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Editor's Pick

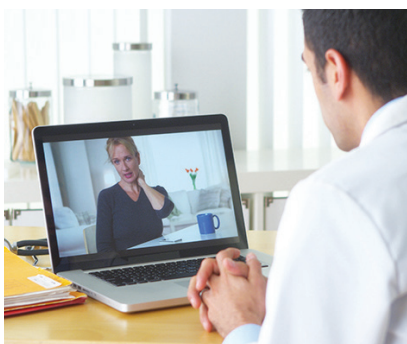
Chiropractic and the move into telemedicine

Telemedicine allows healthcare providers to interact with patients using technology.

These online consultations and electronic communications between physicians and patients allow more people to access healthcare remotely. The popularity of telemedicine and technological advances are bringing remote care to more people. Increasingly, providers are expanding their practices to include various aspects of telemedicine, and this trend is likely to grow among chiropractors.

By understanding how this new trend impacts your practice, you can make an educated decision about telehealth. You may decide to embrace the new movement or interact with it in other ways.

ChiroEco.com/chiropractic-telemedicine



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A RARE MOMENT IS AT HAND. WHILE TRADITIONALLY CHIROPRACTIC HAS HAD TO STRUGGLE TO GET public awareness and fend off attacks from the AMA and state medical associations, several recent developments should be on your radar.

As mentioned in our last issue, chiropractors in Texas achieved a major victory against a potentially devastating court opinion and have emerged stronger as a result. And



Let me know what's on your mind:
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this year the new practice guidelines published by the American College of Physicians gave support to chiropractic as a preferred first-line approach to low-back pain management.¹

Yet another opportunity has emerged resulting from the opioid crisis that's ravaging the nation. We're seeing broad consensus among the medical community that drugs like hydrocodone, oxycodone, and fentanyl are so dangerously addictive that non-pharmacologic pain management strategies should be given

preference. With respect to musculoskeletal illness, doctors of chiropractic are exquisitely well positioned to take advantage of this trend.

In addition, any neurological modalities you can provide to assist patients grappling with stress, anxiety, repetitive motion injuries and similar will all address problems that are burgeoning in light of social and economic changes. Technology, too, is creating hazards like "text neck" that are slow pitches to the chiropractic profession.

You can only take advantage of these opportunities, however, if the public knows who you are and what you can offer. In this issue of *Chiropractic Economics*, we're looking at how DCs can play in the "big leagues" by treating professional athletes and Olympians.

The DCs working in this arena are uniquely positioned to be ambassadors for your brand of care, and the patients they treat likewise can be passionate advocates for chiropractic. After all, if these high-performing individuals and their trainers find value in adjustments, that's a ringing endorsement.

To your success,

Daniel Sosnoski, editor-in-chief

Reference

¹ Qaseem A, et al. Noninvasive Treatments for Acute, Subacute, and Chronic Low Back Pain: A Clinical Practice Guideline From the American College of Physicians. *Ann Intern Med.* 2017;166(7):514-530.

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THE CHIROPRACTIC PULSE

September is Drug-Free Pain Management Awareness Month

September is designated Drug-Free Pain Management Awareness Month by the Society for Healthcare Strategy and Market Development (SHSMD) on the American Hospital Association's official healthcare calendar.

Sponsored by the Foundation for Chiropractic Progress, this nationwide annual campaign is critical to raising public awareness of chiropractic care as the preferred first-line approach to safe and effective management of low back, neck, and musculoskeletal pain.

There will be a month-long series of activities and media events to bring awareness and provide education to drug-free pain management.



To read more, visit ChiroEco.com/drugfreepain

Source: Foundation for Chiropractic Progress, www.f4cp.com



ChiroTouch releases CTProPay to help chiropractors get paid faster

ChiroTouch, the nation's leader in chiropractic EHR software, announces the release of CTProPay, a convenient patient payment solution that frees up time and costs by streamlining the collection process.

CTProPay was designed to help chiropractors get paid faster by making patient payments convenient, easy to manage, and it allows for automatic posting to the ledger. CTProPay offers patients convenience and choice of how they pay their bill. It also integrates directly into the ChiroTouch software and reduces the number of collection calls and paper statements being sent out. These increased efficiencies free up time and resources chiropractors can devote to patient care.



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Source: ChiroTouch, chirotouch.com



Coralee Van Egmond, DC, FICA, honored as ICA's 2017 Chiropractor of the Year

The late Coralee Van Egmond, DC, FICA, has been honored as the International Chiropractors Association's 2017 Chiropractor of the Year for her decades of service to the association, the profession, and the community. Van Egmond was selected to receive this, the ICA's highest honor, at the association's 2017 annual meeting by the Distinguished Fellows of the ICA, the honorary fraternity of the ICA charged with this annual responsibility.

Van Egmond served the ICA for two decades as director of professional development, working on a wide array of programs and projects worldwide. She directed the ICA's Council on Fitness and Sports Health Science, the organization that conducts the annual Symposium on Natural Fitness in partnership with Governor Arnold Schwarzenegger, and also directed the ICA's Council on Wellness Science, coordinating the certification instruction for that groundbreaking ICA program.

She served as a key member of the ICA Posture Committee and was integrally involved in the ICA's partnership with King Koil Sleep Systems, conducting research and writing many papers on sleep and sleep issues. She represented the ICA around the world as ICA's Healthy Sleep Ambassador, presenting the chiropractic story to audiences in many countries. She was the recipient of many awards and acknowledgements for her service both from the ICA and other organizations and was elected a Distinguished Fellow of the ICA in 1997.



To read more, visit: chiroeco.com/ica

Source: International Chiropractors Association, chiropractic.org



BY THE NUMBERS



33

The percentage of U.S. adults aged 65 and older who have had the shingles vaccine.

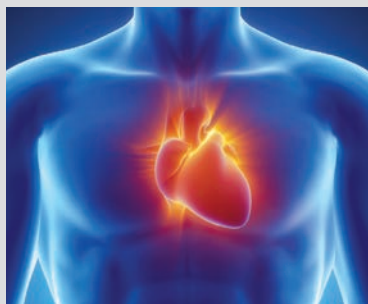
Source: cdc.gov



15

The percentage of adults over 18 who currently smoke cigarettes.

Source: cdc.gov



92.1 million

Number of American adults living with cardiovascular disease or after-effects of stroke.

Source: heart.org

TAXES & DEBT

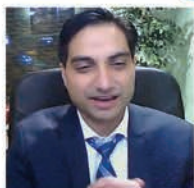
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Northwestern volunteers promote day of service

To demonstrate their positive impact on the community, more than 200 students, faculty, and staff donated about 800 hours of service work at 21 locations throughout the Twin Cities region as part of Northwestern Health Sciences University's Service and Appreciation Day.

The day of volunteer work and activities is an annual opportunity for the campus community to give back to the broader Twin Cities community through service work. This year, volunteer projects included packing meals that were donated to individuals and groups, cleaning buildings and grounds

of local schools, and making blankets for seriously ill children.

"It's about having an impact on our community that is consistent with our mission and vision," Northwestern President Christopher Cassirer said. "Our goal is to be the premier health sciences university that helps create a healthier world. Part of that comes through providing service in healthy ways. Giving back creates civic engagement as well as meaningful learning opportunities for our students."



To read more, visit ChiroEco.com/dayofservice

Source: Northwestern Health Sciences University, nwhealth.edu

Palmer Homecoming announces keynote speakers

A group of internationally known keynote speakers and up to 21 continuing education credits will highlight this year's Palmer Homecoming, August 10 through 12, at Palmer College of Chiropractic's Davenport, Iowa, campus.

This year's program feature: Cynthia English, a research consultant with Gallup, with exclusive highlights of this year's Gallup-Palmer report; Shilo Harris, wounded veteran and author of *Steel Will*; Palmer Chancellor and CEO Dennis Marchiori, DC, PhD, on Palmer's vision for a healthier tomorrow; Tom Rath, author of six influential best-sellers, including *How Full is Your Bucket?* and *Eat Move Sleep*; Alan Sokoloff, DC, DACBSP, renowned sports chiropractor and team chiropractor for the Baltimore Ravens; and Palmer College Provost Dan Weinert, DC, PhD, on "Innovation and Regulation Within the Healthcare Environment." The speaker line-up also includes a slate of new continuing education speakers as well as familiar faces leading sessions.



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To read more, visit ChiroEco.com/palmerspeakers


Source: Palmer College of Chiropractic, palmer.edu



Sherman College announces 32 new DCs

Thirty-two students from around the world received the doctor of chiropractic degree from Sherman College of Chiropractic in Spartanburg, South Carolina, on Saturday, June 17, 2017. The commencement was a shared ceremony for June and September 2017 graduates.

Kara Louise Gingras of New Hampshire, recipient of the Milton W. Garfunkel Award, presented the farewell address to her classmates. The Garfunkel Award is the highest award given at graduation. Students receiving this honor must have a grade point average of 3.5 or above and,

in addition, best exemplify those qualities Sherman College would like to inculcate in all of its graduates: love of the profession, an understanding of the philosophy, willingness to share, and service to the college and community. 



To read more, visit ChiroEco.com/shermancollege

Source: Sherman College, sherman.edu

WHAT'S HAPPENING IN HEALTH?

Study: Maximum lifespan still increasing

Super-centenarians, such as Morano and Jeanne Calment of France, who famously lived to be 122 years old, continue to fascinate scientists and have led them to wonder just how long humans can live. A study published in *Nature* last October concluded that the upper limit of human age is peaking at around 115 years.

Now, a new study in *Nature* by McGill University biologists Bryan G. Hughes and Siegfried Hekimi comes to a starkly different conclusion. By analyzing the lifespan of the longest-living individuals from the U.S., the UK, France, and Japan for each year since 1968, Hekimi and Hughes found no evidence for such a limit and, if such a maximum exists, it has yet to be reached or identified.



To read more, visit ChiroEco.com/lifespan

Source: McGill University, Science Daily; sciencedaily.com



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Stop pain in sport

How to make cutaneous stimulation work for you.

BY MITCH HAUSCHILDT, ATC, CSCS



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PAIN IS THE MOST COMMON REASON ATHLETES SEEK MEDICAL treatment. Sore muscles and joints are not only physically annoying but they hinder training—and ultimately performance. Research tells us that pain and nociception alter motor output, which can lead to dysfunction in the injured area as well as elsewhere throughout the body.

Pain is complicated. It involves a number of factors—including a person's mood, memories, genetics, and expectations. These are in addition to the noxious stimulus itself, which sends a threatening signal to the brain (nociception).¹

Given that this is a complex issue, it will generally have a complex solution. Systemic approaches, including narcotics and NSAIDs, often bring with them a host of side effects and risks, making them unattractive to many athletes.

A second option is to correct any structural factors that drive pain, such as poor posture, stability, and motor control. Pain driven by these factors is common with athletes because they are often asked to perform unnatural movements (e.g., overhead throwing) and perform them repeatedly. While most clinicians prefer this option for treating pain, oftentimes athletes find it difficult to make significant progress during a competitive season or intense training.

The gate control theory

A more localized approach to reducing pain is cutaneous stimulation. By changing the input to the brain (nociception), you can change the output (pain).² The pain gate theory, first introduced in 1965, states that nociception related to chronic pain travels along slow “C” fibers, which are small and unmyelinated.

Larger, faster “A-beta” fibers carry non-nociceptive signals to the brain and can be stimulated through the skin. The theory states that when A-beta fibers are stimulated, they can thwart nociception, thus reducing pain.³

The human body utilizes pain gating instinctively. The first thing that people do after they hit their head is rub it. This is our brain's way of closing the gate.

Pain gating is the basis for many of the common modalities, including electrical stimulation, massage, instrument-assisted soft tissue mobilization (IASTM), topical analgesics, and kinesiology tape. These modalities offer varying levels of pain relief based on settings, depth, rate, direction, and other variables. These modalities offer immediate pain reduction, simplicity, low cost, and are well tolerated.

There are two categories of pain-treatment modalities: mechan-

ical and chemical. Both gate pain by stimulating mechanoreceptors in the skin and fascia, but through different paths.

The mechanical approach involves physically stimulating the skin to provide some sort of compression, lift, shear, contraction, or a combination thereof to stimulate the autonomic nervous system and reduce nociception. Some examples of mechanical modalities include massage, IASTM, and kinesiology taping.

Topical analgesics are an example of chemical remediators that moderate pain. There are a number of different analgesics on the market. The majority use one or more active ingredients to elicit a cold or hot sensation (or some combination of the two). Typically, this is accomplished by using menthol, methyl salicylate, or capsaicin as the active ingredient.^{4,5}

Multiple research studies have

shown a pain-relieving effect when menthol soaks into the skin, some with impressive results.⁶ It is believed that this occurs through the activation of the TRPM8 channel, leading to a perception of cooling by the brain.⁷

On the other side of the conversation, capsaicin causes a heating effect and pain relief when used in small doses. In larger doses, it can cause a burning sensation, which is why it is included in pepper spray. The mechanism isn't completely understood, but it is believed to work through the TRPV1 receptors.⁵ Methyl salicylate's analgesic mechanism is also not well-understood, but we know that it is metabolized by the body into a known NSAID, making it a counter-irritant.⁶

A multifaceted strategy

There are a number of topical options available, so selecting the best one can

be challenging. Rather than trying to offer the perfect product for all of your patients, have several options available for athletes, because some will respond differently to the various active ingredients.

A rule of thumb is that if an athlete prefers heat for calming and relaxation in painful situations, then a warming analgesic is a good choice. It is common for athletes to prefer heat as part of their warm up, and use cold sensations to start the recovery process after a training session.

A fairly new approach to reducing pain combines a mechanical approach with a topical analgesic. This includes using an analgesic as a medium for massage or IASTM. The analgesic can augment mechanical stimulation to increase pain relief. This does have limitations, however, in that it has to be applied manually and usually by a qualified clinician. The relatively short

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duration of this intervention is also somewhat limiting because the analgesic will eventually absorb into the skin, resulting in a diminishing effect.

Combining kinesiology tape with a topical analgesic can address some of these issues. Note that not all analgesics are designed for this use and may interfere with the adhesion of tape, so research the product options before making your purchase.

Whether you put the analgesic on first and then apply tape, or apply analgesic over the tape, both can significantly improve the effect, strength, and duration of the stimulus. Because the tape can hold the analgesic longer than skin, it will lengthen the duration of the application.

Another advantage of this approach is that the modality can be worn for several days at a time, and during

workouts and training sessions. This simple “pain patch” is easily applied and reapplied by the athlete whenever needed.

When dealing with pain, there are a number of options to choose from, all with advantages and disadvantages. Due to its high effectiveness, ease of use, long-lasting effects, and ability to use during motion, consider combining kinesiology tape with topical analgesics with your athletes who are experiencing pain and soreness. **CE**



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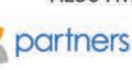
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Foot orthotics and kinesiology tape offer a synergistic solution.

BY STU CURRIE, DC, PHD

IN MANY WAYS, KINESIOLOGY TAPING AND FOOT ORTHOTICS SHARE the same goals: to control and encourage proper movement patterns. It only makes sense that they are often used together in the clinic. Here are a few ways to successfully incorporate taping into your orthotic evaluation and prescriptions.

Training wheels for orthotics

A tape application is not only a treatment but a pretest of how effective an orthotic will be at managing your patient. You can see if a patient has flat feet, but it is difficult to determine visually how much of your patient's dysfunction can be corrected with a foot orthotic.

Tape offers you a great way to explore the need for foot orthotics. If a patient presents symptoms you determine are a result of excess pronation, taping the foot to control it (in all three planes with a spiral) is an easy and effective way to demonstrate to yourself and your patient that intervention is warranted (Figure 1). One of three scenarios usually ensues:

- ▶ The problem was temporary and is completely resolved by the tape. Your patient is given instructions to report back if the problem returns, and receive another tape trial (sometimes it can take a few taping applications). If the dysfunction doesn't return, then the problem is resolved.
- ▶ The tape helps, but the problem returns even after repeated applications. Now you have a better idea of the pain mechanism and a prefabricated or custom orthotic is worth

exploring to work in conjunction with the tape.

- ▶ The tape doesn't help, at which time you have to determine if this is because the patient's problem is severe and they need more control, or if you need to look elsewhere for the cause of your patient's pain.

Even 10 years ago, taping the foot with standard athletic tape was used to guide orthotic prescriptions and predict its success. Given the advances in tape, taping techniques, and the neurologic effect of kinesiology tape, its application only makes

more sense today.¹ Biomechanical responses to taping have confirmed it predicts corresponding responses to foot orthotics. The amount that the midfoot splays from non-weight-bearing to weight-bearing has long been a indicator of success with an orthotic; therefore, using kinesiology tape to encourage proper speed and control of midfoot splay can be a good strategy.²

A biomechanical partner

As with other modalities such as instrument-assisted soft-tissue mobilization (IASTM), taping can be a good adjunct during the orthotic break-in phase. Orthotics make changes to the foot, even when they are in the



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Figure 1 A: Taping for arch control with tibialis posterior focus.



Figure 1 B: Taping for foot control with tibialis anterior focus.



Figure 2: Plantar taping for neural stimulation and pain gating during the orthotic break-in phase.


direction of correction, and this can result in growing pains (like braces for teeth).

Taping the foot with IASTM (scrape and tape) in conjunction with orthotics helps to mitigate any discomfort that occurs by giving the foot extra dermal stimulation. For increasing comfort during orthotic break-in, tape the plantar aspect of the foot in the same way as is done for plantar fasciitis (Figure 2).

Three-dimensional multi-segment foot biomechanical analysis has shown that orthotics and taping techniques can work together to control different parts of the foot, so these two options can be used in combination for multiplied effects.³

When versatility is key

There are some scenarios when orthotics or shoes aren't practical for full-time wear. For times when shoes are not practical, or shoes are too constricting for an orthotic, tape can be an appropriate solution. Whether it's summertime and your patient wants to hang out in flip flops for a day, or it's an athlete whose competition footwear doesn't accommodate an orthotic (e.g., gymnastics, martial arts, ballet)—tape works well as a temporary substitute.

In summary, tape and orthotics make a great pair, each one enhancing and complementing the other's effects. Use them together for the benefit of your patients. 



STU CURRIE, DC, PhD, is a practicing chiropractor and researcher, holding a doctorate in engineering with a specialty in biomechanics and human movement. He owns and operates MojoFeet, a manufacturer of custom and prefabricated foot orthotics. He can be contacted through mojofeet.com.

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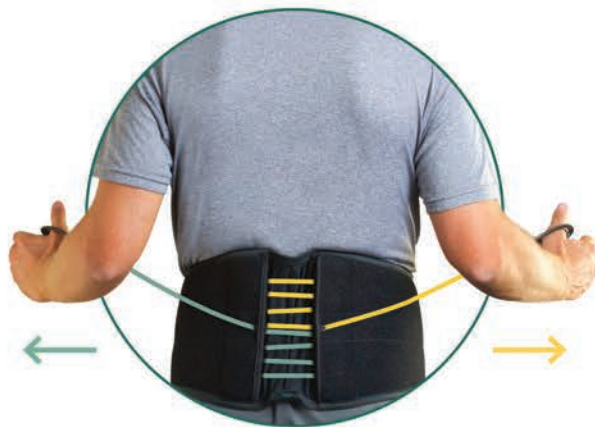
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Certification is not compliance

'Same-as-last-time' documentation is a sure route to trouble.

BY KATHY MILLS CHANG, MCS-P, CCPC, CCCA

SO, YOU PURCHASED AN ELECTRONIC HEALTHCARE record (EHR) program.

Congratulations! Maybe you were one of the early adopters who were riding the incentive wave that allowed you to tap into that \$44,000 per eligible provider. Maybe you jumped on the bandwagon a little later. Either way, you took the plunge, and you have the software. Now how's it going?

Old habits die hard

If you're like many if not most, those first few days and weeks with your new software were a far cry from what you had thought they would be. You were frustrated, confused, and befuddled. Perhaps you cursed the day you ever heard the name of your software company and wanted to toss it, along with your computer, out the window.

It's not uncommon to feel a powerful desire to go back to the good old days of writing your notes by hand using a system that possibly only you understood.

But you persevered and became more comfortable with your EHR system. You became more adept at creating an electronic SOAP note. Maybe you created some macros to help this process along. It is also entirely possible that you discovered some shortcuts or cheats along the way.

Same as last time

Far too many users of high-end EHR programs mistakenly think that because their software is certified, that is all that's needed with respect to compliance in documentation, coding, and billing. Spend a day in my office listening to phone calls from doctors

who are being audited and you'll see what an error that can be. If your software is to accomplish what it was designed to do for billing, coding, and documentation, it needs correct information to be entered into it.

A vivid case in point was a practice that was making aggressive use of "same-as-last-time" (SALT) procedures. Too much salt is not only bad for your health when you put it on food, but it can have similar negative effects when there is too much SALT in your documentation.

This group practice in question was like a growing number of practices in the U.S. who are moving toward a multidisciplinary style of practice. They have chiropractors, a medical doctor, and physical therapists on staff. Care is coordinated and each healthcare provider sets their own

independent treatment protocols. This certainly sounds good on paper.

This practice requested a periodic chart review as part of their annual compliance activities. We had been familiar with this practice when they were chiropractic-only, and this was the first time we were looking at their charts as a multidisciplinary practice.

When it came to their rehab notes, SALT ruled the day. There was SALT everywhere. You might think nothing of this as rehab is often done in phases and often not a lot changes from visit to visit.

However, a huge problem was uncovered: The practice's medical doctor had documented on one visit that he was giving a patient the first of an anticipated three trigger-point injections. The note regarding this procedure was beautiful. It described the preparation of the medicine to be injected, the lot numbers from the vials, the gauge of the needle, the muscles to be injected, and post-injection recommendations to the patient. The patient also received rehab services during this visit from the physical therapist. These notes also looked fine. So what was the problem?

Upon review of the next two dates of service, we found that they had SALTed their notes. In the process, the wonderful and complete description of the first trigger point in a series of three also appeared. Their software also generates billing automatically from the notes that are entered on each encounter. As such, this first injection was billed a total of three times, when no trigger point injections were performed on the second and third dates of service.

Worse yet, on a deeper dive into their records, we discovered they were also paid for these two additional injections that never happened—a major compliance goof!

Fortunately, this practice had a living compliance program in their

office, not merely a manual sitting on a shelf collecting dust. This error was documented, training was given to all staff, a refund provided to the insurance company, and there is now a dramatic decrease in the use of SALT in this practice. Crisis averted? One can hope.

Evolve with the times

Putting an EHR system in your office is a good thing to do. It is the sign of a practice that is modern and making efforts to keep up with the information age. It will allow your practice access to information and you can use it to communicate seamlessly with other healthcare institutions.

But if you use your software programs pretending that it is still the 1980s or 1990s, you will see those benefits evaporate. Worse yet, you could run the risk of having to make crippling refunds for services that were not adequately documented to prove medical necessity.

Those of us old enough to remember the early days of computers in practices will recall the acronym GIGO: “garbage in, garbage out.” This concept is alive and well today and lives in your computer. Put garbage documentation in, you can expect garbage out in the form of poor reimbursement, refunds to carriers, and a profile with carriers that is less than stellar. **CE**



KATHY MILLS CHANG is a certified medical compliance specialist (MCS-P), a certified chiropractic professional coder (CCPC), and certified clinical chiropractic assistant (CCCA). Since 1983, she has provided chiropractors with reimbursement and compliance training, advice, and tools to increase revenue and reduce risk. She leads a team of 20 at KMC University and is considered one of the profession's foremost experts on Medicare, documentation and compliance. She or any of her team members can be reached at 855-832-6562 or info@kmcuniversity.com.

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The Big League

Working with pro athletes can elevate your practice.

BY TAMMY WORTH

When Kyle Prusso, DC, graduated from chiropractic college, he couldn't afford to open a new practice, so he went to work at his father's construction company.

He pulled up to a home one day to build an addition—not knowing it was the residence of the head athletic trainer for the Oakland Raiders football team.

Prusso got to know the trainer's wife, and she convinced her husband to meet with Prusso. When he talked to him the trainer liked what he heard. Shortly thereafter he invited Prusso to work with the team. Since 2005, he's been the team's head chiropractor.

Admittedly, not everyone will have this kind of right-place, right-time luck. Most people have to put in time and effort before treating professional athletes. Most veteran DCs who work with the pros began adjusting for local, nonprofessional teams—sometimes on a volunteer basis—and worked their way up through name recognition and connections.

Everybody dreams of treating NFL, MLB, and Olympic athletes, but without paying your dues you aren't likely to reach that level. There are a few extraordinarily fortunate DCs who landed an internship and got a position treating major league players with another doctor, but for most, it's the result of extended preparation.

Start small

The best time to start getting involved with professional teams is when you are still in chiropractic college. Gaining an internship with a doctor who works with pro teams will give you the opportunity to get your foot in the door and test the waters to see if it's the right career path for you.

If you are already practicing, start small. You can visit the activity directors and coaches at local high schools. There may be physicians already conducting sports physicals, but consider handing out flyers to coaches that detail your expertise with musculoskeletal health and rehab.

Some chiropractors who've gone this route have seen their practices grow as parents begin bringing their young athletes to them for sports-related injuries.

Alan Sokoloff, DC, of the Yalich Clinic Performance and Rehabilitation Center, began his sports work with his alma mater, the University of Maryland. He moved on to working with the National Aerobic Championships, and in 1997 he did an internship at the Olympic Training Center. After his Olympic training, he was able to work at the Goodwill Games, Pan American Games, and the Olympics.

At the end of 1999, he treated a Baltimore Ravens player and eventually became the team's chiropractor. He has also worked with the Washington Nationals and the Bowie Baysox, the Baltimore Orioles's AA team.

Although both chiropractors have worked with pro teams for decades, they continue to have strong ties in their communities. Sokoloff works with local youth, coaches, and parents through a nearby parks and recreation department.

Be apprised that it is unlikely pro athletes will be your only patients. You almost always have to keep a traditional client base to make ends meet.

Your community will largely be paying your bills; professional sports are generally seasonal. Working with athletes from your local triathlon clubs is going to build your practice faster than working with a pro team will.

Building a business model

When **Spencer Baron**, DC, president of NeuroSport Elite, PC, began working with the Miami Dolphins, he found out the DC before him was adjusting the team free of charge. After a couple of months, he knew he was going to have to be paid for his services.

He arranged a meeting with the trainer and told him he couldn't continue performing the work gratis. Without blinking, the trainer asked if he would like to get paid by the club or through players' insurance.

"I am convinced when you are treating high-profile athletes, your credentials and reputation are on the line, so you better get paid well," Baron says.

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Meet the experts



Alan Sokoloff, DC, DACBSP, director of the Yalich Clinic Performance and Rehabilitation Center in Glen Burnie, Md.
yalich.com



Spencer Baron, DC, DACBSP, president of NeuroSport Elite, PC, in Davie, Fla.
neurosportelite.com

professional services. The work you do is specialized and giving it away lessens the value of the care you provide.

A sense of entitlement can exist with some players, and they might consider the prestige of treating them to be sufficient compensation in itself. But our experts are adamant that you should be firm in requesting payment.

And how you work this kind of treatment into your business model is going to vary greatly depending on your agreement with a team and how they prefer to pay. Every team has a different system. It's important to be flexible, but our experts are adamant that you must make sure you are paid.

You might begin by adjusting players individually as they come into your practice. Others work on a contract with a team—going in for a few hours a couple of days a week. Sometimes you will work with visiting teams and treat them at the field or at their hotels. You may be asked to cover games (home or away) or just practices.

And billing is different for every team as well. Some work through the players' insurance, which tends to be generous. Other DCs bill the team directly, and others prefer to work on retainer.

The rates vary widely, but you can probably expect to get paid \$200 to \$300 for an adjustment session with a professional athlete.

There are a couple of caveats to the “always-get-paid” rule. When you are first starting out, you might have to volunteer for a short period to prove your worth. Some DCs volunteer at local extreme sporting events and they wouldn't have gained a foothold with professional organizations had they not done so. When a group sees you can add value, then getting paid becomes far more possible.

Another exception is in working with Olympic athletes. The United States Olympic Committee requires chiropractors and other providers to go through unpaid training and then volunteer for a rotation at one of three training centers in Colorado Springs, Colorado, in Chula Vista, California, and at Lake Placid, New York. Travel to the training centers is unpaid, but housing and meals are supplied while volunteering.

Though working with Olympic athletes presents a significant and unpaid time commitment away from home,

Some DCs volunteer at local extreme sporting events and they wouldn't have gained a foothold with professional organizations had they not done so.

Sokoloff recommends it. These patients are highly motivated and you are immersed in your practice during your rotation.

"It is a great experience because you eat and live amongst the athletes the whole time you are there," he says.

Major modalities

If you get the chance to meet with a college or professional coach, the first thing they will ask you is, "What can you do for me?" Sokoloff says. You have to communicate what qualifies you to work with these elite athletes. The answer, of course, is your adjustment skills.

"You increase the odds of working with a pro team if you are a good diagnostician and a tenth-degree black belt in your ability to adjust the spine and extremities, because that's what they want," he says.

Other things like nutrition and active release techniques can be performed by an athletic trainer, and your specialty is performing adjustments. So you need to be able to perform

them with the precision of spinal surgery, Sokoloff says.

Depending on the type of athletes you are treating, you may need to hone certain skills. To that end, you will probably need to put a lot of time and energy into understanding and treating sports and extremities injuries. And if you are working in football, competitive cheerleading, or other sports where head injuries are common, your knowledge and application of treating concussions should be better than anyone else you know.

Next, you need to leave your ego at the door and become part of the team. You'll also need to answer to and take direction from a trainer.

"If you are hired to work on a team, those athletes are not your patients," Sokoloff says. "You have someone you have to report to and are accountable to. Chiropractors in general have a hard time answering to someone who isn't a 'doctor' even if they have more field experience."

Finally, along with being a team player, your social and communication skills need to be exceptional.

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You need to leave your ego at the door and become part of the team.

"Athletes want to feel secure and be inspired to matter how bad the injury is," Baron says. "A chiropractor educates and inspires, and if you aren't doing that, you are in the wrong place."

Certification considerations

To work with the USOC, you have to have been in practice for at least three years and have an active CCSP or DACBSP credential. Beyond that, there generally aren't additional certification requirements for working with professional athletes.

The American Chiropractic Association's Sports Council definitely recommends getting some kind of advanced certification. These programs give you clout by showing you took the time and energy to complete a credential.

Getting a CCSP used to involve a considerable amount of hands-on training, but Sokoloff says the program now entails about 70 percent of work online and 30 percent in class. If you are going to obtain one, he recommends getting as much face-to-face training as possible.

"You can't treat athletes online. If you do get a certification, choose one that has the most contact hours," he recommends.

But the reality is that most people who work with professional athletes don't have a certificate or diplomate. Baron, formerly on the board of the Accreditation Council for Business Schools and Programs, says about 5,000 chiropractors went through certification during his six years there and only about half ended up keeping their membership active.

He estimates that only about 5 to 10 percent of chiropractors working in professional sports have any kind of certificate or diplomate. But many,

he says, do have certifications in other areas like the Graston or active release technique.


"No one is asking for these certifications," Baron says. "They are valuable, though, and will teach you more about biomechanics. And you'll have camaraderie among other trainers nationwide."

Challenges to conquer

Working with professional athletes isn't all about autographs and prestige. The job can be time consuming, particularly if you travel with the team.

At one point in Baron's career, he was working on-site with the Miami Dolphins from 6:30 a.m. to noon. After that, he went back to his office to treat his other patients for the afternoon and then spent the rest of the day working with the Florida Marlins.

Working with the pros may not pay off your mortgage or put your kids through college, but for people who love athletics, it can be highly rewarding. You might get team swag or season tickets, or just enjoy the prestige and excitement of working with the pros. And it also gives you the chance to work with people who are in peak physical condition.

"The situations can be more challenging; you might be on the sidelines with 30 seconds available to assess someone along with the rest of the team," Sokoloff says. "But these people have a vested interest in wanting to get better, and that's why I enjoy working with them. You never have to bug them about doing exercises or using ice." 

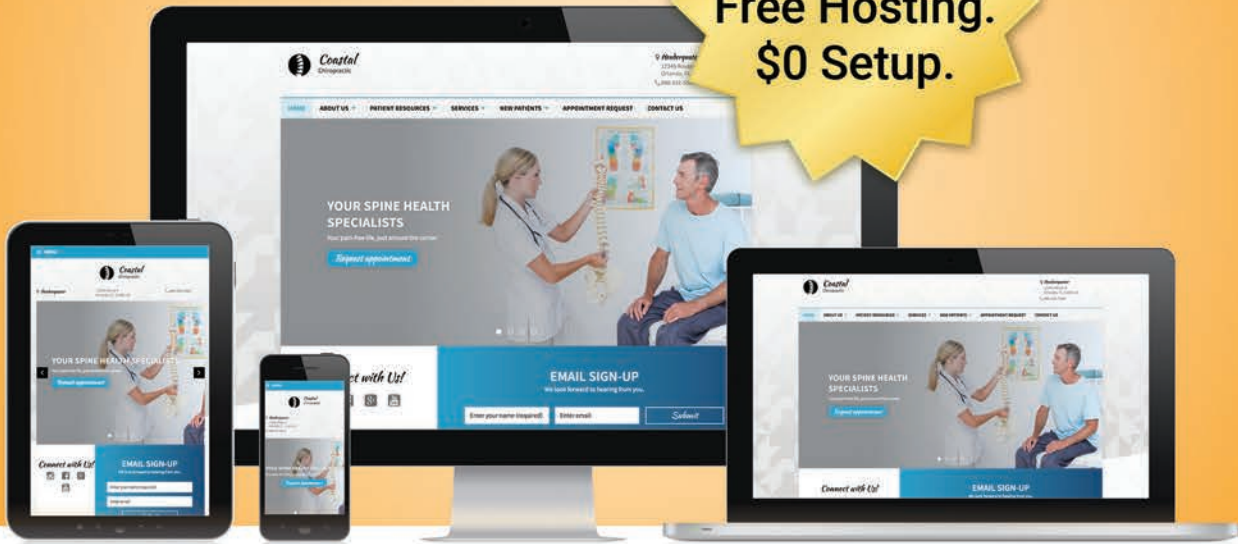


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Natural hope

Learn how to treat neuropathy with nutrients.

BY TERRY LEMEROND

IF YOUR PATIENTS HAVE DIABETES, THERE IS A GOOD CHANCE THEY ALSO experience symptoms of neuropathy, and they might tell you about a tingling feeling (or loss of feeling) in their feet, legs, and fingers. While in non-diabetic patients this could be attributed to pinched nerves and addressed with adjustments, an individual with diabetes most likely requires supplemental assistance and lifestyle changes. As for supplementation, there are specific ingredients that can stop—and even reverse—the causes and symptoms of neuropathy.

Vitamins as medicine

A study published in the journal *Clinical Nutrition* examined patients with hyperglycemia, and 14 of 34 patients were found to be deficient in vitamin B₆. Those in the group who were given pyridoxal-5-phosphate (P-5-P), the active form of vitamin B₆, showed reduced blood glucose levels after only seven

days.¹ Other B-vitamins, including thiamin, help the body metabolize carbohydrates effectively and turn those calories into energy.²

Benfotiamine, a fat-soluble form of vitamin B₁, is over three times more bioavailable than water-soluble thiamine and can reduce pain and the “pins-and-needles” feeling in feet and legs.^{3,4} In a Serbian clinical study, patients with diabetes were treated with a combination of benfotiamine and vitamin B₆ for 45 days. At the end of the study period, more than 85 percent of the patients reported a highly significant reduction in overall pain.⁴

Additionally, pain due to light pressure, touch, or temperature was reduced from 77 percent of the patients to 22 percent by the

conclusion of the study. Pain caused by the loss of muscle fibers was reduced from 90 percent of the patients to just 32 percent. The researchers felt that these results “confirmed that benfotiamine was a good starting choice for the treatment of diabetic polyneuropathy.”⁴

Methylcobalamin is an active form of vitamin B₁₂ requiring no conversion by the liver. It is critical for nerve structure and signal strength. According to the *Annual Review of Nutrition*, up to 15 percent of individuals over 60 years of age are B₁₂ deficient.⁵ Many of your own patients may well fit that demographic.

Research published in the journal *Reviews in Neurological Diseases* found that L-methylfolate, methylcobalamin, and P-5-P improved the

ADOBE STOCK



epidermal nerve fiber density (ENFD) in nearly 75 percent of the treated patients with type 2 diabetes in just 6 months. In addition, slightly more than 80 percent reported reduced frequency and intensity of the “pins-and-needles” feeling or of the painful sensation (or *lack* of sensation) brought about by simple touch and contact.⁶

Riboflavin helps keep reduced glutathione—the body’s natural free radical fighter—active in the eyes. In clinical research, the greatest reduction in cataract risk was seen in those taking a combination of riboflavin and niacin compared with other tested nutrients.⁷

As seen with deficiencies of other B vitamins, a lack of pantothenic acid can cause numbness and tingling in the feet. The nutrient’s primary role in the body is as Coenzyme A, which is involved in many important functions, including healthy tissue

formation, and support for nerve endings and blood vessels. However, high blood sugar can affect levels of Coenzyme A, so pantothenic acid is a valuable nutrient for overcoming diabetes-related deficiencies and treating neuropathy.^{8,9}

A review by researchers at Oregon State University showed that alpha-lipoic acid fights diabetic neuropathy by normalizing the intake of blood sugar by the muscles, reducing the pain and tingling of peripheral nerves. Other laboratory research published in the journal *Diabetes* found that alpha-lipoic acid reversed markers of diabetic neuropathy and improved peripheral nerve function.^{10,11}

Minerals are important therapeutic ingredients as well. Chromium, known for its metabolic actions, also activates insulin receptors, helping to prevent the build-up of glucose in the bloodstream. In an Indian clinical

study, individuals taking chromium reduced their fasting blood glucose level from an average of approximately 200 to 100 in just three months, and brought down their triglycerides and low-density lipoprotein (LDL) cholesterol as well.¹²

Zinc stabilizes the pancreatic storage of insulin and inhibits the oxidative stress that promotes insulin resistance and diabetes. Research published in the journal *Diabetes, Obesity, and Metabolism* reported that reduced zinc levels in the pancreas are associated with diabetes, and proper amounts of this mineral tend to keep insulin levels on an even keel.^{13,14}

The herbal powerhouse boswellia (*Boswellia serrata*) is one of nature’s most effective anti-inflammatory medicines. It is a specific inhibitor of 5-LOX, making it ideal for treating the pain that accompanies nerve damage.^{15,16}

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Reversing the damage

There is a growing awareness of the benefits of nutrients for slowing or reversing disease. For example, in the journal *Diabetes Research and Clinical Practice*, researchers concluded vitamins B1, B2, B6, B12, folic acid, zinc, and others could “ameliorate diabetic neuropathy symptoms.”¹⁷

The damage done by elevated blood sugar levels and type 2 diabetes happens slowly, and isn’t always noticed until serious harm has occurred. But through a sensible exercise regimen, disciplined eating habits, and well-guided use of these nutrient ingredients, the pain, numbness, and tingling of neuropathy can be overcome. **CE**



TERRY LEMEROND is a natural health expert with over 45 years of experience. He has owned health food stores, founded dietary supplement companies, and formulated more than 400 products. A published author, Terry appears on radio, television, and is a frequent guest speaker. He can be contacted through euromedicausa.com.

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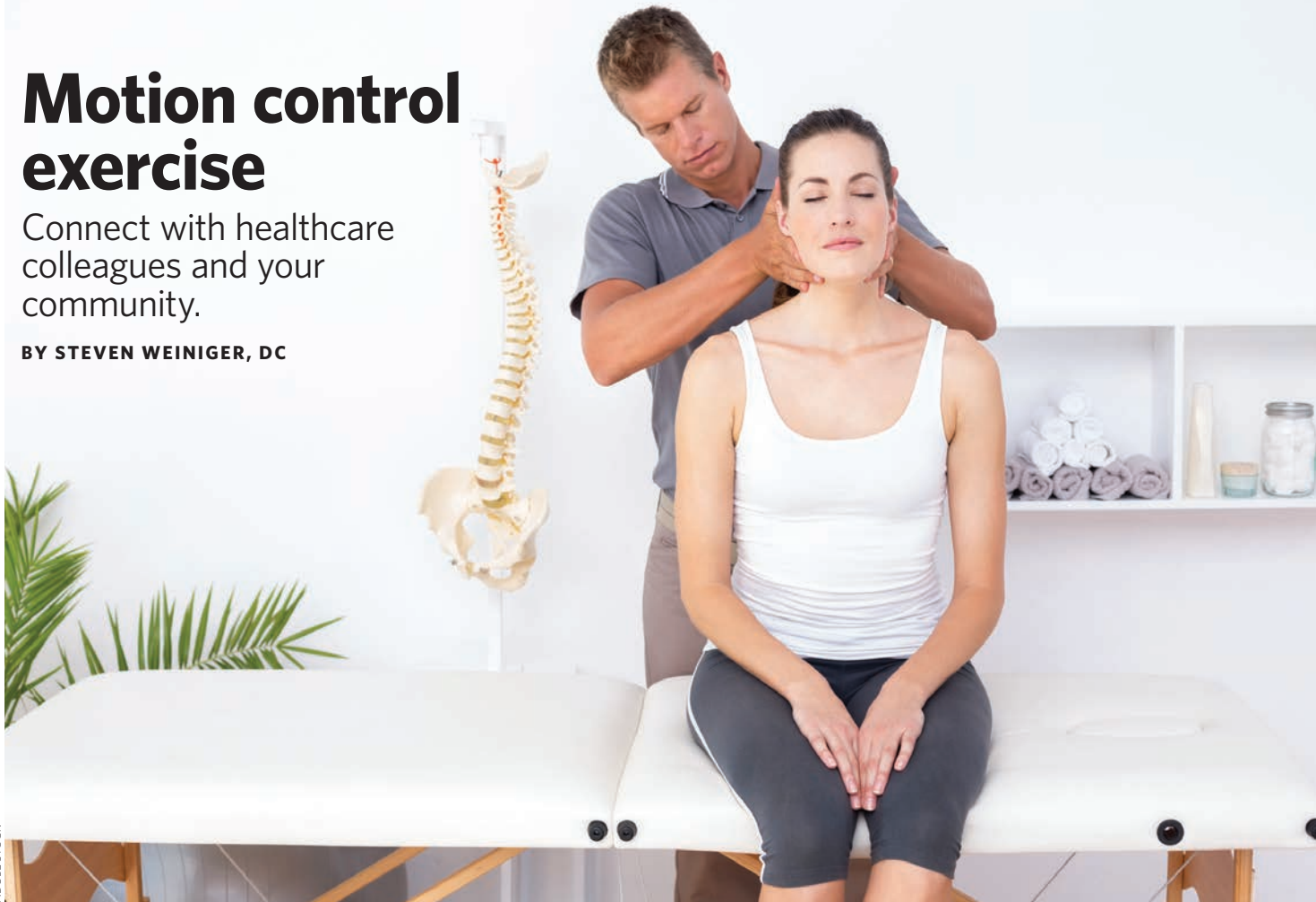


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Motion control exercise

Connect with healthcare colleagues and your community.

BY STEVEN WEINIGER, DC



ADOBE STOCK

YOU KNOW ADDRESSING POSTURE IS IMPORTANT TO effectively care for back and neck pain. After all, the best adjustment is fighting an uphill battle against gravity if a patient slumps in front of a computer for 10 hours a day, shoulders hunched up to their ears.

A good chair, a standing desk, and good shoes can help. But when someone's unconscious default posture is "slumped over with head jutting forward and spine collapsed backwards," you need to engage them to change their postural habits.

Our medical colleagues agree, according to a recent study in the *European Spine Journal*, which found that nearly 90 percent of primary care physicians consider biomechanical risk factors like posture to be the single most important short-term trigger of sudden onset low-back

pain.¹ Postural help can be exactly what patients want, even though clinical experience tells us patient compliance toward building new habits can be a challenge. A patient's needs, wants, and desires are not always in alignment.

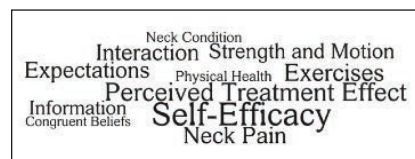
Perceived value

A 2014 study in the *Journal of Rehabilitative Medicine* looked at how perceptions of the value of care varied among neck-pain patients treated with different protocols of exercise, spinal manipulation, posture education, and applied biomechanics for pain management.² You might think the most important thing from the patients' perspective would be their neck pain followed by addressing the condition causing the problem.

You'd be wrong.

Michele Maiers, DC, and her team

at Northwestern University of Health Sciences looked at 241 chronic neck-pain cases, and asked the patients what made their care "worthwhile." Below is a word cloud of what people valued with the size of each word representing how many people gave that answer.



Least important was their neck condition and physical health. The most common response was "self-efficacy," which is the patient's perceived ability to successfully make a change.

Perceived treatment effect and neck pain followed, then exercises, and interaction between strength and motion. Also valued was the infor-

mation provided, and the congruence of that information with the explanation of their problem, their care, and common sense.

In other words, respondents were saying “How do I help myself, and how can you help me do it?”

Raising awareness

Holding a postural health campaign can create an opportunity to help people understand biomechanical problems through a postural lens, and help them stand taller and move better—as well as deepen their understanding of the benefits of your care.

Spinal manipulation gets people feeling better and frees potential motion, setting the physical and neurologic stage to regain control of their movement. But unconscious postural habits often cause problems to return. It's ironic that, despite helping patients, chiropractors often

get a reputation for “keeping the patient coming back.” In reality, it can be the patient's own habits (e.g., texting six hours a day) that necessitate ongoing care.

The ACE strategy is a public health campaign for everyone—patients, the general public, and healthcare providers.³ It offers you a way to engage patients and your community to pursue better postural habits and strengthen how individuals carry themselves.

The ACE acronym stands for becoming posture *aware*, taking *control* of how you move your body, and optimizing your posture *environment* to make it easy to sit and stand taller.

Awareness: The first step to better posture. Awareness of a problem is the first step to making any change, and the best way to have people become

aware of their posture is with a picture. You can visit PostureMonth.org, which has posture-improvement resources and educational material, and allows you to register as posture professional.

Control: The key to stronger posture.

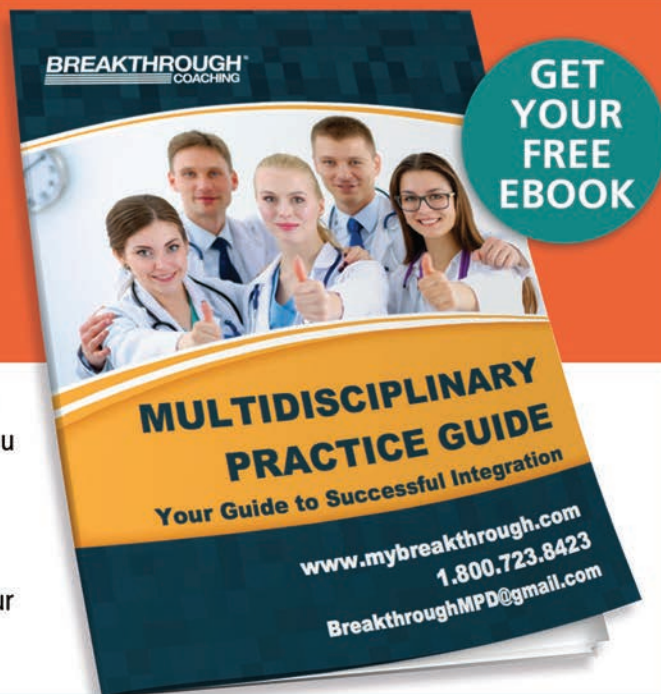
The door is opening wider for collaborations between DCs and evidence-aligned medical physicians with the new back-pain guidelines from the American College of Physicians (ACP). Low-back pain treatment guidelines don't usually make mainstream media headlines, but they did in April when the world's largest medical-specialty society (148,000 members) advised members to avoid prescribing drugs for “non-radicular low-back pain,” because research shows that better first-line alternatives for managing back pain are chiropractic, massage,

Chiropractic Economics Survey Results: Integrated and Multidisciplinary clinics earn more than DC-only practices.

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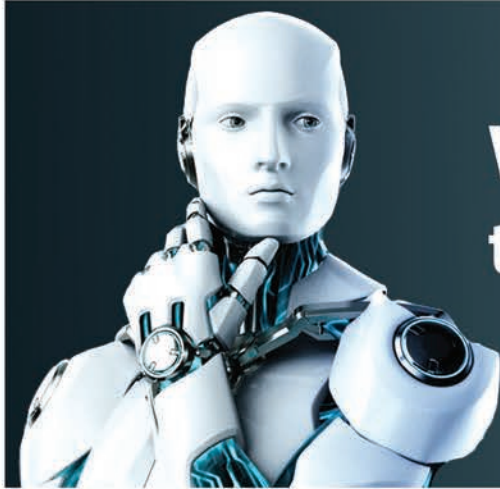
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Will this technology truly transform your practice...

...or just make you an awful lot of money?

BY JASON WALKER, DC

TRYING TO BUILD A THRIVING PRACTICE BY WORKING YOUR FINGERS TO THE bone doing adjustment after adjustment is no easy feat. That's why most successful DCs now offer more than just traditional chiropractic treatments. Some offer supplements, lasers, nutritionals, weight loss systems—even saunas to provide extra services (and income streams). But I wasn't even looking for a **new income stream** when I stumbled upon this dramatic video...

I was looking for pain relief!

Suffering from intense neck and right shoulder pain, it got to where I couldn't even reach my hand and touch my lower back. Even worse, I couldn't adjust my patients without extreme discomfort. It was starting to seriously affect my career. I tried continuous adjustments, soft tissue work, PEMF therapy... Nothing worked.

Finally, I spoke with Jason Tebeau of Da Vinci Medical. He specializes in medical technology devices—especially those that deal with healing and pain-relief. Jason told me about a device that generates a proprietary signal that dramatically improves circulation at the cellular level.

Then he showed me the 2½ minute leaked video that changed my life—and my practice.

This leaked video is unauthorized by the maker of the device in question because it doesn't contain the required disclaimers, (...not intended to

diagnose, treat, cure, etc.), AND the results shown by the video are so dramatic, they don't want to deal with increase FDA interference and regulations.

As you know, circulation is life.

It's responsible for providing nutrients and life-giving oxygen to the cells and removing waste. When circulation is flowing well, health is maintained and the body heals quickly. When it's not flowing well, you tend to feel lousy, heal slower, and experience persistent pain.

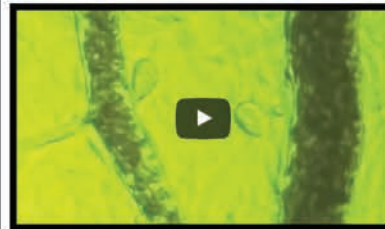
Upon seeing the video, I decided to get my own device and begin my therapy immediately. In one week of two 8 minute sessions a day, my pain was completely gone. And it has never returned. Feeling better than ever, I decided to try the device on a few patients. The results were fantastic. They loved it.

Now comes the best part...

Jason over at Da Vinci Medical showed me an exciting program to create an extremely profitable new 3-way income stream for my practice.

One is to provide this therapy in my practice. Most DCs charge \$30-\$40 per session. Many offer treatment programs like 10 sessions for \$250-\$300.

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devices in your practice. Your patients will love the convenience of having their own units and you'll bring in a nice chunk of revenue.

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MARKETING MATTERS

acupuncture, and motion-control exercise (MCE).

MCE is more than rehab; it focuses awareness and attention to systematically retrain fine control toward greater accuracy. Yoga and tai chi (also recommended by the ACP) train this kind of mindfulness and control.

This is a seismic change in back care recommendations.

Protocols you can teach patients and the public are MCE and proprioception—aligning subjective perception of body position with objective reality. People can learn to actively retrain control of the subtle segmental motions restored with an adjustment, reducing errors between perception and motion to address subtle sensorimotor errors.

DCs observe and care for motion dysfunction, and so should also be helping the patient to retrain that motion, understand common-sense postural biomechanics, and address their habits. In addition to engaging the patient, the ACE framework creates an opportunity for evidence-congruent collaboration with medical physicians seeking options for their back-pain patients.

Environment: Optimizing your posture.


There are plenty of products on the market to support a posture campaign: chairs and desks, mattresses and pillows, orthotics to support the feet and back, and bands to straighten the back. These kind of posture devices, tools, gadgets, and other products are hot. Some are valuable and good for nearly everyone, some are appropriate for a few, but some create more problems than they solve.

Understanding posture basics is the beginning to designing a smart posture environment, creating an opportunity to help people choose for themselves what's right for their body and their lifestyle.

The DC as posture specialist

The goal of a postural ACE campaign is the promotion of posture as an important and actionable health indicator. Especially with texting, smartphones, and tablets, improving postural awareness and habits is a valuable public service you can offer. Educating society about posture is a way to contribute to your community while increasing the perceived value of the chiropractic healthcare services that you provide.

Successful community and intra-professional collaborations require authentic messaging in peoples' best interest, and not be self-serving. Exploiting fear or anxiety to build a busier practice is both wrong in the short term, and ineffective in the long run.

Take the opportunity to make people aware of their posture, teach them how to better control their body, and adjust their environment. Educating them on how to better help themselves in a postural framework fits with the biomechanical problems you already address. 



STEVEN WEINIGER, DC, is the author of *Stand Taller Live Longer* and teaches the advanced posture specialist certification, Certified Posture Exercise

Professional (CPEP), setting the clinical standard for posture improvement and rehab protocols with clinicians worldwide. He is managing partner of posturepractice.com and bodyzone.com. He can be contacted at 866-443-8966 or drweiniger@bodyzone.com.

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BY TODD SINGLETON, DC

IF \$20 BILLS WERE SOLD FOR \$5, HOW MANY WOULD YOU BUY?

When you put your marketing dollars to work doing direct response marketing, \$5 of marketing can easily turn into \$20 of profits from sales—if you do it right.

In an ideal world, marketing for chiropractic care would be unnecessary. Everyone would subscribe to the idea that chiropractic is valuable, and every patient would refer friends and family, who would then also become your raving fans. You would have nothing to do but treat patients. The money would continually flow, and the trouble of marketing wouldn't be part of your business. But in the real world, marketing is not only neces-

sary but essential to building a good practice.

There are two major types of marketing strategies. The first is “mass marketing” or “branding.” This is what giant corporations do. It takes huge amounts of money and is done so they develop an image; they become a brand.

It gets people to think of them (consciously or subconsciously) when making a purchasing decision. And while much of advertising is done in this way, it is expensive to execute and requires a team of experts. It also requires saturated advertising messages across media (television, print, radio, internet, etc.) over an extended period. Most chiroprac-

tors can't implement this marketing strategy.

The wrong fit

Sometimes a small business will try to emulate big brands at this type of marketing. They can run an ad a few times, but it won't be nearly enough to reach the target market, which is already seeing thousands of ads each day. They'll hardly be a blip on the consumer's radar.

And they might have a creative and catchy ad, but lack the budget to run it in sufficient volume. Unless you are able to spend millions of dollars and have that aforementioned team of experts, you'll probably want to take a different advertising route.



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MARKETING MATTERS

DM is an effective and ethical marketing strategy, as it focuses on the particular problems of a potential patient and proposes solutions to these problems through education.

A targeted approach

The second type of marketing strategy is called “direct response.” Direct response marketing (DM) is designed to induce an instant response and compel potential customers (patients) to take a specific action, such as opting into your email list, picking up the phone and calling for more information, placing an order online, or being directed to a webpage to sign up for something. It is designed to get you leads suitable for follow-up.

What makes an effective DM ad?

It's trackable, which means that when someone responds, you can identify which ad or media generated the response. This is opposite of mass-media marketing (“branding”), because few people can identify the specific ad that compelled them to buy that candy bar.

It's measurable, because you can keep track of which ads are generating a response and how much you are selling as a result of each one. You can precisely measure the effectiveness of each ad. From the statistics you gather, you then decide which ads are working for you and which should be dropped.

It uses compelling headlines that have a captivating message directed toward your prospects. It uses attention-grabbing headlines with strong copywriting that does the selling for you. The ad may even look similar to an editorial rather than an ad, which can improve its chances of being read.

It targets an audience or niche, which makes it appealing to a targeted demographic. The objective is to appeal to a narrow market and get a high return rate from those people.

It makes an offer that is value-packed and clear. Often, the aim is not necessarily to sell anything with the ad, but to get the prospect to take the next step of action, such as requesting a free report or redeeming a coupon.

It targets an emotion like fear, frustration, desire, or interest. It needs to be about the customer (patient), not

the advertiser (you). In contrast, “brand” marketing has a comprehensive, one-size-fits-all message, which typically focuses on the product being sold.

It demands a response or is a “call to action.” It should motivate the potential patient to do something. It needs a way for people to respond and a method of collecting those responses. Those who are interested should have a number to call, a website to visit, or a coupon to use. Gather as much information as possible about the person, so follow-up will be easy.


It offers solutions in exchange for a prospective patient’s details. The information should also have a second offer (something irresistible), which leads them to the next step you’d like them to take. This can include calling or visiting your office, requesting more information, or taking the free trial. Then, you can make a series of follow-ups using different media (typically mail, e-mail, or phone). Putting a limit or expiration date on the offer will encourage a timely response.

If you follow up on unconverted leads you can discover the reasons some potential patients did not respond. There are many reasons people don’t turn into buyers. But follow-up is essential, because some will eventually mature into regular paying patients.

Problem, meet solution

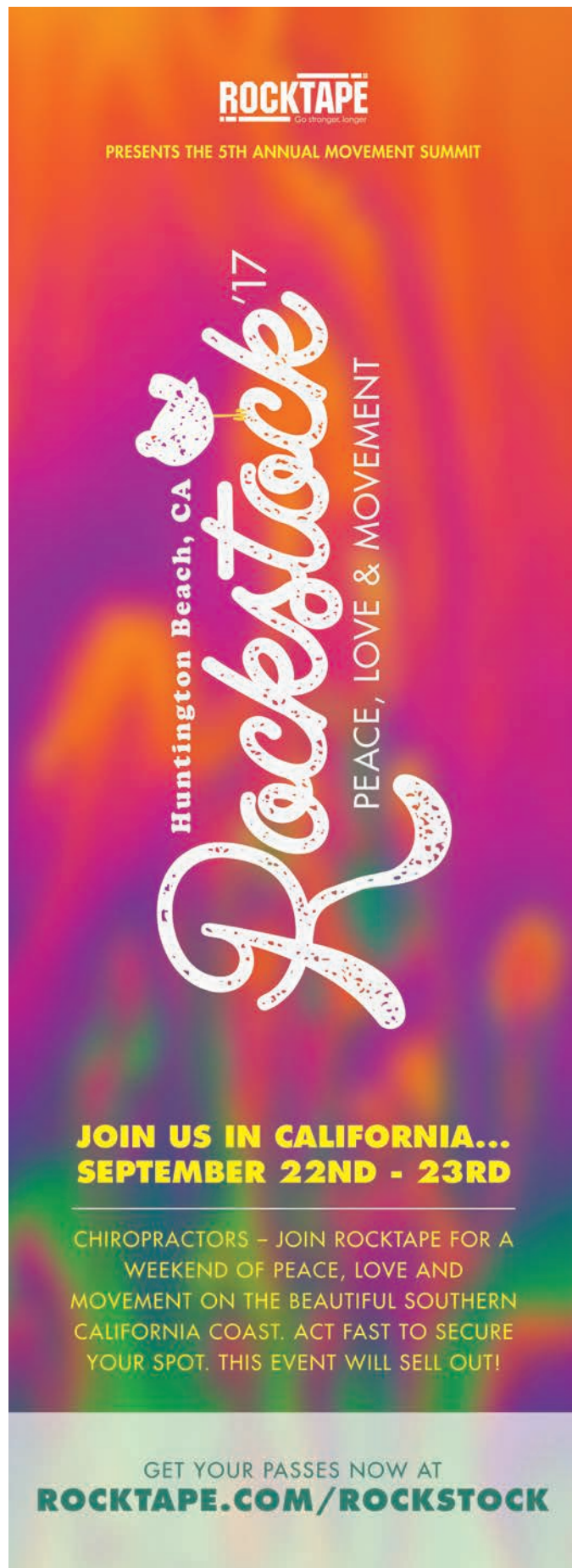
DM is an effective and ethical marketing strategy, as it focuses on the particular problems of a potential patient and proposes solutions to these problems through education. This type of marketing is also realistic for chiropractors, as it involves accountability for advertising dollars. And it is an affordable strategy for reaching potential patients, by targeting them specifically and requiring a quick response.

So figure out how much you need to spend to acquire a new patient, then determine how many new patients you want each month, and then spend that money to grow your practice. Have someone assigned to follow-up duties and hold them accountable, as that will make all the difference in your success.

DM ads turn into lead-generating tools. And that is something every chiropractor can use. 



TODD SINGLETON, DC, is an author, speaker, and consultant, who has been a practicing doctor for more than 25 years. He ran the largest MD/DC/PT clinics in Utah before switching to an all-cash nutrition model in 2006. He now spends his time speaking, teaching, consulting, and visiting other offices all over the U.S. He can be contacted at 801-903-7141 or through wl4chiros.com.



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BY TREVOR SEALES, CPA



ADOBE STOCK

ARE YOU ADJUSTING YOUR CHILD'S WORKING BONE? As a chiropractor, you know and understand bones. But have you ever heard of a "working bone"?

This phrase isn't in reference to bone functionality but is a metaphor for a human trait that you may be able to flex in your practice to teach your children the work ethic while saving tax dollars.

To share an example, our family was raking leaves one fall and my older daughter was protesting against her manual labor task. I tried to motivate my despondent child by telling her everyone is born with a working bone and some people's working bones are stronger than others.

To render my point, I finished by saying, "I'm starting to wonder how

strong your working bone is." Her wit would not be outdone as she replied, "Yeah, I don't really have a working bone so can I go inside and relax?"

Make the tax code work for you

Managing a practice and raising children require some of the same gumption, and it's great when the overlap can benefit both at the same time. One such overlap can be found in IRC Code Sec. 3121(b)(3)(A), which excludes the payment of wages to a child under the age of 18 from employment tax liability.

For those of you who have employees, you understand there is a payroll tax cost to hiring someone because you are required to match the Social Security and Medicare taxes withheld from the employee's

paycheck—plus you're out of pocket for any unemployment taxes. Social Security and Medicare taxes cost an employer 7.65 percent of taxable wages.

Unemployment taxes vary by state and occupation, but one can safely assume a minimum total tax cost at 8 percent of taxable wages. That's \$8 for every \$100 you pay your employee. So an employee earning \$15 per hour is costing your practice \$16.20 per hour before any benefits or retirement plan matching.

However, if the employee is your child and under the age of 18, this payroll tax cost can be eliminated, which saves your practice 8 percent on every labor dollar paid to your child.

None of this applies if your practice

isn't organized correctly.

The legal structure of your practice will also dictate the applicability of this strategy. Sole proprietors and single-member LLCs can take advantage of this strategy if they are not established as entities separate from the owner.

The strategy also applies to partnerships and multimember LLCs taxed as partnerships where both partners are the child's parent. Corporations are not allowed to use this strategy but may still hire the children of shareholders with the compensation being subject to payroll taxes. The payroll tax savings is a great feature of this strategy but it shouldn't overshadow the intangible benefits of developing a child's work ethic.

Keep the profits in the family

Hiring your child to perform tasks necessary to your practice can also

You are reducing the taxable income of your practice but keeping the money in your family.

be an effective way to teach the value of work and personal responsibility, while ultimately saving your practice and family money. Your child's compensation can be spent or invested as you and your child feel necessary.

Ultimately, the compensation is earned and paid to your child, but it presents an opportunity for you as the parent to coach your child's financial perspectives. Perhaps the compensation is set aside for college tuition, an automobile, or a new computer. It can even be contributed to a qualified retirement plan such as a Roth IRA.

When and how much to pay is at your discretion. Think of it like a tax-deductible allowance. The compensation paid to your child is an ordinary deduction just like the wages you pay to nonfamily employees. You are reducing the taxable income of your practice but keeping the money in your family.

Whether or not to file a tax return

If your child tends to work more than play, then your child may face the administrative burden of having to file a federal income tax return. Any compensation your child receives from your practice is reported on an IRS Form W-2 and, depending on the amount, may require your child to file an income tax return.

In 2015 and 2016, your child could earn up \$6,300 without having to file a federal income tax return. If you

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paid \$2,500 of W-2 compensation to your child, and it was the only income he or she earned in 2016, then there wouldn't be a need for your child to file a federal income tax return.

However, if your child worked for another employer or just worked heavily throughout the summer for your practice and earned more than \$6,300, then some of your child's income will be taxed. Regardless, don't let the burden of filing a tax return or the tax cost prevent your child from working.

Get what you pay for

Compensation should be commensurate to the work performed. A child's age, mental capacity, physical ability, work experience, and personal schedule should be taken into account. It is possible to pay a younger child to take out trash and refill copy paper while paying an older

child to vacuum, clean restrooms, and wash windows.

Let the child's work speak for itself and then pay accordingly. You'll not only be fair to your practice and other children, but you'll teach a valuable life lesson in the process. Some say money and family don't mix, but when both can be parlayed into a win-win scenario for the chiropractor parent and child, then a strong "working bone" is adjusted and a practice gets better utility from its profits. **CE**



TREVOR SEALES, CPA, MTAX, EA, is the CFO of Best Practices Academy and a professional tax practitioner in private practice serving individuals, corporations, partnerships, estates, and trusts. He has worked with single-doctor practices as well as multidisciplinary practices through innovative tax and financial planning. He can be reached at trevor.seales@bestpracticesacademy.com.

Quick Tip

Laughter as medicine

When embarking on the quest to live a healthy lifestyle, it's important sometimes to take a step back and think about the reason why.

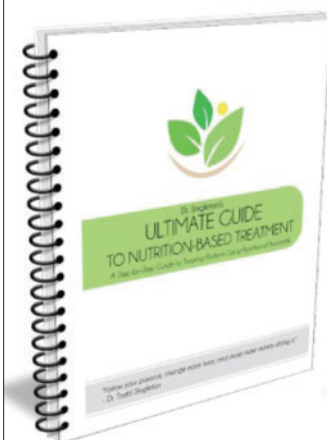
The goal of natural health is to improve your overall well-being and quality of life, for however long that may be.

While healthy eating habits, supplements and a healthy lifestyle are significant factors in this, the healthiest thing you can probably do for yourself is laugh, and frequently.

— The Baseline of Health Foundation
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Referrals: The foundation of marketing

BY TIMOTHY J. GAY, DC

REFERRALS ARE BY FAR THE MOST SIMPLE, QUICK, AND LEAST expensive way to build your practice. Most doctors get 50 to 90 percent of new patients through in-house referrals, more than from any other marketing program in place in their practice.

Referrals mean your existing patients believe in you and your results so much that they want to tell others about you, because your success is as important to them as their own. Take note of who your best patients are and continue to stimulate referrals through them. In most cases they refer people just like themselves.

Respect your patients' schedules, goals, and values. Show up on time, do what you say, finish what you start, and say "please" and "thank you." Never take a patient for granted. There is no time for indifference, overconfidence, arrogance, or sloppiness.

8 ways to get more referrals

1. Use internal signage. Place signs in your office that gently ask for referrals. Make signs like: "The greatest compliment we can receive is you referring your friends and family to us."

2. Mail a letter. Have a mailing list of your favorite referring patients. Send letters to them stating how much you appreciate all they do for your practice. Send these letters every six weeks, and offer patients something

unique they will get when they come to your office for care.

3. Join a group. Join meet-up groups, such as LeTip or Business International, and hold breakfasts and luncheons with outside businesses to exchange business cards. These meetings can help you determine if these are potential patients.

4. Create a network. Meet with business owners in your area and talk to them about their products and collaborating with them.

5. Create a directory. Put a business card directory in your reception area, displaying the cards of people you do business with, and let patients add their business cards to it.

6. Ask for referrals. This sounds basic, but when your patients are getting fabulous results, they are more likely to provide referrals when you ask.

7. Community outreach. Create promotional community outreach programs or use non-profit organizations to create co-op marketing opportunities such as fundraisers or special projects. The people in your community will start to automatically associate you with something they already believe in.

8. Referrals from results. After the first 12 visits, patients should be happy with their results. Now you can ask

them, "I would really appreciate your giving my business cards to three of your friends you think would benefit from chiropractic care."

7 questions for new referrals

The most effective time to stimulate new patients from regular patients is when they say something positive about you, your office, or their results. When you ask for referrals, be direct or indirect, depending on your style. Sometimes subtlety works, but it takes longer to stimulate referrals. Whether you prefer to be more direct or subtle is up to you. But if your practice isn't growing, it's because you are missing opportunities for recruiting new patients.

- ▶ The secret to each question is to know the response you want.
- ▶ Then create a question that gets that response.
- ▶ Memorize questions for all types of referrals.

1. Ask no-brainer questions they know the answer to and elicit an automatic response: "Has your son ever been checked for scoliosis?"



TIMOTHY J. GAY, DC, is the executive vice-president of Life Chiropractic College West Health Center, and a contributing writer to

Chiropractic Economics. He can be contacted at 858-354-4222 or at tgay@lifewest.edu.

To read the rest of this article, visit ChiroEco.com/refmarketing



The Society for Healthcare Strategy & Market Development (SHSMD) of the American Hospital Association official health care calendar now recognizes September as Drug-Free Pain Management Awareness Month.

Chiropractic care safely and effectively addresses many patients' spine, joint and neuromusculoskeletal pain.

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Build your practice and raise awareness in your local communities.

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For additional information, please contact Sherry McAllister, DC,
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Aug. 12	CETS: Employment Testing and Job Site Analysis Certification Workshop	Smyrna, GA	The Back School	404-355-7756
Aug. 19-20	Case Management for Motor Vehicle Injuries	Phoenix	American Academy of Motor Vehicle Injuries	480-664-6644
Aug. 24-25	CEAS I: Ergonomics Assessment Certification Workshop	Denver	The Back School	404-355-7756
Aug. 24-27	The National by FCA	Orlando, FL	Florida Chiropractic Association	407-654-3225
Sept. 9-10	Spinal Ligament Injuries in Motor Vehicle Injuries	Pasadena, TX	American Academy of Motor Vehicle Injuries	480-664-6644
Sept. 17-18	Concussions and Cranial Nerve Exam for Motor Vehicle Injuries	Phoenix	American Academy of Motor Vehicle Injuries	480-664-6644
Sept. 21-22	CEAS I: Ergonomics Assessment Certification Workshop	San Diego	The Back School	404-355-7756
Oct. 4-6	Ergonomics: Practical Applications Certification Practicum	Jacksonville, FL	The Back School	404-355-7756
Oct. 7	A New Approach to Addressing Coronary Heart Disease	Rockville, MD	Biotics Research Corporation	800-231-5777
Oct. 7-8	Digestive Mastery	Charlotte, NC	Biotics Research Corporation	800-231-5777
Oct. 14-15	Whole Person Permanent Impairment Rating for Motor Vehicle Injuries	Phoenix	American Academy of Motor Vehicle Injuries	480-664-6644
Oct. 26-27	CEAS I: Ergonomics Assessment Certification Workshop	Atlanta	The Back School	404-355-7756
Oct. 28	Healthcare Ergonomics	Oakland, CA	The Back School	404-355-7756
Oct. 28	Central Sensitivity Syndrome - A Unifying Model	Sugarland, TX	Biotics Research Corporation	800-231-5777
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Nov. 4	Common Clinical Symptoms of Chronic Fatigue	Boca Raton, FL	Biotics Research Corporation	800-231-5777
Nov. 4-5	SFMA Certification Course	Portland, OR	Advances in Clinical Education	503-642-4432
Nov. 9-10	CEAS I: Ergonomics Assessment Certification Workshop	New York	The Back School	404-355-7756
Nov. 11	Hormones and Cardiometabolic Function	Windsor, CT	Biotics Research Corporation	800-231-5777
Nov. 11-12	FAKTR: Functional and Kinetic Treatment with Rehabilitation	San Diego	Southeast Sports Seminars	877-489-4949

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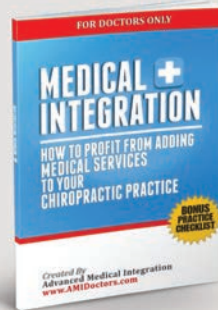


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