital to a 105-year-old geriatric patient with osteoporosis that most manual adjusters wouldn't touch for fear of fracturing her bones," says Gudgel.

He says instrument adjusting has also helped him treat patients with extremity issues, as most patients have at least one extremity problem. He has had patients walk in with heel pain not knowing if they were in the right place and he has been able to help, tying it in to then treat their whole spine along with the mechanics of their pelvis, back, and heel.

And extremity issues are not just with the patients. When he teaches, Gudgel says there are many chiropractors who now have a back problem or a shoulder problem and can't do what they used to do, so they're there to learn a new technique that is easier on them, which instrument adjusting is.

Gudgel says instrument adjusting can also extend your longevity and it doesn't drain you. "At 8 a.m. when I apply an adjustment with the instrument and again at 8 p.m., it's the same quality because the instrument doesn't get tired," he says.

"Whereas at 8 a.m. if you're a manual adjuster, you might be a little more tired by 5 p.m. and the quality of your treatment might not be quite as good because fatigue sets in," says Gudgel. "But with the instrument, you get the same quality all the time. It's

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comfortable and it's effective and I can treat people in all stages of their condition when other types of techniques might not be able to because the patient can't tolerate it."

Gudgel says another way instrument adjusting can help your practice is to have everyone on the same page. His philosophy is that the patient lying prone on the treatment table should not be able to tell which doctor is treating them because they all do the exact same thing. He says the goal is for that patient on that table to not be able to tell who's treating him or her; it should be the same analysis and the same application.

"I have two associates, my son Wayne Gudgel, DC, and Clark Phillips, DC. We all three do exactly the same procedures. None of us performs any type of chiropractic adjustments other than instrument adjusting."

He says this way a patient will still come in for care even if his or her primary doctor is out of the office. "If you are an owner and are going to hire an associate, train them to do what you do best so it's a duplicate or shadow of you. That is our philosophy here — the exact same procedure and nothing different."

Parting advice

When asked for any parting advice, Gudgel offers, "Don't go in to big debt. Just do what you do best as a chiropractor, and that's adjusting. Get started, get a name for yourself as to what you do, and then when you start to succeed and make money and you want to add some ancillary things, that's fine — just make sure they don't interfere with your number one job, which is administering a good chiropractic adjustment."

He truly believes in learning something and learning it well, and focusing on that patient in that room. He recommends, "Don't get distracted by talking about current events or whatnot. Teach them as you are treating them, and then their mind is so occupied by what you are saying and what you're doing, they don't equate the time or the length of the treatment with the quality of the treatment.

"Some people think if you don't spend enough time with them you didn't do a good job — and that's not good," says Gudgel. "People's time is short and they all want it quick — they want it now and they want good service in a short amount of time. So I encourage them to learn how to process patients quickly and to keep that flow going." CE

WENDY BAUTISTA is editor of *Chiropractic Economics*. She can be reached at 904-567-1539, wbautista@chiroeco.com, or through www.ChiroEco.com.

If you would like to attend one of Dr. Gudgel's training seminars, contact Neuromechanical Innovations at 888-294-4750 or through www.neuromechanical.com.

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Going for the win

A message to new practitioners with advice to ensure a successful future

BY ED SHARP

CONGRATULATIONS, YOU MADE IT OUT OF COLLEGE AND ARE NOW LICENSED! Now the real work begins.

To be successful in practice you must meld both the philosophical principles you now have with business principles. This means you have to look at how you want to treat and care for your patients and how to be successful at it.

The best, most caring doctors can go hungry, while some of the worst have full clinics. Why is this so? Because the successful ones have good communication skills and are determined to get there.

They get trained on any areas they are lacking, as well as on how to run a successful practice — and then they push hard to get there.

You can run

First, you have to decide what type of practice you want. Do you want your patients to receive only pain relief care? Or do you want them to get through the correction phase of care? There is wellness care, too. Do you want just a cash practice or will you take insurance?

Then you have to decide if you really want it. Having the right attitude is a major part of the battle. If you think that "if you build it, they will come" is true — it isn't. It just doesn't work that way.

Next, set your goals. How many visits do you want per week and how many new patients will be needed to accomplish that? What insurances will you need to be on? What will your charges be? What services will you offer and how many staff members will you need?

Get a full written picture of what you want and plan how you will get each area done.

Success skills

No matter which type of practice you choose, you have to have the business techniques (effective report of findings, marketing, etc.) to fulfill those dreams and desires. This is where "the kettle meets the fire."

Do you remember what was taught in business 101? Probably not. After all, you did not get business schooling with your degree, so now is the time to get it.

Your next level of skill must be in how to successfully run your practice. This is vital! You must learn an effective report of findings based on your philosophy, how to market to get the type of patient you want, and how to hire and direct staff, billing, finance, and statistical management.

These areas will make or break you. If you are not ready to take on management skills quickly, try being an associate in a very successful doctor's office that practices along the line of your philosophic ideas. Learn as much as you can and be eager to learn.

The idea here is that the owning doctor should be willing to take you under his or her wing and teach you the business. Get a pay system that gives you bonuses for being productive. But do remember that the office has overhead to meet, too.

Be willing for the owning doctor to

make money off of your efforts. That is part of the exchange for teaching you. You will more than likely be expected to sign a noncompete clause.

If you do not have a desire to own your own practice and aren't willing to learn how to run a successful clinic, the chances of failure are very high. Unfortunately, being a good doctor does not mean you will be a successful business person.

Howdy, partner

Some partnerships work, while others don't. Many doctors have gone into partnerships to split costs. Usually, the partnership is done to solve a problem, yet it can sometimes create a bigger one.

A partnership is like a marriage. You may not always agree with your spouse, but if you have strong communication skills with each other things can be worked out. Get the wrong marriage partner and it can be a nightmare. Decide if you are willing to be fully responsible for your partner.

If both of you are not willing to take that level of responsibility for each other, it will fail quickly. Put everything in writing and make agreements official and not verbal.

Figure it out

The bottom line is you must get trained on how to successfully run a practice. Treating and caring for your patients is just a fraction of the things you need to do well.

Consider getting help from a professional service. Although it will cost money, it is worth it in the long run. Personal and specific coaching is the best.

Seminars are great, but figuring out and knowing what you need to do and in what sequence is critical. Why worry about hiring staff if you don't have enough patient visits?

Ask yourself these questions: How do you do an effective report of findings based on your philosophy? What are the best actions for you to do to market for new patients? How do you track your statistics and which ones? What do you do with them to create a better next week? How do you read them and what do they mean?

There are a lot of practice groups that want you to adapt to their systems. Is that what you want?

Do some research on how they operate and get referrals. One consulting company may have strengths you need now, while another is what you will need later on as you develop and expand. Like doctors, consulting companies are not all alike. Choose well and you will not be sorry. CE

ED SHARP has been a business consultant for more than 20 years helping and giving advice to chiropractors from around the world. He is the president of Sharp Management & Consulting, which manages clinics and delivers tailored consulting/coaching to all areas of business. He can be contacted at esharp@verizon.net or through www.thesharpmanagement.com.

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Donald Trump & Kristi Frank "The Apprentice" Season One

SALT LAKE CITY, UT Kristi Frank from Donald Trump's "The Apprentice" Season One, recently relocated her family (husband and five-year old son) from their busy, high profile lifestyle in Los Angeles, California to the world-class, serene ski resort of Park City, Utah.

There in that pristine mountain setting, Kristi has fresh air to breathe while she juggles the multiple business ventures that constantly come her way.

"One of my SECRETS to success is that I've always known the importance of taking care of my body," Frank explains. "This includes making sure **I see a chiropractor as part of my health regiment**."

Kristi had heard about a nationally known chiropractor, Dr. Todd Singleton, who runs a cutting-edge chiropractic nutritional practice in Salt Lake City, Utah.

"I was interested in seeing Dr. Singleton because I had heard of his ability to really figure out what was going on with a patient. I have great health, but I'm always interested to see if there's more I could do."

After a few minutes in the reception area, Kristi realized that Dr. Singleton's main focus was weight loss. She started to wonder if she was in the wrong place, so she questioned him as soon as she saw him.

"Dr. Singleton, I don't have any weight to lose…I just came to see you to double check that I'm on the right track with my health. **Am I in the right place?"**

Dr. Singleton laughed, "Kristi, you aren't the norm! You are here because you care that you look good on the outside and that you are healthy on the inside...and yes, that is just what I'll help you with."

"Most people are desperate to lose weight…but they don't give their health much attention," Dr. Singleton continued.

"Yes, in my office, even though the real focus is on health and nutrition, WEIGHT LOSS is what brings 99% of the people in the door!"

Dr. Singleton went on to explain…

"I have discovered that as a chiropractor, I am able to serve the greatest number of patients by offering weight loss. Because only 7% to 12% of the population seek chiropractic care, yet 66% of the population are overweight."

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"Once I've gained their confidence by helping them to get healthy and to lose their weight…they also ask me about their sore back and neck. These are patients who simply would never have come to a chiropractor! They come to me first as a weight loss patient, then turn to me later for pain-related issues, once I've gained their confidence."

Kristi, who is a business whiz, immediately recognized the genius in this practice approach, **"Dr. Singleton, you've discovered a Marketing Secret you should be sharing with other doctors!"**

Dr. Singleton grinned, "Oh I've taught many, many doctors who are experiencing incredible success with this system!"

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The missing component

Is your office missing that "certain something" that would have the greatest impact?

BY DEREK GREENWOOD

YOU ARE GOING TO START A NEW PRACTICE AND CAN'T BE MORE EXCITED. You think, "How cool this will be? I will be my own boss, make better money, and can do things the way I want."

Yet, with that excitement, you find yourself feeling a little uncomfortable, even nervous. You have spent the last 20 years of your life in school and now there are no second chances. You will either make it and succeed, or fail and have to close the office.

So with the threat of your nonsurvival at stake, you have been painstakingly going over every detail so as to give yourself the best possible chance at success.

Wouldn't it be nice if you knew why most offices fail so you wouldn't fall into those traps?

Preventing failure

The first step to opening a new practice is, of course, getting the finances to do so. Not having enough money to open and stay open long enough for the business to be self sufficient is the first way you can fail. Plan this out carefully from the beginning.

Next, you must pick the right location for your office. If you pick a horrible location, it will be difficult to attract enough new patients to survive.

Thirdly, you must keep the overhead low enough so you don't put yourself back into an undercapitalized state. Rarely does a new practice fail because the office furniture wasn't modern enough, or it didn't have an x-ray machine, or the wall decorations weren't pretty enough.

So, what can you do that would make the biggest impact on your new practice? It would logically be something that helped to handle as many of the failure points as possible. It would be something that made it easy to establish and maintain these key points.

The tool to succeed

So what single tool can help the new doctor handle the largest quantity of these failure points? The answer is software that does practice management, billing, documentation, inventory, statistics, document storage, and more.

In the not-so-distant past, software was thought of as billing only or documentation only. Thankfully, those days are numbered and today, there are a few software packages that can do all of this and more.

Modern software can actually do work much like adding an employee, but without the ongoing cost of paying a salary, benefits, or the like. This new generation of software can help you manage your office like never before. It can provide you with incredible amounts of accurate data covering just about every aspect of your practice.

For example: When it comes to keeping overhead low as compared to your income, you can get in trouble simply by spending too much on your building or buying furniture and equipment that is too expensive. This can seem pretty simple, but if you look a little closer, it can get out of hand in a hurry. Modern software can help keep you in check.

Your documentation software can be a factor in keeping the income up over expenses.

For example: If you don't document well, your billing may be rejected. Rejected billing equals lowered income. With the new laws on the way, your Medicare payments will be reduced if you don't do electronic documentation. Not to mention, if you get audited and lose, the payback can be large enough to put you out of business.

Another common problem with the startup clinic is simply making sure all services performed are billed. Tens of thousands of dollars in delivered services go unbilled due to omissions and mistakes in paperwork. Having documentation software linked to the billing software will mean all delivered services get billed and you will get paid.

Many offices are owed money they

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Why some startups fail

Six of the most common reasons why startups fail include:

1. Undercapitalization,
2. Bad location,
3. Failure to keep overhead low compared to income,
4. Poor management,
5. Lack of adequate information, and
6. Poor marketing and/or promotion.

don't even know about and hence never collect. Some software programs contain insurance follow-up features that help you collect money owed to you.

Good software packages also contain inventory tracking and reordering. This manages your sellable inventory, makes sure it doesn't go unaccounted for, and turns the sale of vitamins, belts, pillows, and such into a profit center.

With a startup clinic, it is very important to get the biggest return possible from your advertising dollar. More advanced software packages can help you with your marketing and advertising by reporting referral trends and much more. Complete statistical analysis can tell you where your patients are coming from, so you can pinpoint your advertising.

Speaking of advertising dollars, the use of an electronic scheduler can keep your staff well-informed about what is happening with patients. Some software can provide a list at the end of the day of patients who did not show and patients who do not have another appointment scheduled.

If you ever hear yourself say to your staff, "Whatever happened to Irene?" you know you have wasted the advertising dollars you spent to get that new patient in.

The bottom line

The bottom line is that good, total office software can greatly enhance your chances of survival. So the question is why would anyone choose to start an office with no software? Do they think they are saving money?

The sad reality is they are losing money hand over fist, creating more work for themselves and risking the future of their clinic.

Modern software is more than just billing. It is the administrative backbone of any well-run modern clinic. You have spent 20 years or so in school and hundreds of thousands of dollars getting to where you can open your clinic, why handicap your new clinic by choosing to go the paper route?

Select the best possible complete office software package that fits your needs and helps you flourish and prosper. CE

DEREK GREENWOOD is the founder and CEO of EON Systems Inc., creator of The Digital Office. He can be reached at 727-298-5502, jthoma@eonsystems.net, or through www.eonsystems.net.

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"The results I've had with the PN marketing, patients started, etc. so far, it's going like gang busters--we're booked out 2 1/2 weeks now for new patients!" Steve Tashiro - CO

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Secrets of negotiation

Learn how to negotiate and still move away with your credibility and friendships in tact

BY DREW STEVENS, PhD

EVERYTHING IN LIFE IS A COMPROMISE; EVERYTHING IN LIFE IS A NEGOTIATION. Yet, people seem stifled by the word and implications that surround negotiating.

What most people don't realize is they have been negotiating since they were born.

From the time they wanted a bottle or refused to nap, their education in negotiation began. However, people still become increasingly befuddled by negotiation.

Some hold strong beliefs that negotiation is meant to be a battle and begin negotiations on the defensive and seek to end them in a similar manner.

The most vital idea to comprehend about negotiation is its definition: Negotiation is nothing more than an exchange of ideas and values between two or more parties with different interests.

Conceptually, negotiation is a communication and critical thinking exercise inducing creative problem solving.

What it is and what it isn't

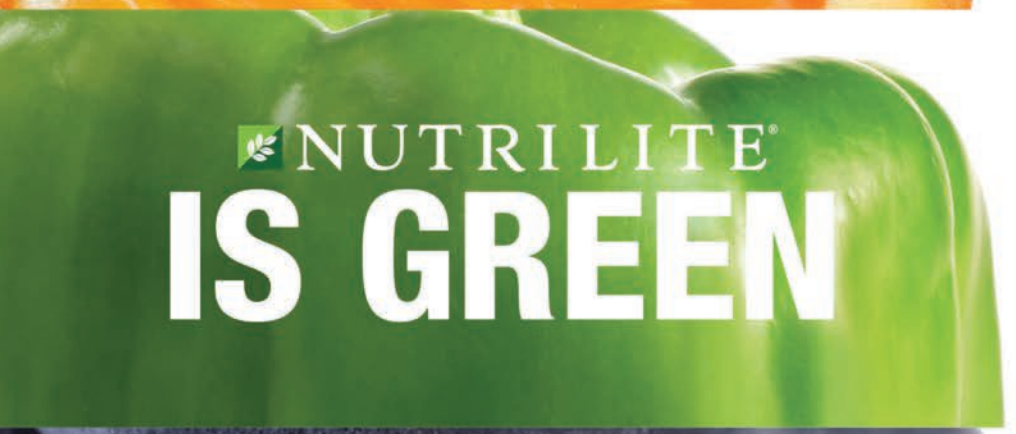
The best concept for understanding negotiation is to indicate what it isn't by debunking some of the myths.

Myth: Negotiation is about winning and losing. The myth of win-lose is ancient. Validation of winning is not bequeathing more concessions than the other party. One simply needs to be concerned with the amount of take. This denotes loss.

Myth: Negotiation is about power. All people in a negotiation have power. If two sides are negotiating each as an equal amount of power, one desires something from the other. Yet negotiation is not so much about power, it is about honesty or lack thereof.

Power stems from the side that enables it. Donald Trump by nature believes he has power due to wealth and notoriety, yet if he desires something from someone else, the power shifts. The larger concern is not relinquishing power to the opposing side.

Myth: Negotiation is about chicanery. In reality, negotiation is about resolving an issue where both sides obtain equal value by amicably and honestly agreeing to terms. However, negotiation is similar to chess where strategies are used and sometimes held so each party gains more than requested.



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Rather than lie, most negotiators are honest — they simply don't fully disclose information.

Myth: All negotiations are about prices and are sales related. Nothing is further from the truth. Negotiations stem from all walks of life: from dating, to deciding upon a movie, to noise decibels. Negotiating establishes boundaries and how far each side allows another within them.

You need a plan

Perhaps the most understood principle of negotiation is a requirement to plan. Most often, negotiations fail due to improper procedures, paperwork, or misread issues. Planning is the first, and most vital step, in every negotiation.

Each party should strategize to define the motives of each side, goals that might be addressed, time frames, and players. Research affirms that 73 percent of most negotiators are unprepared. This step is vital to assist in moving forward.

Good planning and comprehension help to avoid miscues and maintain proper and efficient conversation. Exemplars of good negotiation techniques are barely surprised by new information.

Negotiation is a part of everything you do in life, almost every day.

Negotiations are mixed motive situations. Each side arrives with a variety of goals and objectives, and in most cases, even time frames. What appears urgent to one; is apathetic to another, but it is imperative that issues be immediately addressed. Most importantly, the issues must be documented so all parties agree without a misunderstanding.

A foppish issue should not resurface at a later time. The more detailed the documentation, the easier it becomes to facilitate conversation. Once agreed to, timetables should be established so as not to languish on any one issue.

Got information?

Negotiation is also information and relationship dependent. Information is crucial to negotiation and the data needs to be specific so it is easier to comprehend and complete issues.

Typically, a tactical ploy to assist concessions will not have most data displayed. Negotiators should then decipher the most imperative issues first so all needed data is disclosed making for effective conversations.

Coincidentally, conversations are more placid when parties are familiar with each other. Particular interest is implicitly displayed since familiarity with both parties shares a common interest — "saving face."

Dignity is a traditional process. Whether in business or amongst friends, all desire to maintain honor — especially with familiarity of the parties. As the cliché goes, "Familiarity breeds content"; the more familiar you are with someone, the easier the negotiation!

Egos and communication

Another crucial component for negotiation success is to "check" your baggage and ego at the door. Good negotiators know they are purposeful and do not advertise their success. A negotiation is concerned with mutual agreement, not wins and losses. Keeping egos "in check" can help keep alliances and other desired relationships.

Additionally, negotiators need reminders for their ears and eyes, not their mouth. Too often negotiators tend to spoil alliances by speaking too much. Peter Drucker, touted as the creator and inventor of modern management, once stated, "Communication is often about what is not stated."

Listening enables all to understand issues, allow for issues that might go unstated, and strategically enable the "opponent" to move first. The alliance builders understand the vitality of listening; it is a practiced art form.

Compromise and commitment

Negotiation would not exist if not for the power and the reciprocity of compromise. Concessions enable negotiators to agree on small things to assist in declaring small victories. Accommodations negate foolish issues and streamline discussion. Once decided, agree to commit and document so as not to rehash.

Trivial details take time away from other important issues. It is more important to move forward than review unnecessary data. Once an issue is complete, move forward or conclude — this allows less time for pondering decisions.

To allay any fears of negotiating, it is best to align this business tactic with athletics: It is a learned format, not born. Admittedly, there exist individuals that love to converse and banter, yet negotiation is not an easy skill. It takes patience, persistence, and proper listening to understand the issues.

Negotiation is a part of everything you do in life, almost every day. It is a skill that combines crucial critical thinking, reciprocity, and professional communication. It is not easy to win friends and influence decisions in negotiation, but if you understand motives, create a thorough plan, and expect the unexpected, each negotiation you have can become easier and more effective.

Negotiation increases your perception, your patience, and your resolve to maintain business relationships. CE

DREW STEVENS, PhD, is one of the world's leading experts in practice management business building and the author of the *Split Second Selling* and the *Ultimate Business Bible – 12 Strategies for Ultimate Success.* He works with chiropractors to dramatically accelerate patient volume. He can be reached at 877-391-6821 or at drewjstevens@gmail.com.

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Overstep those oversights

Two practice management blunders to avoid

BY BOB LEVOY

MISTAKES ARE INEVITABLE, AND YOU ARE BOUND TO MAKE A FEW ALONG THE WAY to your practice's success.

Knowing a few things to avoid, however, can make the journey that much easier. Below are two practice management blunders and what you should do to avoid making them.

Blunder 1: Appearing too busy to accept new patients. As the old saying goes, "Nothing succeeds like success." And, although looking busy does say you're successful, if your "busy-ness" looks excessive, it can send the wrong message — and discourage referrals.

Reality check: You may have achieved some degree of success, and in fact, may be perceived by the outside world as more successful than you really are.

You may be like the most popular girl in school who doesn't have a date for the prom because everyone thinks she already has one.

Similarly, there are people out there who would like to make referrals to your practice, but don't because they think you're too busy.

For example: Take the case of chiropractors who seemingly complain (perhaps brag) how busy they are. Their demeanor in the office seems rushed, harried, and time-pressured.

Although it may be warranted, it's the wrong message to send patients who are paying for your time and expertise and expect you to be alert, attentive, and at your best.

Action step: If this is happening in your practice, consider hiring an associate or an additional full- or part-time assistant to shoulder some of the work. Try delegating some of what you do to others.

Most importantly, when telling patients (or prospective patients) how busy your practice is, don't make it sound as if you are too busy to see new patients or to give existing patients the time and attention they're entitled. This goes for your staff, as well.

Beware especially of complaining about the volume of patients caused by managed care.

Blunder 2: Using "high pressure" when recommending chiropractic services or products to patients. Even though you're a healthcare provider, you're also running a practice that, when all is said and done, needs to be profitable. This creates a conflict of interest that can be a difficult line to walk.

"We're always going to have that conflict of interest," says Dr. Ann Boyle, dean of Southern Illinois University's School of Dental Medicine, "but what we have to do is keep in mind that the patient view of us is that we are going to make decisions that are in their best interest, not our best interest.

"If they start to sense we are trying to 'sell' things because of how we tell them about their treatment options, then they're going to trust us less."

What might give patients this impression? One example is when patient education morphs into "selling."

"Since when did a patient's report of findings degenerate into a patient education event?" says William D. Esteb. "The fact is, when you bundle patient education with your clinical observations and recommendations for care, you turn your tap dance in front of the x-ray view box into a sales session. Suddenly, every piece of information you deliver is perceived as simply building a case for your financially driven care recommendations.

"Instead of education, patients see your 'case building' as an attempt to overcome objections and close. Both are recognized as sales techniques," says Esteb.

Reality check: Today's patients are more skeptical and discerning than ever. Most can sense when someone is trying to "sell" them something they may not need.

Nothing will drive patients, prospective patients, or referring physicians away faster than a reputation for "high pressure."

If during a report of findings, you notice a patient suddenly becomes quiet or tries to end the conversation with "I'll think about it," that patient is probably feeling a little uncomfortable, perhaps annoyed, and just wants to end the conversation.

This isn't the time to be pushy — even with the best of intentions.

Nothing will drive patients, prospective patients, or referring physicians away faster than a reputation for "high pressure." It's a warning to ignore at your own peril. CE

BOB LEVOY's newest book, *222 Secrets of Hiring, Managing, and Retaining Great Employees in Healthcare Practices,* is published by Jones and Bartlett Publishers. He can be reached at b.levoy@att.net.

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Back from the brink

Motivating your staff after the economic downturn

BY LAURIE MOSIER, MPA

THE ECONOMIC CLIMATE IN THE COUNTRY IS FINALLY SHOWING SIGNS OF IMPROVEMENT, which is good news for everyone and even more welcomed news for your practice.

For many chiropractic practices, 2008 and 2009 were challenging years and many made difficult decisions in order to maintain some degree of profitability through a particularly tough period of economic downturn.

What impact did those decisions have on your staff? And what are the lingering effects of those decisions today? Did you lay off, cut hours, decrease benefits, or freeze pay?

All of the above actions had immediate tangible results for your practice and your staff members. These actions also have latent intangible consequences associated with them; staff morale and motivation are often the first to show signs of stress fractures resulting from months of functioning in survival mode.

Is it too late to reverse the negative effects of survival mode? Are your staff members doomed to a life wondering if they are next to be let go, or if they will ever see another pay increase at your practice?

No! You have the power to influence your staff's morale and motivation and you should be doing things every day to ensure your staff is fully engaged, forward thinking, and reflective of the positive attitude you want your patients to experience every single time they walk into your practice.

A little talk can go a long way

Communicate with your staff members. News travels, gossip spreads, rumors run rampant — gain control over what your staff members talk about because if you don't talk with them, they'll talk with each other, former employees, vendors, your competition, and your patients.

The result won't be close to the truth and you'll have a tangled web to unweave to get to the truth. As has always been the case, communication from you to your staff is critical for business success.

If you have bad news to share, it is your absolute obligation to do so clearly, honestly, and as quickly as possible in order to maintain trust and foster respect within your practice.

Communicating with your staff projects confidence in your actions and assurance in the future success of your practice. Allow them to be part of the solution. Make certain your staff members know what is going on in your practice and are informed about successes and failures.

Communicate with them about new patients, community events, chiropractic trends, new initiatives, staff policies, and training/professional development opportunities.

The more knowledge your staff members have, the better they can identify with your practice and the more integrated, important, and engaged they feel.

You should want to give your staff members all the information they need to perform their current jobs and enough information to look ahead and anticipate the future of your practice — with them in it.

Allowing your staff members to appropriately vent their frustrations further instills a sense of confidence and trust within your team. Encourage them to bring solutions to you when they raise an issue or concern. This puts

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Immediate impacts

Now might be a good time to ask staff members how you can help mitigate the impact of cancelled bonuses and reductions in benefits, hours, and wages.

- Will altering work hours by one hour or so eliminate their need for a.m. or p.m. childcare at summer camp? This could save $60 to $120 per child, per week.
- Can two or more staff members carpool a few days a week if schedules were adjusted by only a few minutes?
- Do staff members wear a uniform? Shifting to one, even if it is a logoed practice polo shirt and khaki pants/skirt, can make wardrobe maintenance much less costly for your staff.
- Do you close for lunch? Organizing a weekly potluck lunch not only saves each person the cost of ordering out, it increases team awareness, camaraderie, and fosters conversation.
- Organizing a book swap, video/DVD swap, or clothing swap within the practice (or extend it to your patients and make it a "green" event).

them in your shoes and gives them a broader view of the many connections and implications "their" issue has with respect to the practice as a whole.

Communicate what's expected. Don't keep expectations a secret or assume your staff knows what they are. Every practice needs a mission statement and every person needs goals. Goals and standards should be measurable and achievable and, to make them real, put them in writing.

Be mindful of perceptions

As Stephen R. Covey says, "Walk the talk." You may have had to lay off some staff members or change some full-time staff members to part-time staffers. Cutting some benefits may have been necessary in order to keep other, more critical benefits. Freezing pay or not offering bonuses may have been the only way to keep all of your staff members employed.

Whatever the scenario that played out in your practice, be aware that your staff members are looking for you to take your fair share of the pain.

Certainly there are perks and benefits that go along with being the business owner and there are certain expenses that go along with that position, however, participating in the collective belt tightening of your prac-

tice *and* communicating your cuts and sacrifices to your staff will go a long way toward building morale and keeping allegiance.

Did you forgo a bonus, cancel your annual trip, or put off office upgrades? Letting your staff know that sacrifices are being made at all levels assures them you are fully aware of and impacted by the economic situation and you are in this with them.

Involve and engage your staff

Ask your staff for cost-cutting or efficiency-improvement recommendations. Not only will your practice benefit from the suggestions of these hands-on experts, staff members will feel more valued and valuable to your practice.

If you had to eliminate staff, in all likelihood, the work associated with those staff members did not disappear with them — it remained and has been absorbed by the remaining staff members.

This difficult situation — where fewer staff members are doing more work, often for less compensation — is burdening your staff and further emphasizing their lowered morale. Discuss the balance of efficiency and effectiveness with your staff and ask them to find processes that can be eliminated or streamlined.

Finding just a few processes that can be eliminated or performed less frequently (or perhaps to a lesser degree) might free up enough time to allow the remaining work in the practice to be completed by fewer hands. Make this process of efficiency and effectiveness screening a routine practice within your practice and your staff members will know you understand and appreciate the scope of their work. You can't buy the loyalty you will reap from that.

You have already made or will make fiscal decisions that impact the bottom line of your practice. These same decisions have profound impacts on your staff members. Open and honest communication between you and your staff sets the tone for your practice to thrive during these difficult financial times.

Use this period to grow and solidify as a team, and by doing so will put you ahead of the competition as the country pulls out of this economic downturn. Your staff members are your greatest asset and can provide valuable insight and suggestions for improvement when given the opportunity.

Give them the opportunity, then listen and act. CE

LAURIE MOSIER is responsible for education and marketing for Harkcon, developers of the Chiropractic Competency Toolbox, authors of *The Chiropractic Hiring Guide* and specialists in Chiropractic Human Resource Solutions. She can be reached at 800-499-6456 or through www.harkcon.com.

Motivate to avoid mediocrity

If you aren't motivating your staff, then you're not doing your part.

BY SUSAN HOY

SEVERAL SITUATIONS CAN LEAD TO AN UNMOTIVATED STAFF, which can ultimately lead to practice mediocrity.

There are plenty of chiropractors frustrated because their staff does not take initiative or fulfill their job responsibilities adequately.

In most cases, however, the chiropractor has failed to communicate job requirements, job descriptions, and job expectations. Unfortunately, this leads to frustrations both with staff members and the chiropractor.

Lack of education, training, and communication will ultimately lead to failure and burnout!

Another situation that leads to an unmotivated and unhappy staff member is to be held accountable for a job they know they are required to do, but have not been given adequate procedure for completion. The expectation is that if they know what to do, they should know how to do it — but that is not always the case.

You may have hired the perfect staff member, but without adequate training, communication, and support, failure is inevitable.

Training day

The following are some suggestions for proper training and communication.

1. Job description. Each position should have a detailed job description so there is no question who is responsible for certain jobs throughout the office.

Knowing job responsibility is paramount to employee job satisfaction and will help eliminate frustration. Remember to have everything in writing. This includes descriptions for what to do while the chiropractor is out of the office.

Consider having all job descriptions begin with your office mission statement and the mission statement of the particular position.

Each position in the office should have a mission statement to match the mission statement of the office.

For example: For the front desk, the mission statement could be: "To help our patients in a caring, professional manner, help them make and keep appointments. To do whatever it takes to give a patient what he needs for his return to health. To encourage, educate, and promote chiropractic. To ensure a positive atmosphere for our patients. To help the members of my chiropractic team."

2. Procedures for completing tasks. There must be an exact procedure for each job description. These procedures should be so detailed that someone can do the task without asking you for assistance.

They can be computerized or on index cards (written in pencil for easy changes). The procedures should be numbered, and you should write the number of the procedure next to the job description for ease of reference.

This is helpful for a new staff member or one who may be filling in. Writing a job procedure should be the responsibility of the staff member in that particular position.

3. Monthly task calendar. Each position should have a monthly task calendar to help perform duties methodically and in a timely manner.

This calendar should include fixed monthly duties and the time of the month they should be completed. Spreading out tasks throughout the month will help with consistency.

Remember to include miscellaneous tasks that should be accomplished. These aren't "fixed tasks," but should be done periodically.

Additional suggestions

- Be a team member as well as a team leader. Pitch in and help where needed.
- Tell your team you appreciate them, especially when they put forth extra effort.
- Create simple inexpensive rewards that say thank you.
- A good leader provides employees credit and accepts the blame.
- Let your staff help problem solve. When your staff comes up with a solution together, they all work harder to make it work!
- Ask your staff's advice to improve your practice skills. They know where your weaknesses are and will be willing to help you.
- Share your success with your staff. Let your staff become involved with patient care along with you and share the success with them.
- Keep communication open between you and your staff. Make sure they know you are approachable when there is a problem. CE

SUSAN HOY is an award-winning team trainer and consultant. She presents training seminars for teams throughout the country and is the author of two team training manuals. The newest is called Systemize, Organize, Simplify. She can be reached at 215-674-0130, suzzhoy@aol.com, or through www.beefitup.net.

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Bulletproof documentation

Ensure your admitting and ongoing paperwork isn't slipping through the cracks

BY KATHY MILLS CHANG

BECAUSE OF THE MANY DIFFERENT TECHNIQUES AND PHILOSOPHIES INVOLVED IN CHIROPRACTIC, you can be assured different doctors utilize different admitting and ongoing paperwork.

A recent survey of 80 chiropractors revealed that 72 percent of them collected paperwork for their clinic from various sources, creating a patchwork effect. Because very few utilized an actual system of paperwork, they admitted concern that some documentation could fall through the cracks.

So, what paperwork should you have in your office?

History

Most state chiropractic boards that have a standard of care for patients include taking patient history. If one were to follow the evaluation and management documentation guidelines, history is a significant portion of the value.

Because the requirements entail collecting information about the chief complaint; the history of the present illness; a review of systems; and the patient's past, family, and social history, there is a substantial amount of information that can and should come from the patient.

Having information laid out in a clear fashion on your admitting paperwork allows the patient to answer the majority of the essential initial consultation questions. Using your admitting paperwork as a template allows you to ensure the required bullet points will be answered by the patient and reviewed by the physician.

A simple review of the evaluation and management requirements for the history section should allow you to compare your existing initial paperwork to be ideal. Make sure you have ample space available within your questions to make physician notes, as these become part of your permanent record.

Some doctors prefer to have a separate consultation sheet to review this information. Others prefer to have space available within the patient history to save time and create efficiency in the consultation process.

Guidelines for the requirement of initial patient history can be found in the Center for Medicare and Medicaid Services (CMS) Evaluation and Management Documentation Guidelines, your state board of chiropractic examiners documentation rules, or medical review policy from individual insurance carriers you participate with.

In order to ensure your history meets all of the requirements, gather all of these and compare your initial admitting and follow-up paperwork to be sure yours pass muster.

Additionally, many doctors hoping to improve their documentation and recordkeeping choose to include in the history questions related to the patient's activities of daily living deficits. When selecting functional goals in your treatment plan, this information is invaluable.

Examination

The clinical examination is the doctor's opportunity to expand upon objective findings discovered in the initial or follow-up visits. Your examination form

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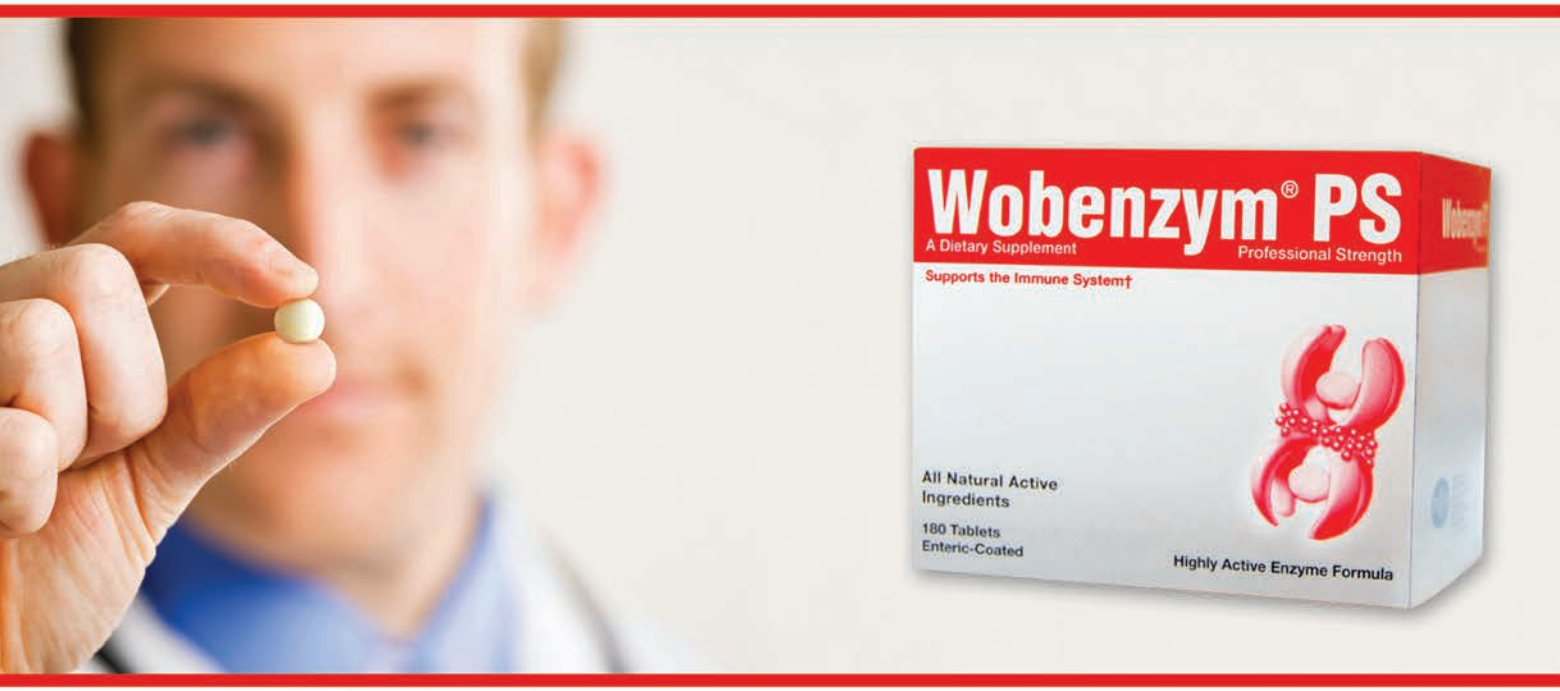

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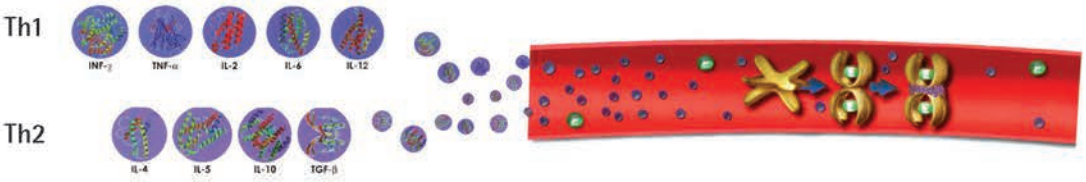

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should be complete with all major tests expected to meet the standard of care required in your examination.

A thorough understanding of the CMS Evaluation and Management Guidelines assists in knowing minimum requirements for the various levels of coding used in the office.

While it is important to list all possible tests that could be performed, remember that a form listing every test in the chiropractic profession could cause problems should you find yourself on the witness stand or in an audit.

If you elect not to perform a particular orthopedic or neurological test on the list on the patient, you must indicate on your record, "Not performed," or N.P. — then you must prepare yourself to be asked why you elected not to perform that test.

Because periodic follow-up examinations performed within the same round of episodic care require the doctor to repeat positive tests from the first exam, it's often helpful to have subsequent examinations listed on the same form. This makes it easy to review your initial exam and follow up what is necessary at the periodic re-evaluation.

However, should the patient return for care for a new episode, it would be prudent to utilize your initial exam form again and start from scratch.

If you feel you need a review of the most common orthopedic and neurological tests performed, the book, "Practical Assessment of the Chiropractic Patient," by K. Jeffrey Miller, DC, DABCO, is recommended.

The CMS Evaluation and Management Guidelines layout an explanation of what is expected in the examination portion of your evaluation and management service. These guidelines indicate the recognized body systems that should be included in the exam as well as the recognized body areas.

For example: It is often a surprise to chiropractors that the six body areas recognized are listed as follows: head and neck; spine, ribs, and pelvis; right upper extremity; left upper extremity; right lower extremity; and left lower extremity.

Based on a typical examination that would include the head, neck, spine, ribs, and pelvis, a doctor would only have met the requirement for two body areas. This may be far more limiting to your ability to code appropriately than you may realize. Be sure you collect the evaluation and management guidelines and compare with your existing examination form.

Remember, this examination carries tremendous weight in establishing medical necessity. Therefore, make sure your form meets all of the requirements.

Diagnosis

There are many ways doctors choose to list the diagnosis that is part of the treatment record. The diagnosis goes along with the entire treatment episode so it's important to list all of the appropriate diagnosis codes.

If the doctor chooses to include massage in the plan, a muscle-related diagnosis is necessary. Likewise, disc-related treatment should be warranted by a disc diagnosis code.

One of the easiest ways to accomplish this — not only to make it easy on doctors, but also creating ease for the staff — is to have a master diagnosis sheet. This diagnosis sheet would contain all of the potential diagnosis codes you would typically use and be available as part of the record.

Ideally, these diagnosis codes would be divided and categorized.

For example: Muscle-related diagnosis codes, disc-related diagnosis codes, and other tissue-specific diagnoses would be grouped together.

It's important to review all of the diagnosis codes you use on a periodic basis. Because changes occur almost every year, it's also important to get a diagnosis reference manual and update your form periodically.

The beauty of having a diagnosis sheet is it can become part of the record and be placed together with other paperwork grouped by episode of care. In a paperwork system, these various forms, including the diagnosis sheet, could be color-coded. That way, the beginning, middle, and end of an episode could be obvious in your patient's chart.

The beauty of having a diagnosis sheet is it can become part of the record and be placed together with other paperwork grouped by episode of care.

Remember, just because you hand the diagnosis codes to your team to enter into your practice management software, does not mean the patient's record contains the diagnosis, which is a requirement. Use of a diagnosis sheet alleviates these concerns.

This review is only effective if you use it to compare it with what you already have. If you feel your paperwork could use a tune up, there are many options.

For example: Many practice management companies have put together systems of paperwork. Companies, such as Parker Share, have paperwork available for purchase. You can also check out www.newpatientpaperwork.com to read about a complete paper documentation system now available for doctors in the profession. CE

KATHY MILLS CHANG is the founder of her own consulting firm, assisting doctors with finding financial and reimbursement ease in practice. She also serves as Foot Levelers' insurance advisor. She can be reached at info@kmcuniversity.com or through www.kathymillschang.com.

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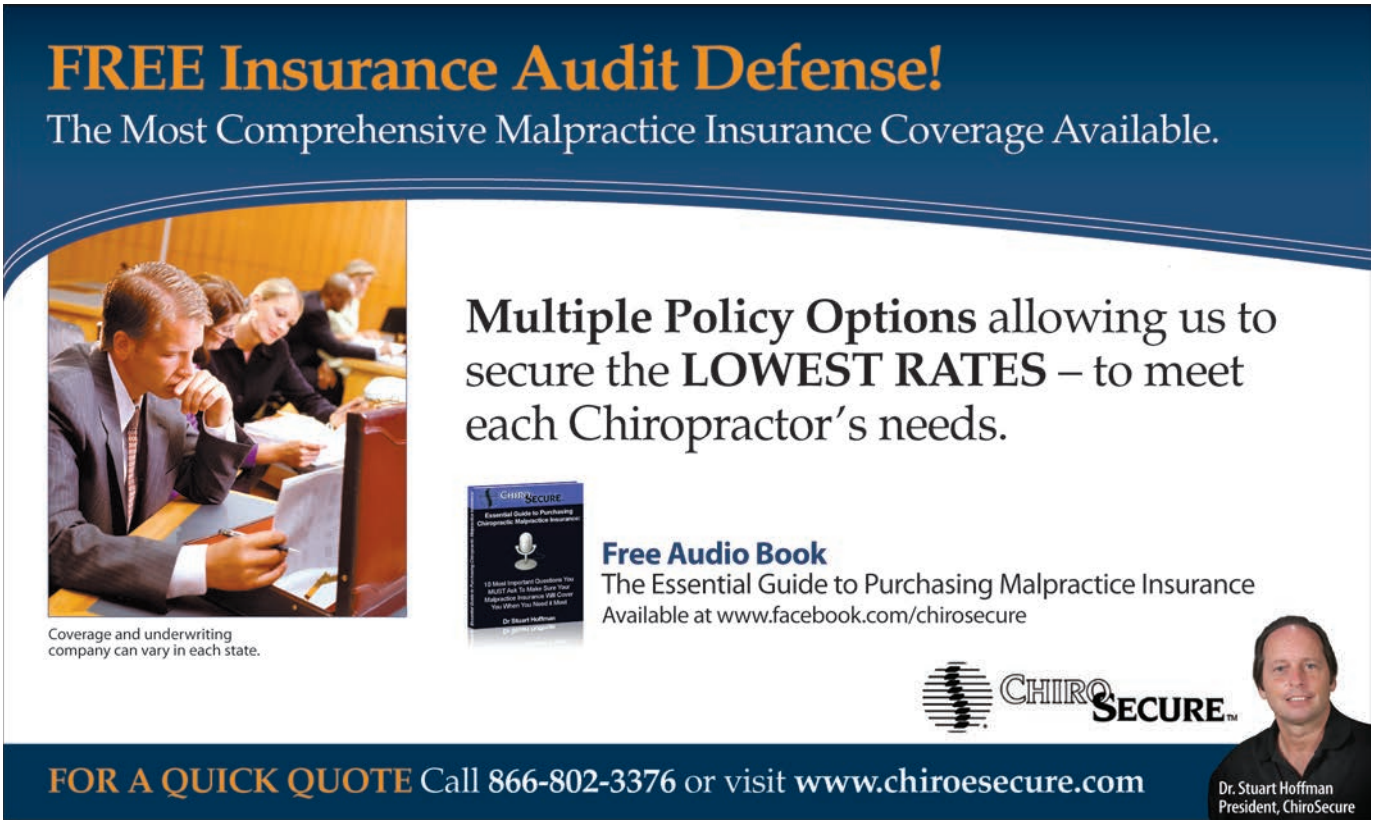

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Year Founded	1945	1922	1911	1908	1974	1976	1935	1906	1919	1941	1897	2002		1982	1973	1911	1908	1991	1904
Number of Full-Time Students	645	273	452	101	370	1,490	961	534	648	703	1,267	761	314	832	200	342	344	200	449
% Male	46	62	65	40	56	62	65	54	60	59	64	64	64	75	55		64		
% Female	54	38	35	60	44	38	35	46	40	41	36	36	36	25	45		36		
Capacity of School	672	800	750	200	1,100	3,500	1,100	700	700	700				1,000	500		600		600
Number of Annual Graduates	151	61	102		120	300	243		180	151				180	120		160		
% Male	46	51	74			60	66	56	60	56				75	60				
% Female	54	49	26			40	34	44	40	44				25	30				
% Students to Complete 1st Year	96				98	89	98	97	94	98						85	95	95	85
% Students to Complete Entire Program	95	94	91	75	89	84	90	80.7	91	95	90.5			85-90	85	80		95	85
Student/Faculty Ratio	6:1	10:1	12:1	15:1	11:1	15:1	12:1	9:1	7:1		12:1	12:1	7:1	15:1	15:1	5:1	12:1	11:1	7:1
Annual Tuition	18k	24.8k	23.6k	22k	17k	17.625k	13.5k	16.8k	24k	20k	23.4k	23.2k	26k	21k	22k		18k	16k	17k
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Scholarships		•	•			•	•	•	•		•	•	•		•				

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Apples to oranges

What is the difference between CPT codes 97110 and 97530?

BY MARTY KOTLAR, DC, CHCC, CBCS

Q I'm not sure how to differentiate between CPT codes 97110 and 97530. They seem very similar to me. Can you explain the difference and provide some practical examples?

A CPT code 97110 is a therapeutic procedure, treating one or more areas, with each being 15 minutes long. Therapeutic exercises are performed in either an active, active-assisted, or passive (i.e., treadmill, isokinetic exercise, lumbar stabilization, stretching, and strengthening) approach.

The exercises may be reasonable and medically necessary for a loss or restriction of joint motion, strength, functional capacity, or mobility that has resulted from a specific disease or injury.

Documentation must show objective loss of joint motion, strength, or mobility (i.e., degrees of motion, strength grades, and levels of assistance).

Therapeutic exercise includes activities related to strengthening, endurance training, range of motion, and flexibility. These activities can include the use of free weights, exercise machines like treadmills, and range-of-motion exercises (passive and active). Therapeutic exercises describe services aimed at improving a parameter, such as strength, range of motion, etc.

CPT code 97530 is therapeutic activities that include direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), with each being 15 minutes long.

This procedure involves using functional activities (i.e., bending, lifting, carrying, reaching, catching, and overhead activities) to improve functional performance in a progressive manner.

The activities are usually directed at a loss or restriction of mobility, strength, balance, or coordination. They require the professional skills of a provider and are designed to address a specific functional need of the patient.

These dynamic activities must be part of an active treatment plan and directed at a specific outcome. Therapeutic activities can be thought of as the "ing" code — dynamic activities that work toward functional performance. Activities like lifting, bending, pushing, pulling, jumping, and reaching would be billed as 97530.

Documentation of therapeutic procedures

Modalities like mechanical traction and ultrasounds are generally coded and billed based on the device used. Therapeutic procedures are generally coded and billed on the basis of the intended outcome, not on a device or piece of equipment.

When billing and coding for therapeutic procedures, it is important to document both the intended clinical outcome and how the procedure is performed.

Therapeutic exercise incorporates one parameter (strength, endurance, range of motion, or flexibility) to one or more areas of the body.

For example: a treadmill (for endurance), isokinetic exercises (for range of motion), lumbar stabilization exercises (for flexibility), and a gymnastic ball (for stretching or strengthening).

Therapeutic activities incorporate the use of multiple parameters, such as balance, strength, and range of motion, for a functional activity.

For example: lifting stations; closed kinetic chain activity; hand assembly activity; transfers (chair to bed, lying to sitting, etc); and throwing, catching, or swinging.

The relationship to a functional activity is important to document in the treatment plan. An example might be to increase flexibility of the quadratus lumborum muscles, while activating and strengthening the hamstring muscles to improve the patient's capacity for walking and standing.

You should determine how many outcomes are expected by the particular procedures being performed. If only one outcome is intended by the exercise, CPT code 97110 should be used.

CPT code 97530 should be used where more than one outcome is expected using balance boards, fitness balls, bands, etc., and where increased motion, flexibility, strength, and/or improved proprioception is intended. CE

MARTY KOTLAR, DC, CHCC, CBCS, is the president of Target Coding. Target Coding, in conjunction with Foot Levelers, offers continuing-education seminars on CPT coding and compliant documentation. He can be reached at 800-270-7044, drkotlar@targetcoding.com, or through www.TargetCoding.com.

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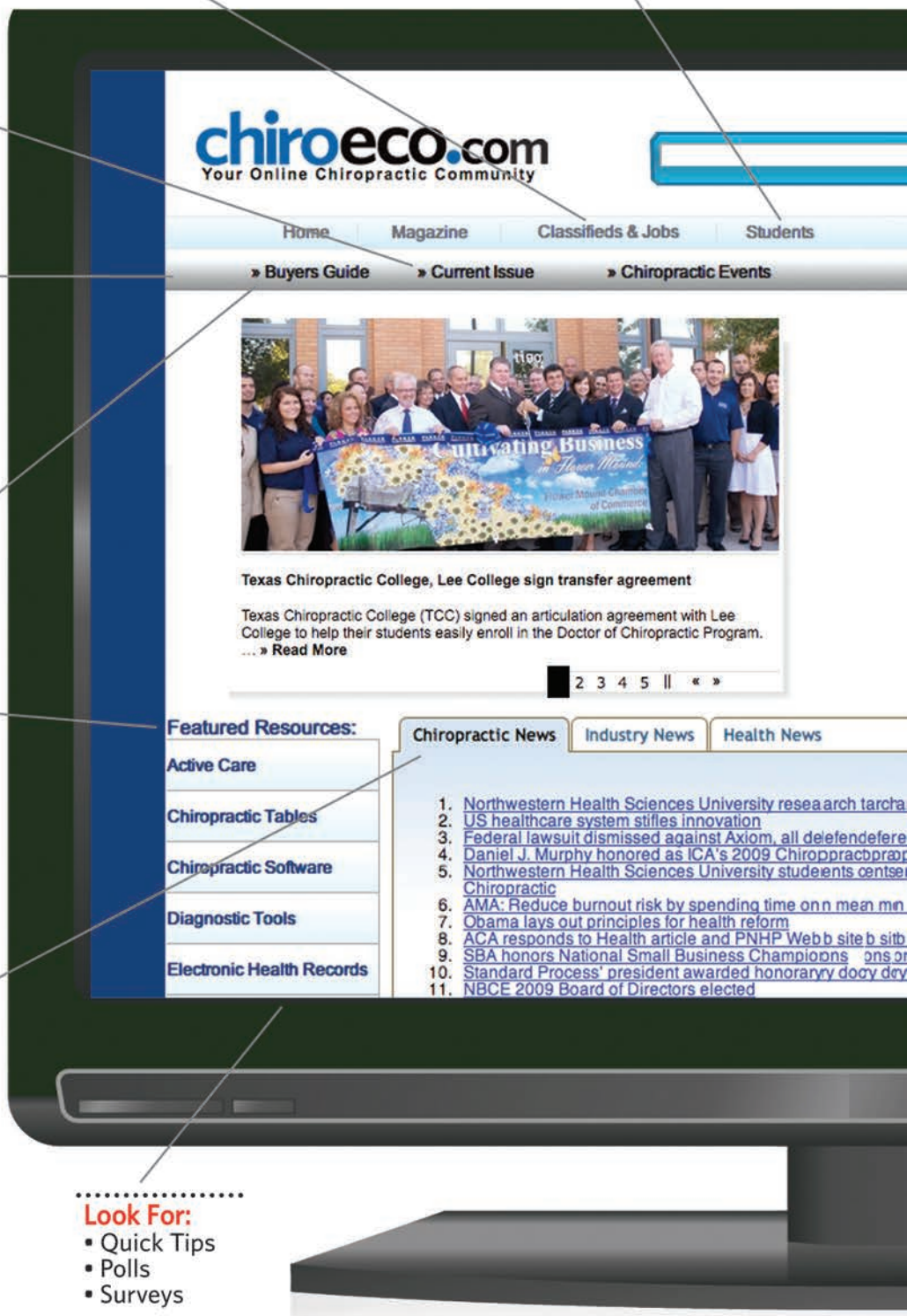

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Oct. 23–24, Newark, N.J.
Oct. 30–31, Dallas
Nov. 6–7, Seattle
Nov. 13–14, Boston

Apex Energetics
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Aug. 7–8, Philadelphia
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Aug. 13–15, Kansas City, Mo.
Aug. 14–15, Las Vegas
Aug. 14–15, Dallas
Aug. 19, Dallas
Aug. 19, Atlanta
Aug. 20, Bridgeport, Conn.
Aug. 21–22, Chicago
Aug. 26, Austin, Texas
Aug. 26, San Antonio
Sept. 9, Houston
Sept. 11–12, Dallas
Sept. 11–12, Sacramento, Calif.
Sept. 11–12, Boston
Sept. 17–19, Santa Monica, Calif.
Sept. 18–19, Denver
Sept. 23, Austin, Texas
Sept. 25–26, Minneapolis
Sept. 25–26, San Francisco
Oct. 2–3, Portland, Ore.
Oct. 16, San Francisco
Oct. 16–17, Denver
Oct. 23–24, San Antonio
Nov. 11–14, San Francisco

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Sept. 11–12, Orlando, Fla.
Sept. 11–12, Atlanta
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Sept. 18, Portland, Ore.
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Oct. 9–10, Phoenix
Oct. 15–17, Boston
Oct. 16–17, Arlington, Va.
Oct. 23, Boston
Nov. 6–7, Jackson, Miss.
Nov. 6–7, Chicago
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Nov. 13, Houston
Nov. 13–14, Portland, Maine

Graston Technique
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Sept. 11–12, Lombard, Ill.
Sept. 25–26, Las Vegas
Oct. 16–17, Newark, N.J.
Oct. 23–24, Portland, Ore.
Oct. 30–31, Boston
Nov. 13–14, Las Vegas

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Aug. 14, Dallas
Aug. 21, Kansas City, Mo.
Aug. 28, Columbus, Ohio
Sept. 11, Minneapolis
Sept. 18, Chicago
Sept. 25, Philadelphia
Oct. 9, Atlanta
Oct. 16, Dallas
Oct. 23, Kansas City, Mo.
Oct. 30 Columbus, Ohio
Nov. 6, Chicago
Nov. 13, Minneapolis

International Chiropractic Pediatric Association
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Aug. 7–8, Philadelphia
Aug. 7–8, Toronto, Canada
Aug. 14–15, Minneapolis
Aug. 14–15, Overland Park, Kan.
Aug. 21–22, San Francisco
Aug. 28–29, Caguas, Puerto Rico
Sept. 11–12, Caguas, Puerto Rico
Sept. 17–18, San Francisco
Sept. 18–19, Minneapolis
Sept. 18–19, St. Louis
Sept. 18–19, Overland Park, Kan.
Sept. 25–26, Philadelphia
Sept. 25–26, Toronto, Canada
Oct. 2–3, Minneapolis
Oct. 2–3, St. Louis
Oct. 2–3, San Francisco
Oct. 2–3, Overland Park, Kan.
Oct. 9–10, Philadelphia
Oct. 16–17, Caguas, Puerto Rico
Oct. 16–17, Toronto, Canada
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Nov. 6–7, Overland Park, Kan.
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Aug. 20-22, Hampden, Colo.
Aug. 27, Nashville, Tenn.
Aug. 27-29, Kissimmee, Fla.
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Sept. 11, Harrisburg, Pa.
Sept. 18, Redding, Calif.
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Sept. 24-26, Raleigh, N.C.
Sept. 24-26, Seattle
Oct. 1-3, Anchorage, Alaska
Oct. 1-3, Chicago
Oct. 2, Philadelphia
Oct. 2-3, The Berkshires, Mass.
Oct. 2-3, Fargo, N.D.
Oct. 9-10, Santa Barbara, Calif.
Oct. 9-10, Seattle
Oct. 9-10, Jackson, Miss.
Oct. 15-17, Minneapolis
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Oct. 22-24, Des Moines, Iowa
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How much do you owe?

BY WILLIAM D. ESTEB

BESIDES PASSING THE NATIONAL BOARDS, there is little that distracts chiropractic college students these days as much as the debt they're running up for their education.

Even getting enough patient visits at the student clinic pales in comparison to the concern many have over the $130,000 to $150,000 debt they're amassing.

It seems administrations and students alike have this notion that being a chiropractor is merely about adjusting people. Neglecting to see it first as a small business, however, may create a ticking time bomb.

The problem is the bomb doesn't go off in a college lecture hall or student center; it goes off hundreds, maybe thousands, of miles off campus. All because there was a greater emphasis placed on attracting tuition dollars from applicants with a dream than in equipping them to successfully run a small business upon graduation. After all, this is a college, not a trade school.

It's business first. If you can't charge more money than it costs you to deliver an adjustment, your "toys" will be taken away from you. It's not personal, it's not professional bias — it's just business.

In the hopes of "unifying" the profession, chiropractic colleges are disgorging new graduates with the skill set more like medical doctors — that is, highly skilled technicians who lack vital people skills.

Neglecting these "soft" skills in favor of the mechanistic and cookbook approach to administering the chiropractic intervention may have been a successful model a decade ago when generous third-party reimbursement existed, but not today.

Hobbled by poor communication skills and a reimbursement system with patient co-pays greater than the going rate for an adjustment and deductibles larger than a typical case fee, loan default rates are going to go sky high.

The solution?

Look now for every possible opportunity to bump up against your comfort zone. Acquire public speaking skills, volunteer to do screenings, and learn "unapproved" techniques not taught on campus. Seek out the fringe, the unexplainable. Track down those who practiced in the 1950s and 1960s and ask questions.

After graduation, go work for someone else and learn the business side of the equation. Sure, the wages may be small, but what you can learn will serve you as "practice insurance."

With that said, the potential return on your investment from a chiropractic college education is enormous. The only reason you would allow your investment strategy to distract you is the fear (the result of doubt) of being unable to pay it back. Which begs the question, "Why don't you think you can pay it back?"

But perhaps, more importantly, "What are you doing now to ensure that you can?" CE

WILLIAM D. ESTEB is the founder and creative director of Patient Media Inc. and the co-director of Perfect Patients, an interactive website service for the chiropractic profession. He can be reached through www.patientmedia.com.

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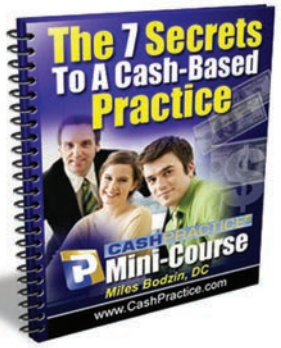

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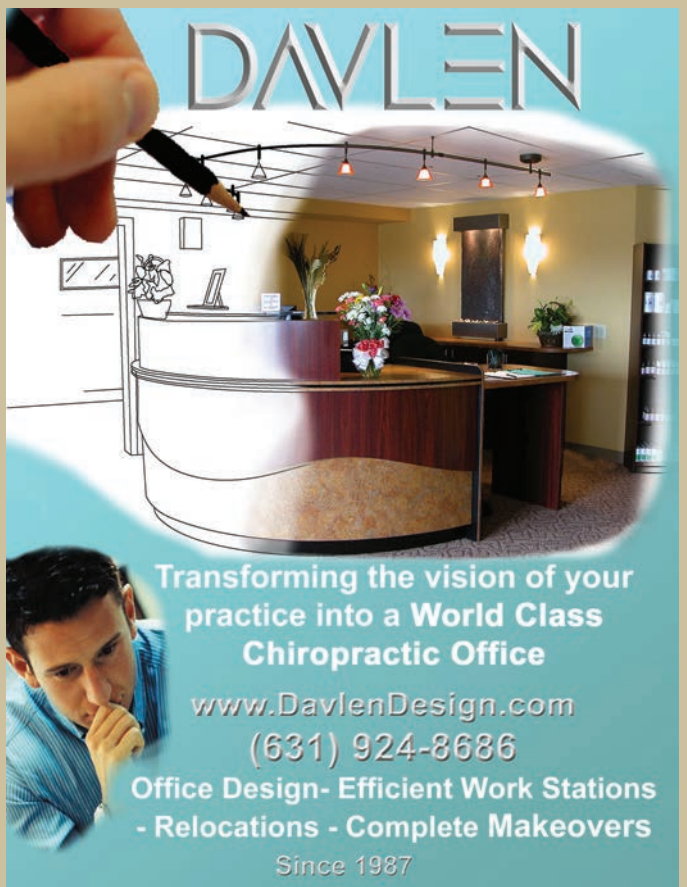

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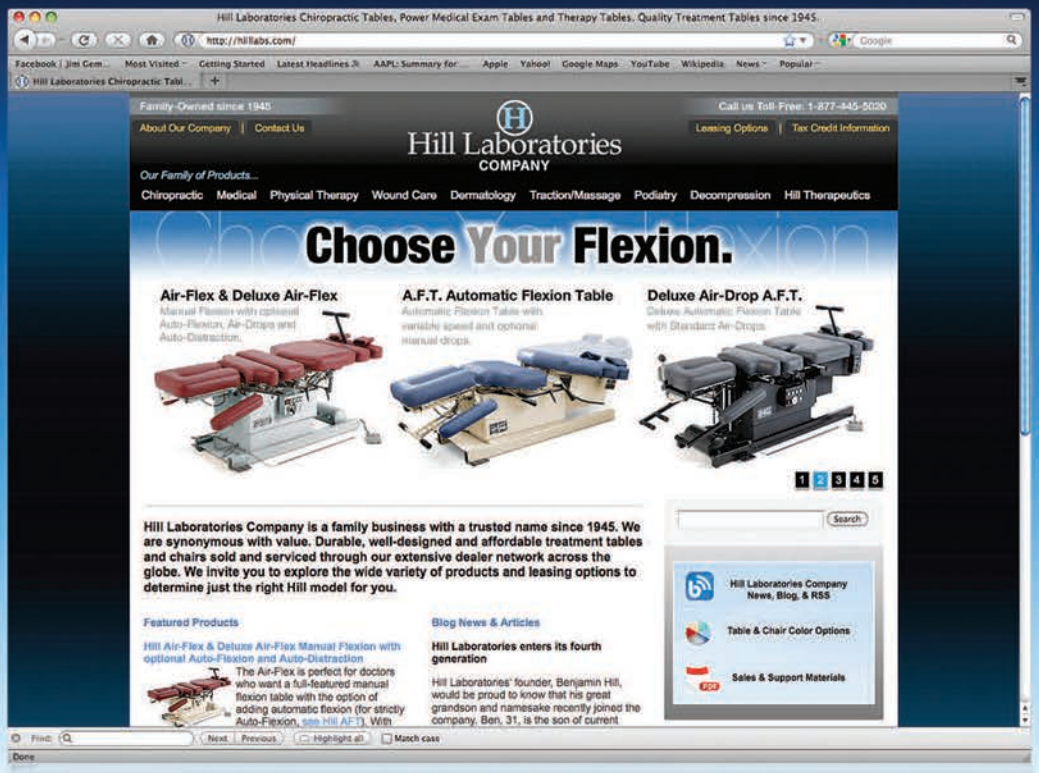

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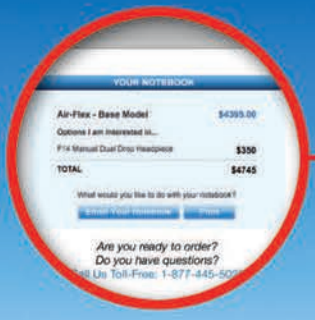

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