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Results from our 13th Annual Fees & Reimbursements Survey

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Strategies for speaking to patients

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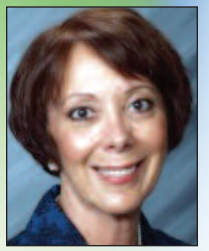

INTERVIEW
Cyndy Nayer, president, CEO, and founder of the Center for Health Value Innovation
PAGE 76

PLUS
Tables
Resource Guide

ISSUE #17: NOVEMBER 1, 2010 WWW.CHIROECO.COM

METHOXY-3-SEC-BUTYL-PYRAZINE
1-DIMETHOXY-ALLYL-BENZENE
METHOXY-4,5-METHYLENEDIOXY-PROPYL-BENZENE
Z-DIHYDROXY-2-METHYL-CHROMONE
HYDROXY-MELLEIN
METHOXY-MELLEIN
ETALDEHYDE
ETONE
ETYLCHOLINE
ANINE
PHA-AMYRIN
PHA-BERGAMOTENE
PHA-CAROTENE
PHA-CARYOPHYLLENE
PHA-HUMULENE
PHA-IONONE
PHA-KETOGLUTARIC-ACID
PHA-PHELLANDRENE
PHA-PINENE
PHA-TERPINENE
PHA-TERPINEOL
PHA-TOCOPHEROL
NILINE
RABINOSIDE
RGININE
SCORBIC-ACID
SH
SPARTIC-ACID
ARIUM
NZOIC-ACID-4-O-BETA-D-GLUCOSIDE
NZYLAMINE
RGAPTEN
ETA-AMYRIN
ETA-BISABOLENE
ETA-CAROTENE
ETA-CRYPTOXANTHIN
BETA-FARNESENE
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CAFFEOYLQUINIC-ACID
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CARYOPHYLLENE-OXIDE
CHLOROGENIC-ACID
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CITRIC-ACID
COBALT
COPPER
COUMARIN
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LINOLENIC-ACID
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LUTEOLIN-7-O-BETA-GLUCOSIDE
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What's New Online

More From This Issue

- Compare this year's Fees & Reimbursements Survey with last year's by visiting www.ChiroEco.com/LastYear.
- Each component of proper documentation has been broken down in a series of articles. Visit the beginning of the series at www.ChiroEco.com/part1 and then read to the bottom to link to the other parts.

More From The Web

- A natural choice www.ChiroEco.com/choice
- New rules make it easier to qualify for document scanning money www.ChiroEco.com/scanning

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Chiropractic Economics webinars are always available for you to download. You can choose from a variety of topics that affects your practice, such as billing and coding, growing your practice, documentation, and marketing — all brought to you by some of the top experts in the chiropractic profession.

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Expert Insights

Blogs by Perry Nickelston, Gerry Clum, Kelly Robbins, Jasper Sidhu, Paul Varnas, and the *Chiropractic Economics* editorial staff. Here's what's new:

Chiropractic Breakthrough
Healthcare Reform Updates
Mark Sanna, DC
www.ChiroEco.com/sanna

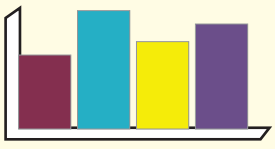
The Chiropractic Marketing Connection
How to attract patients with social media
Kelly Robbins
www.ChiroEco.com/robbins

Why Wellness Works
Chiropractic and Wellness: Preserve the core and stimulate progress
Dane Donohue, DC
www.ChiroEco.com/donohue

Online Poll

Do you plan on implementing an EHR system before 2011?

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



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- Can EMRs cut it alone?

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Resource Guide and Directory

Our patient retention resource guide and directory is now available online at **www.ChiroEco.com/directory.**

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And the results reveal ...

Our revealing results of the 13th Annual Fees & Reimbursements Survey may surprise you in a few categories

According to The National Bureau of Economic Research (NBER), the recession has been over since June 2009. While the economists say the recession is "over" and that it has been for quite some time, many of you may still be reeling from its effects. These effects may be apparent in *Chiropractic Economics* 13th Annual Fees & Reimbursements Survey.

Let me know what's on your mind:
904-567-1539
Fax: 904-285-9944
wbautista@chiroeco.com

While this year's survey saw a rise in respondents (600 chiropractors and associates this year compared to 429 last year), it saw, once again, a drop in fees and reimbursements from last year. Whether this is a growing trend or the last remnants of the recession remains to be seen.

This year's survey also showed that a licensed massage therapist (LMT) remained the most popular specialty at 42.7 percent. Since this is such a popular specialty, you should read, "What a combination!" on page 19. It discusses how massage therapy follows the same set of principles as chiropractic and the benefits your practice will see when you add it as a specialty.

When you add a specialty, you can also incorporate its products for retail — and massage products for home use between treatments is another emerging area of retail opportunity. To learn how you can expand your retail options with at-home use massage therapy products, read the adjoining article on page 22 titled "Opportunity knocks."

It explains some of your options as well as benefits, and how many of the products that were originally formulated for professional use now have retail offerings that help clients continue their pain-relieving treatment at home.

So whether you agree with the economists that the recession has been over since June 2009 or not, one thing is clear: There are always options available to help practices succeed — and the options and results may surprise you.

Wishing you success,

Wendy Bautista, Editor

chiropractic economics

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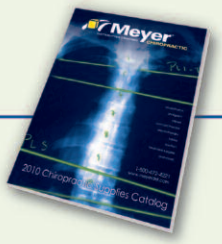

TOP NEWS

Military expands overseas chiropractic to Okinawa

Official chiropractic care for U.S. service members has finally come to the Pacific. "It's just another tool in the toolbox for medical care," chiropractor Reggie Clifton, who arrived at U.S. Naval Hospital Okinawa in July, said recently in his office on Camp Foster.

He is one of only three civilian chiropractors at overseas military medical facilities, according to the Department of Defense. The other two are at the Baumholder and Vilseck U.S. Army health clinics in Germany.

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

Source: Stars and Stripes, David Allen; www.stripes.com

ACA, Sharecare educate consumers about chiropractic

The American Chiropractic Association (ACA) has partnered with Sharecare Inc. — a new company created by Internet entrepreneur Jeff Arnold, and Dr. Mehmet Oz, a leading cardiac surgeon, health expert and host of "The Dr. Oz Show," along with Harpo Studios, Sony Pictures Television and Discovery Communications — to answer health and wellness questions on the company's soon-to-be-launched interactive website.

In addition to ACA, Sharecare has partnered with other major national associations in healthcare, along with prominent non-profit and professional societies that represent the world's leading medical expertise.

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

Source: American Chiropractic Association, www.acatoday.org

Several healthcare provisions take effect

It's been more than six months since the Patient Protection and Affordable Care Act (PPACA) was signed into law. As a result, several provisions in the act have become effective recently. Among those are:

- Insurance companies can no longer discriminate against children with pre-existing conditions.
- Health plans can no longer cancel coverage when a patient gets sick.
- Lifetime limits on the dollar amount of coverage are banned and annual limits are tightly restricted. This means that patients won't have to worry about suddenly losing their coverage.

For more on healthcare reform, please visit www.ChiroEco.com/hcr.

Source: American Chiropractic Association, www.acatoday.org

COLLEGE NEWS

Sherman holds International Research and Philosophy Symposium

The 2010 International Research and Philosophy Symposium, hosted by Sherman College of Chiropractic, was held Oct. 9-10, 2010, in Spartanburg, S.C. Several of its board members were in attendance and made presentations of their work.

This year's theme was Philosophical, Theoretical and Practical Considerations of Veretebral Subluxation Correction. The keynote speakers were Dr. Rob Sinnott and naturopath Dr. Kim Snider.

For more information on the symposium, visit www.ChiroEco.com/Sherman.

Source: Foundation for Vertebral Subluxation, http://vertebralsubluxation.health.officelive.com

Palmer constructs third building on Florida campus

The Florida Campus of Palmer College of Chiropractic is growing — again. The Palmer College Board of Trustees approved a plan in September to construct a two-story, 14,000-square-foot building with a budget of $4 million on the Port Orange campus.

The new building will significantly expand support services for the campus' nearly 750 students. Construction is expected to begin in early 2011, following approvals by the City of Port Orange.

Developed by the Palmer senior administration, this campus-improvement plan is a response to growing functional needs on the 7-year-old campus. The last time the campus was expanded was in October 2004, when construction was completed on a second classroom building to accommodate the growing student body's needs.

"We are committed to enhancing the campus environment for our current and future students, which will support their overall educational experiences at Palmer College," said Chancellor Dennis Marchiori, DC, PhD. "This investment is all about ensuring continued success in our academic and student programs."

To learn more about the campus expansion, visit www.ChiroEco.com/Thirdbuilding.

Source: Palmer College of Chiropractic, www.palmer.edu

NYCC recognized as a 'Great College to Work For'

New York Chiropractic College (NYCC), yet again, earned recognition by The Chronicle of Higher Education as a "Great College to Work For" — the only chiropractic college or natural

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healthcare institution to have done so.

This year, NYCC was also named to The Chronicle of Higher Education's "2010 Honor Roll" — earning high marks among a field of responses from more than 43,000 people at 275 institutions and identified among a very select group of schools cited most often in all recognition categories.

Of particular note was NYCC's high showing in employee satisfaction, work/life balance, confidence in senior leadership and respect and appreciation for the work force. This year's survey was the Chronicle's biggest yet, enjoying a 300 percent increase in participation with a 45 percent response rate among the more than 100,000 people who received the survey.

To learn more about this recognition, visit www.ChiroEco.com/Greatcollege.

Source: New York Chiropractic College, www.nycc.edu

INDUSTRY NEWS

New book reveals secrets to athlete's fitness, health

Dr. Spencer H. Baron, recently named the 2010 National Sports Chiropractor of the Year and team chiropractic physician for both the Miami Dolphins football team and the Florida Marlins baseball team, goes behind the scenes in professional sports to bring readers Secrets of the Game: What Superstar Athletes Can Teach You About Health, Peak Performance and Getting Results (Morgan James 2010).

His new book provides a resource for health-conscious men and women who want to achieve the peak health and fitness of a pro athlete without the million-dollar price tag.

Secrets of the Game is a revealing and insightful guidebook that instructs readers on how to get more energy from enhancing three vital areas of life — mental, nutritional, and physical — to achieve what Baron calls "amazing results for ordinary people."

To read more about Baron's book, visit www.ChiroEco.com/Baronbook.

Source: A.F. Prince Associates, www.afprince.com

UAS Labs wins 'Best of Supplements' award

Cran-Gyn DDS, the patent-pending triple-action women's health formula has won the 2010 Best of Supplements award given by Better Nutrition, the leading health supplement magazine in the U.S.

The award recognizes Cran-Gyn DDS as an outstanding supplement in the Women's Health Category. Better Nutrition selects its winners based upon extensive input from experts in the field including naturopaths, physicians, and supplement industry experts.

Cran-Gyn DDS was introduced by UAS Laboratories of Eden Prairie, Minn., at the 2010 Natural Products Expo West in Anaheim, Calif., in March 2010. Since its introduction, it has been a popular Women's Health product in the U.S., Canada, Europe, and Asia. In the U.S., major health food stores, physicians, naturopaths, chiropractors, and other health professionals carry Cran-Gyn DDS.

For more information on this award, visit www.ChiroEco.com/Bestsupplements.

Source: UAS Laboratories, www.uaslabs.com

TurboSonic designed as asset to chiropractic offices

The FDA-approved TurboSonic line of whole body vibration (WBV) therapy systems is manufactured to offer low-stress solutions for back pain sufferers who wish to remain physically fit.

Utilizing the "science of sound," TurboSonic helps stimulate circulation, cellular activity, and muscle movement, all without the bending, twisting, and flexing typically associated with traditional exercises. Users simply need to stand for 10 minutes and allow sonic vibrations to do the work for them, making it a viable option for users of any fitness level. Since the TurboSonic is used in a standing position and takes up very little floor space, it is ideal for use in a clinical setting.

To learn more about TurboSonic, visit www.ChiroEco.com/Turbosonic.

Source: TurboSonic, www.turbosonicusa.com

HEALTH NEWS

Managing stress can lead to a happier, healthier life

Many of us have become so wrapped up in our work and our busy schedules that we often lose touch with an essential component of our life — our own health.

Days spent running and trying to manage more work than is possible; trying to meet unrealistic deadlines; and rushing to avoid being late add a tremendous amount of stress to our everyday life.

Stress is recognized as the number one killer in today's society. The American Medical Association (AMA) notes that stress is the cause of 80 percent to 85 percent of all human illness and disease and every week, 95 million Americans suffer some kind of stress-related symptom for which they take medication.

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

Source: Northwestern Health Sciences University, www.nwhealth.edu/nwtoday/index.html

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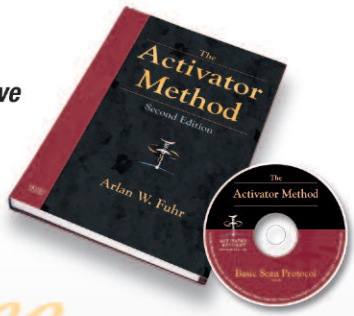

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What a combination!

How adding massage therapy can benefit your practice

BY TODD SINETT, DC

AS A CHIROPRACTOR, ONE OF YOUR CORE GOALS IS TO TREAT THE PERSON, NOT THE SYMPTOMS. You accomplish this through natural, hands-on, drug- and surgery-free techniques.

Massage therapy also follows the same set of principles.

When combined, massage therapy and chiropractic can offer a greater power to be preventative and restorative — helping to address the source of stress and pain in order to help patients achieve optimal health.

Show me the benefits

Incorporating massage therapy into your practice can have many benefits to your patients and the growth of your practice. Some of the benefits include:

Improved patient outcomes. You want the best outcomes for your patients. When massage therapy is used as an adjunct therapy to chiropractic, patients often experience quicker pain relief because multiple components of the pain are being addressed simultaneously in similar, as well as different, ways.

For example: Massage can make chiropractic adjustments easier and more effective. When a patient receives massage prior to an adjustment, the massage has likely relaxed the patient's soft tissue, making the chiropractic adjustment easier. Chiropractic adjustments may also last longer because once muscle tension is released, joints are less likely to pull themselves out of alignment again.

Patient stress reduction. You probably see it every day: patients are stressed. With stress being one of the primary contributors to back pain, massage therapy can work to relieve a patient's tension and help them de-stress.

Helping a patient relax before chiropractic care can result in less anxiety about chiropractic and offer a more pleasant overall experience. In addition, patients who experience nervous tension and anxiety related to chiropractic visits might be less likely to reveal everything bothering them in fear of lengthening their treatment.

Massage therapy can help them feel less tense and anxious and more willing to speak openly about their symptoms.

Improved flexibility. A licensed massage therapist is well-trained in many facets of manual therapy, including flexibility, which can also improve patient outcomes, especially long-term.

Guided stretching, that a patient can then replicate at home, improves range of motion and can help prevent injury. Improved flexibility can also help patients feel more aware of their mind-body connection, improve circulation, and help patients prepare for safe physical activity.

A patient more confident with, and connected to, his or her body is more likely to remain injury-free and come into your office when something doesn't feel right.

External marketing benefits. Marketing your practice is crucial for consistent growth, but it can be difficult to dedicate time for it when you're busy seeing patients. Any time you can add a service and also add a licensed, knowledgeable professional to your team, you increase your marketing potential.

Offering massage therapy is a great way to externally market your practice

to groups who might normally feel distanced from chiropractic care.

For instance: The corporate sector who commute to work, work all day, then commute home may never consider taking time to visit a chiropractor. But, through corporate stress breaks, heath fairs, and at-work spinal screenings, this population can feel the effects of chiropractic firsthand.

In addition, when you participate in charity events and offer your services, having a massage therapist with you increases the amount of people you are exposed to and allows you to network with a higher volume of potential patients.

Internal marketing benefits. Massage therapy offers you the ability to develop a strong internal referral source in three major ways.

First, it increases the perceived value of the chiropractic treatment. Simply put, you are a consumer-based industry and massage is a service people want! By offering this additional service, you improve word-of-mouth from existing patients.

When patients are happy and leave your office with a sense of calm and wellness, they're more likely to talk about it to their friends, family, colleagues, etc.

Secondly, having a licensed, professional massage therapist in your practice means his or her clients will learn about your services and his or her outside marketing strategies will drive clients to your office space.

Third, inviting a massage therapist into your practice opens the door for more partnered events, such as discounts for patients who utilize both services. These types of co-sponsored events hold the potential to increase the volume of both services.

Financial incentives. The marketing benefits of adding a massage therapist to your practice can certainly translate into financial benefits — such is the point of marketing. In addition to increasing your patient volume, offering massage therapy in your practice can also have a direct financial return unrelated to volume.

For example: Massage can be used as part of a manual therapy code in order to increase billable services for each patient. As mentioned before, there is a very high perceived value associated with massage.

In general, people are willing to pay extra for massage therapy, whether it is via a higher charge for the chiropractic visit or a separate charge for massage.

TODD SINETT, DC, author of *The Truth About Back Pain,* is a second-generation chiropractor in practice for 15 years in Manhattan, N.Y. His current practice employs four chiropractors who all work in conjunction with a licensed massage therapist.

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Opportunity knocks

Expand your retail options with at-home use massage therapy products

BY JEAN SHEA

IN RESPONSE TO THE PUBLIC'S GROWING INTEREST IN NUTRITION, MANY DCS HAVE STARTED SELLING NUTRITIONAL SUPPLEMENTS. With clients increasingly seeking advice on nutrition, supplement sales are seen as an additional revenue opportunity and as an aid to their clients who are, not surprisingly, overwhelmed by the many choices on the market.

In general, the trend toward retail has been increasing steadily over the past 20 years, with many practices adding more products to their retail offerings to support nutrition and wellness, such as ointments, pillows, orthotics, weight-management products, and skin care items.

Massage products for home use between treatments is another emerging area of retail opportunity.

Mainstream for healthcare

Today, more Americans are turning to massage therapy as a way to improve their health and feel better. The American Massage Therapy Association (AMTA) reports that more consumers are seeking massage for stress reduction and relaxation.

In July 2009, 32 percent of adult Americans said they had at least one massage in the last five years to reduce stress or relax — up from 22 percent reported in 2007.

Chances are, your clients are among this growing number of individuals seeking massage therapy to feel better, mentally and physically. This gives you an opportunity to expand your retail offering with the professional massage therapy products now available in sizes and pricing geared for clients' use at home.

At-home use products

Among these offerings, for example, are analgesic, fast-penetrating lubricants that provide long-lasting soothing and cooling relief. Originally formulated for professional use, such retail offerings help clients continue their pain-relieving treatment at home.

Other offerings include pedi-treatment massage therapy products. Some rich in marine actives serve to stimulate, smooth, and soften feet and lower legs while at the same time aid in detoxification and to stimulate circulation.

You also might want to consider aromatherapy products used by massage therapists, including those available in spray mists, to easily enhance the ambiance of any room. These new offerings create their own unique atmosphere.

Make a statement

Adding these types of products to your retail offering require that you instill among your massage therapists — whether staff or contract — a policy of "prescription" selling.

This means, the massage therapist should suggest these products as part of the client's wellness regime for daily use to extend the benefits of treatments during visits.

Products notwithstanding, the physical presence of your retail offering should not be overlooked. Have products available in the treatment and waiting room areas.

In all cases, have a "tester" or open item and literature so your clients can read about the product benefits.

With the right planning, retail therapy massage products will be more than an aftermarket revenue stream — they will be a key component of your total service offering to further strengthen the mutually rewarding relationship you have with your client. CE

JEAN SHEA is president of BIOTONE, makers of professional massage and spa therapy products. She can be reached through www.biotone.com.

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Breakin' down the walls

Time to bring down barriers for MD referrals

BY TED A. ARKFELD, DC, MS, CPC

DR. X WAS FORTUNATE TO OWN AND PRACTICE IN VARIOUS MULTIDISCIPLINARY CLINICS working alongside MDs, PTs, nurse practitioners, and physician assistants.

The referrals of patients from the medical side were always constant and allowed patients to experience chiropractic care that might not otherwise have the opportunity to do so.

It also allowed Dr. X to have many bittersweet moments knowing he helped alleviate chronic pain symptoms, but bitter in the realization that if the patient had only started chiropractic care first, he or she may have avoided numerous rounds of pain medications, spinal injections, or even surgery.

This all could have been avoided with the proper patient and MD education.

Ineffective education

In the many years of chiropractic practice, and the myriad methodologies of patient education on the market, chiropractic as a profession is still not seeing more than 8 percent to 10 percent of the current population.

Most often, patients with a musculoskeletal condition present to their family physician for care, who then refers them to the physical therapist. For the most part, chiropractic is not included in this referral pattern across the nation.

Why is this still happening with all the advances in scientific research that indicates the efficacy and cost-containment advantages of chiropractic care? Chiropractic has been focusing its educational activities on the wrong sources.

Turf wars must end

Patient education is important, but in order to see and help more patients that should start with chiropractic care, you need to educate MDs. To begin this process, chiropractic has to cease the turf wars that have existed between mainstream medicine and chiropractic for decades.

There will always be MDs and DOs that will never refer to a chiropractor; however, chiropractic must rise above this pettiness and move forward for the sake of the patients. Chiropractic must be the bigger person and begin to break down the barriers that are ultimately keeping patients who need your services away.

Build relationships

There have been many trust issues

from MDs, which have usually stemmed from a lack of knowledge of what chiropractors can diagnose and treat. What it comes down to is the medical profession not understanding or knowing what you do as a chiropractor, but it doesn't have to be a stumbling block.

Think about it, if you really like a certain industry you recommend it to your family and friends. At the core of these referrals lies the fact that you have built some type of relationship with the people that furnish the product or service. You refer because you like them.

Where to start

One move you can do is ask your patients' permission to send their family physician your new and established examination reports. With the right electronic medical records system, they will be seeing a format they are accustomed to reading and that begins the process of breaking down barriers.

You can also use medical terms they are familiar with, which begins to educate them that you do take a detailed history and use orthopedic and neurological examinations to aid in your diagnostic impressions.

Speaking of diagnostic impressions, alongside subluxations, you should use terms such as degenerative disc disease, facet syndrome, or myofascial pain syndrome, to indicate you can identify and treat the same conditions as a physical therapist.

You can also become active in your community's athletics as a team chiropractor alongside the team's doctors. The first conversations should be more about where you are from, schools attended, or how you got into healthcare, etc.

Then, over a few football games you can answer questions about chiropractic. Over time, and referrals from you to them, they may begin referring back. What has occurred is a trust being established and a building of a relationship.

Over the next few years, you may have physicians in town coming up and introducing themselves at games or graduation parties. Physical therapists may begin scheduling lunches for your staff so they could visit your clinic and talk about working together for the benefit of the patients.

You will see you are like-minded and patient centered, and are breaking down barriers, eliminating old turf wars to achieve better clinical outcomes for patients.

Extending the message

Chiropractic should be the first line of treatment; you and the profession have known this for years. Patient educa-

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tion has attempted to get this message out to current patients being seen in hope that an educated patient is a referring patient.

Unfortunately, this plan has not worked to the level it should have by now, so it is time to adopt a new strategy. A game plan that only requires you build relationships with other healthcare professionals who want only the best for their patients and will abandon old biases and prejudices in order to provide the highest quality of care.

This can start today in each chiropractic office by simply making some new friends in medical offices. The time has come for breaking down barriers, eliminating the turf wars, and seeing more new chiropractic patients being referred from medical doctors.

TED A. ARKFELD, DC, MS, CPC, is the president of Advanced Compliance Technologies PLLC, a consulting firm specializing in compliance programs, billing and coding, and proper documentation. He can reached at tarkfeld@arkfeldcompliance.com or through www.arkfeldcompliance.com.

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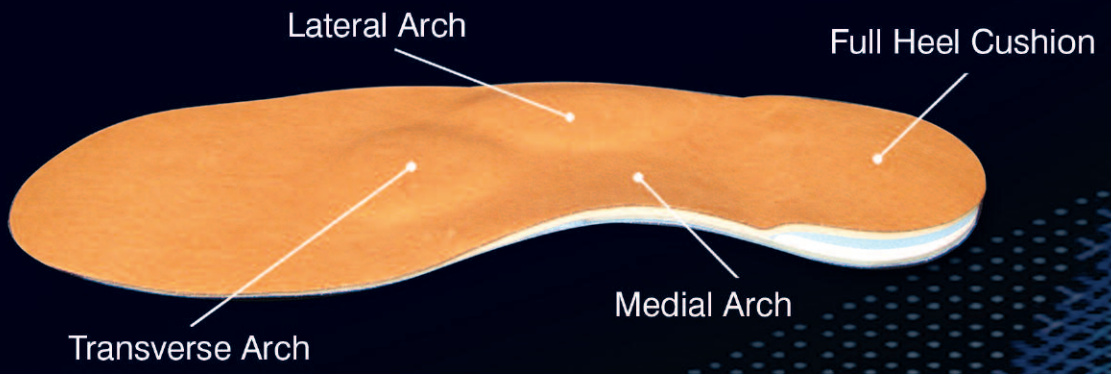

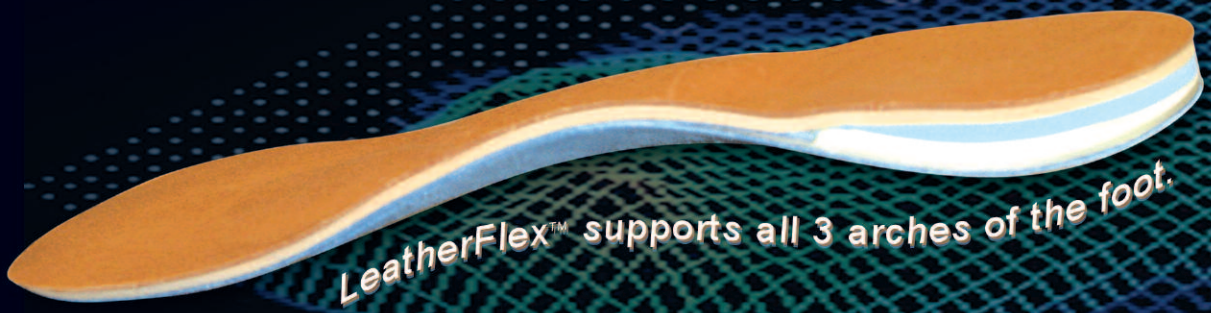

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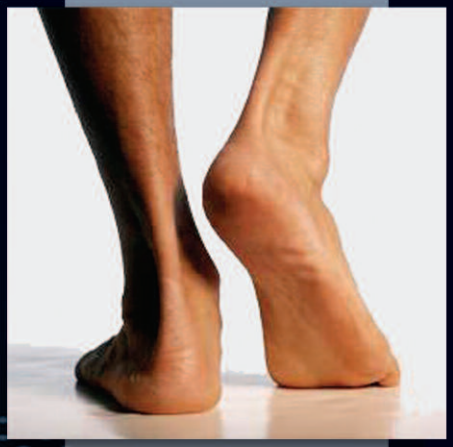


The Orthotic Group®

Properly promoting your practice

Tips and tools to market your practice effectively and keep it fresh every year

BY STEVEN VISENTIN, DC

TO MARKET A PRACTICE, YOU MUST HAVE A PLAN YOU'RE ALWAYS EXECUTING AND CONSTANTLY EVOLVING. This will help you attract patients that pay, stay, and refer others like them.

But where do you start? What does a successful plan look like? How do you choose a program that's right for you? Most importantly, how do you hold yourself accountable so you're working toward your goals consistently?

Where to start

Don't spend a dime on marketing outside your clinic until you've maximized every opportunity to promote your practice in and around your center first.

As a chiropractor, you've adopted a philosophy of life that promotes "health from within." Why not apply the same principles when marketing your practice? Seek every opportunity to leverage your center's influence from the "inside out."

Look at every inch of your practice from the patient's perspective and create a clinic that maximizes your influence on patients.

For example: Does your clinic enhance referrals by using stylish colors and décor? Do you have systems in place and a trained staff that knows exactly what to do and say to generate referrals? Do you have the necessary forms and materials that spur people to want to be your patient?

Everyone knows the best new patients come from referrals. You should expect at least 50 percent of your new patients to come from referrals. Referred patients from your existing patient base are easy to serve, because they come prepared by their friends and family who have assured them about the quality of service you provide.

Do everything in your power to create an awesome experience on each and every encounter with your current patient base. Strive to "earn" their referrals. Every person knows an average of 250 people who they can influence, so treat each patient accordingly. They will refer to you automatically if your care is outstanding, so never stop improving yourself or your practice.

Successful marketing program ideas

In a competitive market, you must manage multiple programs.

For example: This month you might:

- Retrain your staff to answer potential new patient questions correctly.

Write a plan today and post it on a door you pass through to start and finish your day.

- Hand out three business cards to every existing patient each Monday and tell each one to "spread the word" about your practice.
- Create an outdoor banner for the front of your building that will create an awareness of your clinic in your community.
- Host a patient orientation with a prize for the patient who brings the most guests. Have fun with this event and your energy will facilitate practice growth.
- Create a Web presence. Ask your best patients to post a review about your practice online.
- Set an electronic picture frame on the front desk labeled "Thanks for the referrals." With a signed release, display photos of patients who have referred recently. Most patients love recognition and this is one of the reasons they refer.

How to choose a program for you

For a marketing program to work, it requires a good amount of personal energy. You should be excited about implementing any particular program and be able to talk about it enthusiastically.

There is no way to bore someone into becoming a new patient. Marketing is transference of emotion, and that emotion is excitement.

People love to buy and should sense your passion about your service when they come to your clinic. Select programs for your clinic that excite you and keep them only as long as they perform well.

If a program seems deceptive, manipulative, or exerts undue influence on a perspective new client, don't do it. If a program violates your professional ethics or just feels wrong to you, it will fail in the end. Of course, before embarking on any marketing program, you must check with your state board laws.

Brainstorm with a colleague who has your best interests at heart and come up with ideas you feel are right for your practice. Type them up and share them with your staff. Let your team know how they can help you implement the program.

Hold yourself accountable

Post your marketing program in a prominent place (i.e., on your bedroom

door) so you can check it before going to work. That way you have a clear idea of what you want to accomplish that day before you even leave home. And then when you come home, check it again to keep your program on track.

Make sure you're doing what you promised yourself you would do on a daily basis. Hold yourself accountable and put energy into your plan. If you've been in practice for a few years, you probably have a lot of ideas you want to try, but have not implemented.

Write some down and tape them on a door at home so you can maintain daily consistent action toward your goals.

Using this plan, you'll create better marketing ideas every month. You'll try more ideas and receive feedback to modify your marketing activities.

If you're attentive, you'll know when a program needs to be changed or refreshed. You'll know when to stop campaigns that don't work or attract undesirable patients, and you'll find out what works for you and your market because you have a plan of action and are measuring the results monthly.

You can increase funding to the best programs and expand them, or decrease funding depending on monthly results.

How good programs work

Good marketing programs have a distinctive growth curve. They usually start slowly, gain traction, and climb quickly — moving the practice to a higher volume. After a while, if they're not tweaked they tend to plateau out. They form an S-shaped curve.

No marketing plan works well forever. Marketing professionals anticipate this and regularly refresh their programs to extend its life.

For example: If the three-card program worked for awhile and is no longer pulling in new patients, do a variation of this concept. Create a weekly, in-house newsletter, and attach three cards to each one with a paperclip, and give these out to every patient.

If you've read this far, you probably know you need more consistent action and organization in your marketing program. Write a plan today and post it on a door you pass through to start and finish your day.

Create a plan you're excited about, act on it, and watch your practice grow. CE

STEVEN VISENTIN, DC, is a solo practitioner, clinic director of Care Chiropractic in Denver, and author of an e-book titled "Blow Your Head Off Practice Building Secrets" for the chiropractic profession. He can be contacted through www.practicesecrets.com.

OUR 13TH ANNUAL FEES & REIMBURSEMENTS SURVEY

Is YOUR recession over?

Check the results of our most recent survey to find out

It's official: The recession is over. And according to The National Bureau of Economic Research (NBER), it's been that way since June 2009.

NBER's website says its research organization is "committed to undertaking and disseminating unbiased economic research among public policymakers, business professionals, and the academic community."

Despite what these economists are saying, however, businessmen and women across the country are suggesting otherwise. While the recession may be "over," the turmoil it left behind may still be affecting chiropractors everywhere. Where do you fall?

Maybe you've seen the worst or maybe you're still trudging through the storm. Either way, *Chiropractic Economics* 13th Annual Fees & Reimbursements Survey should help you find the answer.

This year's survey, once again, saw a drop in fees and reimbursements. Whether this is a growing trend or the last remnants of the crippling recession remains to be seen.

What we did find are doctors more eager than ever to compare numbers. Our sampling of doctors was a bit higher this year, as 600 chiropractors and associates responded, compared to 429 last year.

Despite the higher interest, however, average reimbursements ($46) were down from last year ($47) — a 2.1 percent difference. The average fees for this year ($68) remained the same as last year ($68), but decreased since 2008 ($69).

If these numbers don't resonate with you, maybe the decline in reimbursement rates will. Reimbursements rates have steadily decreased since 2007 — the same year the recession is said to have started. In 2008's survey (2007 data), reimbursement rates were at an all-time high (73.9 percent), which would make sense because the recession didn't begin until December 2007. In 2009 (2008 data), reimbursement rates dropped to 69.1 percent and have continued to drop this year (67.6 percent).

While you may or may not be still seeing the effects of the recession in your practice, it's hard to ignore the impact it had at one point on the economy. And although only you know how you've been affected, your input and feedback each year helps us provide other doctors with valuable information they can use to compare their fees and reimbursements to the rest of the economy.

Highlights

Some other facts that caught our attention include:

Gender differences. Like past years, a huge gap in male to female responders still exists. This year, 78.2 percent of respondents were male, while 21.8 percent were female. While this number is up slightly from last year (21.6 percent), it's dropped almost 4 percentage points from years prior.

Franchises on the rise. The number of chiropractors involved in franchises has risen yet again, which may be an indication of the unsteady economy.

In 2009, 5.9 percent of chiropractors were involved with a franchise, which was an 11.3 percent increase over 2007. The same can be said for this year, as 6.5 percent of respondents reported they were involved in a franchise — a 6.3 percent increase.

Cash-only practice. This year's survey also saw an increase in cash practices over last year. While still not on par with previous years' numbers, 10.4 percent of respondents said they operated a cash practice, compared to 9.0 in 2009 — a 15.3 percent increase. Cash practices saw a $9 difference in fees charged, with an average fee of $59, compared to the overall average of $68.

Payment options. Payment options are as important to patients as they are to your practice. This year saw a significant drop in doctors who offered payment plans.

Only 69.1 percent of respondents said they provided payment plans compared to 74.4 percent last year. However, this number is more in line with 2008, where 64.9 percent of respondents offered some type of payment plan.

What did stay the same, however, was which payment plan remained the most popular. Chiropractors who offered a prepay option remained the highest (35.7 percent), although discount for cash (32.1 percent) and doctors who negotiate per case (32 percent) were a close second.

Specialties. Massage therapy has maintained the top spot in specialties for many years — and 2010 is no different. This year, 42.7 percent of respondents utilized the services of a licensed massage therapist — compared to 42.8 percent in 2009 and 37.1 percent in 2008. The next closest specialty is acupuncture at just 6.2 percent. •

Profile of Respondents

	2010	2009	2008
Personal characteristics			
Male	78.2%	78.4%	80.0%
Female	21.8%	21.6%	20.0%
Average age	46.0	44.4	45.0
Age range	23-78	25-81	24-86
Average yrs in practice	16.9	15.4	16.8
Types of practice			
Solo	79.4%	73.7%	74.0%
Group	18.6%	23.7%	22.0%
Associate	2.0%	2.6%	4.0%
In a franchise operation	6.5%	5.9%	4.0%
Integrated healthcare practice (DC+MD, PT, or LMT)	51.4%	54.0%	64.0%
Cash-only practice	10.4%	9.0%	11.0%
Fees and reimbursements			
Average fees	$68	$68	$69
Average reimbursements	$46	$47	$51
Average reimbursements rate	67.6%	69.1%	73.9%
Geographic location			
Eastern region	18.0%	20.0%	28.0%
Southern region	27.0%	27.0%	20.0%
Midwest region	28.0%	24.0%	22.0%
Western region	26.0%	28.0%	29.0%
Outside U.S.	1.0%	1.0%	1.0%
Licensure			
One state	74.2%	75.4%	63.6%
Two states	18.7%	17.6%	25.8%
Three or more states	7.1%	7.0%	10.5%

About this survey

Throughout September 2010, *Chiropractic Economics* extended an invitation by e-mail to readers and other practicing chiropractors to complete a Web-based survey on fees and reimbursements.

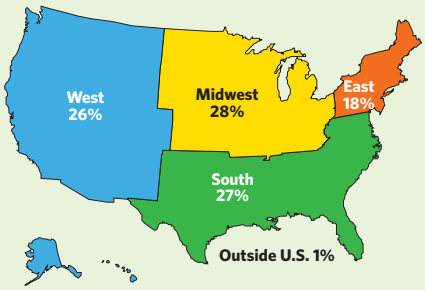
We limited survey participants to practicing chiropractors or their designated office managers/CAs to assure accuracy of information.

Number of participants. This year the analysis is based on the answers of 600 respondents.

Regional distribution. Broken into four regions of the country, participants hailed from the West (26 percent), the South (27 percent), the Midwest (28 percent), the East (18 percent), and outside the U.S. (1 percent). Every state was represented in this year's survey.

Averages. Unless indicated otherwise, all numbers are given as averages.

Cash-only practices. Cash-only practices reported fees only.



The survey results are provided for informational purposes only. They are not intended to be used as a recommendation for setting fee levels.

From sea to shining sea

When broken down by region, fees and reimbursements are typically on par with the overall averages.

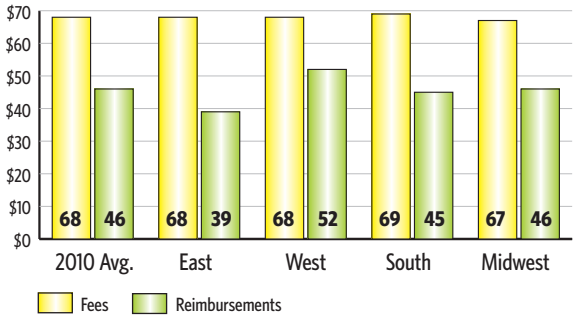
This year's survey reported an average of $68 for all fees, while the average reimbursement (amount collected from insurers) was $46, down $1 from 2009.

Similarly to 2009, the Southern region reported the highest fees charges ($69), while the Eastern and Western regions both reported average fees of $68. The Midwestern region recorded the lowest average of fees ($67). Each region, however, reported a difference in average reimbursements. The Eastern region reported the lowest average reimbursements ($39), while the Southern and Midwestern regions averaged $45 and $46, respectively. The Western region took top honors with an average reimbursement of $52.

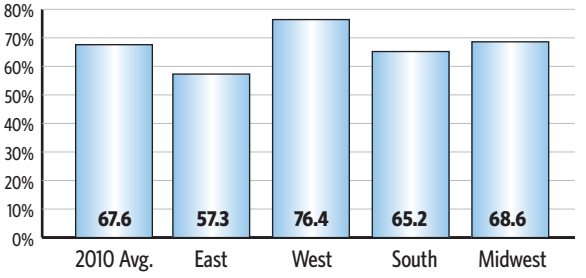
The biggest different comes in the reimbursement rates of each region. The West saw the highest reimbursement rate (76.4 percent), while the next highest (Midwest) came in at almost 8 percentage points below at 68.6 percent. The South and East reported reimbursement rates of 65.2 percent and 57.3 percent, respectively. •

	2010			Eastern Region		
Professional care	**Fee**	**Reimb.**	**% Reimb.**	**Fee**	**Reimb.**	**% Reimb.**
98940 Spinal, 1-2 regions	$45.00	$32.00	71.1%	$46.00	$29.00	63.0%
98941 Spinal, 3-4 regions	$54.00	$39.00	72.2%	$54.00	$36.00	66.6%
98942 Spinal, 5 region	$62.00	$45.00	72.5%	$59.00	$37.00	62.7%
98943 Extraspinal, one or more regions	$37.00	$25.00	67.5%	$43.00	$23.00	53.4%
99213 Estab. patient w/expanded hist. and exam, low complx. trmt. decision	$78.00	$53.00	67.9%	$79.00	$46.00	58.2%
99214 Estab. Patient w/expanded hist. and exam, low complx. trmt. decision	$102.00	$69.00	67.6%	$97.00	$49.00	50.5%
New patient exam						
99201 E&M service, new patient, focused hist. and exam, straightforward medical-decision making	$66.00	$44.00	66.6%	$83.00	$47.00	56.6%
99202 E&M service, new patient, focused hist. and exam, straight forward medical-decision making	$83.00	$59.00	71.0%	$87.00	$48.00	55.1%
99203 O.V. w/detailed hist. and exam w/low. complx. trmt. Decision	$115.00	$79.00	68.6%	$112.00	$62.00	55.3%
99204 O.V. w/comprehensive hist. and exam w/mod. complx. trmt. decision	$148.00	$105.00	70.9%	$141.00	$73.00	51.7%
Radiology						
72020 Single view x-ray	$41.00	$29.00	70.7%	$41.00	$21.00	51.2%
72040 Cervical, AP and lat.	$75.00	$49.00	65.3%	$77.00	$43.00	55.8%
72050 Cervical (4 views)	$116.00	$78.00	67.2%	$121.00	$70.00	57.8%
72052 Cervical, (comp.)	$153.00	$101.00	66.0%	$118.00	$67.00	56.7%
72070 Thoracic, AP and lat.	$82.00	$54.00	65.8%	$78.00	$55.00	70.5%
72100 Lumbrosacral, AP and lat.	$84.00	$55.00	65.4%	$80.00	$53.00	66.2%
72170 Pelvis, AP	$71.00	$49.00	69.0%	$75.00	$51.00	68.0%
Procedures and modalities						
97012 Traction, mechanical	$30.00	$17.00	56.6%	$35.00	$16.00	45.7%
97014 Electrical stimulation	$26.00	$16.00	61.5%	$34.00	$16.00	47.0%
97035 Ultrasound	$28.00	$15.00	53.5%	$35.00	$16.00	45.7%
97110 Therapeutic exercises	$40.00	$26.00	65.0%	$44.00	$25.00	56.8%
97112 Neuromuscular re-education	$40.00	$26.00	65.0%	$43.00	$26.00	60.4%
97124 Massage	$40.00	$27.00	67.5%	$42.00	$22.00	52.3%
97140 Manual therapy	$40.00	$25.00	62.5%	$42.00	$21.00	50.0%
97530 Therapeutic activities	$41.00	$27.00	65.8%	$45.00	$26.00	57.7%
Overall means	$68.00	$46.00	67.6%	$68.00	$39.00	57.3%

Comparisons by Region



Percent Reimbursed by Region



Western Region			Southern Region			Midwestern Region		
Fee	**Reimb.**	**% Reimb.**	**Fee**	**Reimb.**	**% Reimb.**	**Fee**	**Reimb.**	**% Reimb.**
$49.00	$37.00	75.5%	$44.00	$30.00	68.1%	$41.00	$30.00	73.1%
$59.00	$45.00	76.2%	$52.00	$37.00	71.1%	$51.00	$38.00	74.5%
$68.00	$51.00	75.0%	$61.00	$42.00	68.8%	$59.00	$47.00	79.6%
$39.00	$31.00	79.4%	$34.00	$21.00	61.7%	$36.00	$23.00	63.8%
$80.00	$62.00	77.5%	$84.00	$52.00	61.9%	$67.00	$52.00	77.6%
$104.00	$74.00	71.1%	$112.00	$74.00	66.0%	$96.00	$76.00	79.1%
$63.00	$45.00	71.4%	$67.00	$41.00	61.1%	$55.00	$41.00	74.5%
$89.00	$67.00	75.2%	$84.00	$58.00	69.0%	$78.00	$60.00	76.9%
$118.00	$90.00	76.2%	$118.00	$76.00	64.4%	$113.00	$82.00	72.5%
$155.00	$111.00	71.6%	$158.00	$119.00	75.3%	$141.00	$116.00	82.2%
$43.00	$31.00	72.0%	$39.00	$29.00	74.3%	$44.00	$29.00	65.9%
$71.00	$57.00	80.2%	$76.00	$49.00	64.4%	$78.00	$48.00	61.5%
$113.00	$95.00	84.0%	$117.00	$82.00	70.0%	$116.00	$73.00	62.9%
$133.00	$114.00	85.7%	$160.00	$108.00	67.5%	$171.00	$108.00	63.1%
$79.00	$65.00	82.2%	$89.00	$53.00	59.5%	$91.00	$49.00	53.8%
$83.00	$66.00	79.5%	$79.00	$50.00	63.2%	$93.00	$53.00	56.9%
$77.00	$63.00	81.8%	$63.00	$33.00	52.3%	$76.00	$51.00	67.1%
$29.00	$18.00	62.0%	$28.00	$16.00	57.1%	$29.00	$17.00	58.6%
$25.00	$21.00	84.0%	$26.00	$16.00	61.5%	$25.00	$13.00	52.0%
$27.00	$19.00	70.3%	$29.00	$16.00	55.1%	$25.00	$14.00	56.0%
$40.00	$27.00	67.5%	$40.00	$27.00	67.5%	$39.00	$25.00	64.1%
$37.00	$28.00	75.6%	$44.00	$27.00	61.3%	$37.00	$26.00	70.2%
$40.00	$30.00	75.0%	$36.00	$26.00	72.2%	$40.00	$31.00	77.5%
$43.00	$33.00	76.7%	$41.00	$25.00	60.9%	$37.00	$25.00	67.5%
$35.00	$27.00	77.1%	$39.00	$27.00	69.2%	$47.00	$31.00	65.9%
$68.00	$52.00	76.4%	$69.00	$45.00	65.2%	$67.00	$46.00	68.6%

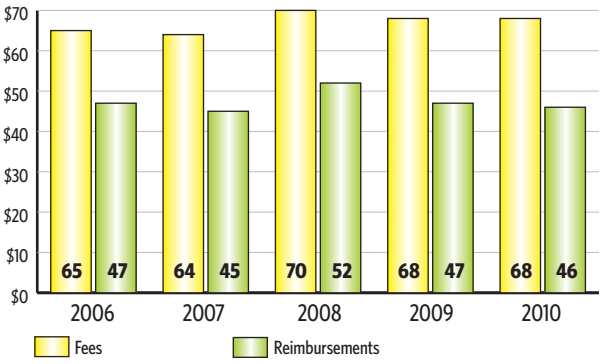
Is the best yet to come?

With the end of the recession recently announced, hopefully improvements are on the horizon.

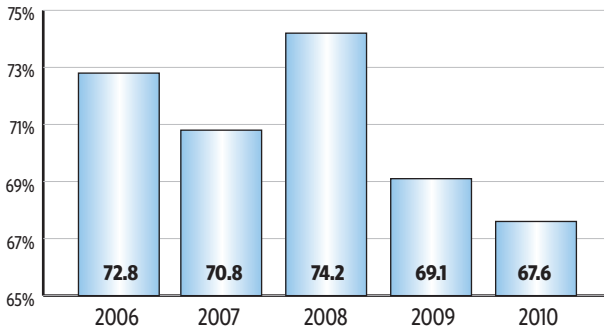
While a continued drop in fees and reimbursements and reimbursement rates can seem like a bad trend, chiropractors can be hopeful that next year will begin to show the affects of the ever-improving economy. Although reimbursement rates are down from last year — 67.6 percent from 69.1 percent — the drop is minimal compared to past years. The same can be said for average fees and reimbursement.

Respondents reported average fees of $68 this year (the same as last year), and average reimbursements dropped to $46, down only $1 from 2009. •

Year-by-Year Comparison of Fees and Reimbursements 2006-2010



Year-by-Year Comparison of Reimbursement Rates 2006-2010



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The battle of solo vs. group

The percentage of respondents operating as solo practitioners (79.4 percent) rose almost 6 percentage points from last year (73.7 percent) — and remains the most popular way to practice. More than 18 percent of respondents reported as operating as a group.

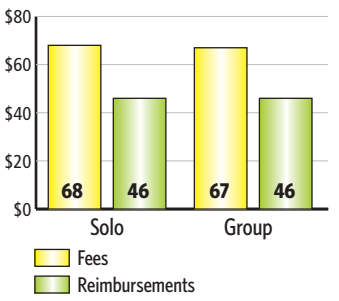
While the difference between solo and group practices is undoubtedly large, the averages reported for fees and reimbursements are not. This year, solo practitioners reported average fees of $68, while group practitioners came in at $67. Both solo and group practitioners recorded average reimbursement of $46.

These numbers, while on par with 2009, show a change in reimbursement averages, with group averages dropping $2.

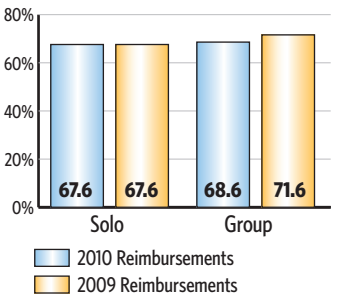
As a result, reimbursement rates for solo practices remained the same as 2009 (67.6 percent), while reimbursement rates for group practices dropped from 71.6 percent to 68.6 percent — a 4.2 percent difference.

Respondents in group practices employ a greater percentage of specialists than solo DCs. ●

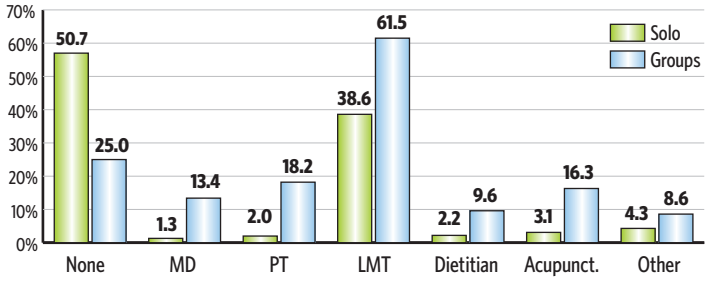
Fees and Reimbursements



Reimbursement Rates



Specialists Working in Solo and Group Clinics



SMARTER TECHNOLOGY FOR A BETTER PRACTICE

Finding answers in the midst of chaos.

The profession of Chiropractic is getting harder not easier. Recent studies show that only ½ of all Chiropractors make it to their 5th year in practice. For the entire profession, profits have been steadily decreasing since 2003. Insurance company restrictions, complicated rules, and 'hoops' to jump through are approaching unbearable levels. If that wasn't bad enough the current economy brings us the highest unemployment rate in over 25 years with nearly 15 million people out of work.

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DCs vs. MDs: Comparing the two

The recent recession is not only affecting chiropractors, but also insurance companies, and as a result, medical doctors (MD) as well.

Although average fees stayed similar to last year ($68), average reimbursements dropped to $46. It appears MDs are in a similar — if not worse — boat.

While DC codes and MD codes are generally different in comparison, there are several codes both professions have in common, including 99201 (evaluation and management for new patient) and its variations — 99202, 99203, and 99204.

According to a similar survey published in the January 2010 issue of *Physicians Practice*, a business journal for medical doctors, reimbursements for MDs dropped 7.3 percent overall from last year.

It should be noted that in previous years, *Physicians Practice* has reported on both its fees and reimbursements, however, this year, they reported solely on reimbursements.

For code 99201, DCs averaged fees of $66 and reimbursements of $44, while MD's reimbursements were $49. Last year, MDs received an average reimbursement of $58 — a 15.5 percent difference. DCs received an average reimbursement of $41 last year — a 6.8 percent increase.

For code 99202, MDs and DCs reimbursements were $72 and $59, respectively.

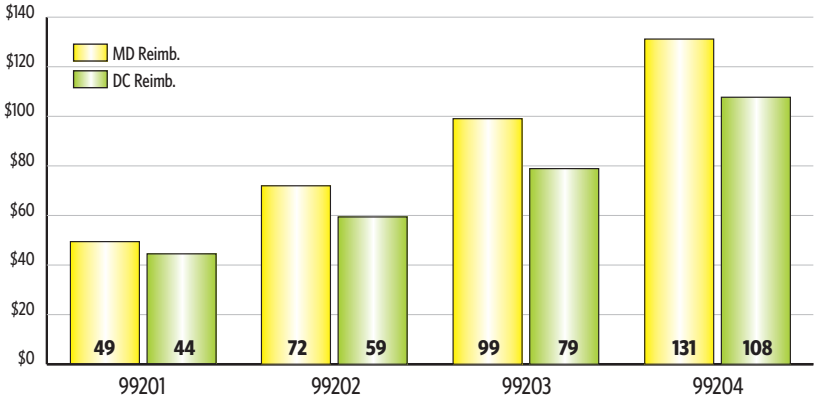
This is compared to last year's averages of $81 and $58. DCs reported average fees for this code at $83, compared to $82 last year.

For code 99203, MD's reimbursements dropped from $110 last year to $99 this year, while DC's reimbursements dropped from $80 last year to $79 in 2010.

Chiropractors reported average fees for this code at $115, which is $2 more than last year.

For code 99204, MDs reported a reimbursement average of $131, compared to $139 last year. Chiropractors reported average fees of $147, with an average reimbursement of $108. This is compared to last year's fees ($154) and reimbursements ($112) for this code. •

Comparison of MD and DC Reimbursements



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A full house is your best hand

As expected, employing specialists in your clinic can offer greater potential for you, your practice, and your patients. In speaking of fees and reimbursements, integrated practices typically have higher fees, but bring in larger reimbursements — thus having higher reimbursement rates.

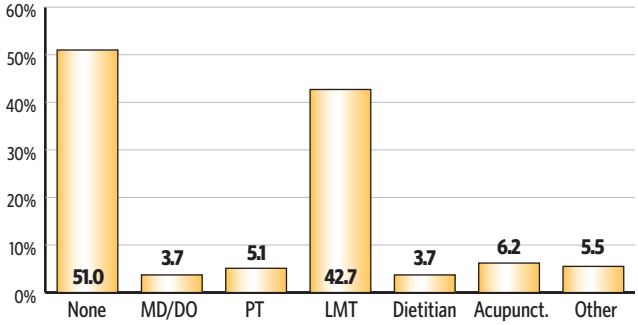
This year's survey found that 66.9 percent of respondents employ some kind of specialist in its clinic, whether it's a licensed massage therapist or dietician.

Last year, integrated practices reported higher fees ($71), but lower reimbursements ($47). As a result, integrated clinics said they had reimbursements rates of 66.1 percent compared to clinics without specialists (73.8 percent).

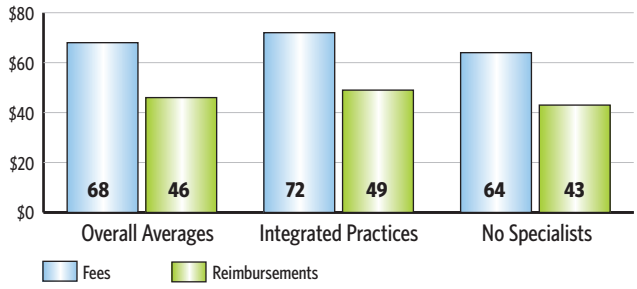
This year, however, numbers were back on par with 2008. Integrated practices had average fees of $72 compared to clinics without specialists ($64), and average reimbursements of $49 compared to $43 for clinics without specialists. Reimbursement rates were a similar story, with integrated clinics reporting rates of 68 percent, compared to 67 percent for clinics without.

LMT remained the most popular specialty at 42.7 percent, while acupuncture (6.2 percent) and physical therapist (5.1 percent) were the next highest, and dietician and MD/DO rounded out the bottom at 3.7 percent. •

Specialists on Staff in Chiropractic Offices



Integrated Healthcare vs. No Specialists



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The franchise difference

The number of chiropractors involved in franchises has reached its highest percentage since at least 2006. This year's survey indicated a difference from 5.9 percent in 2009 to 6.4 percent in 2010 — a healthy rise in just one year.

While the average fees from 2009 dropped, franchise owners saw an increase in reimbursement averages and, as a result, saw a significant increase in reimbursement rates.

Average fees dropped from $68 in 2009 to $66 in 2010, while reimbursement averages rose from $38 in 2009 to $44 in 2010. These are compared to this year's overall fee and reimbursement averages of $68 and $46, respectively.

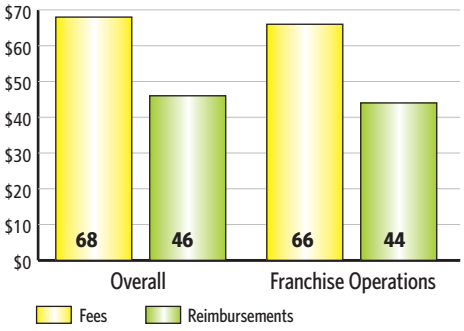
Maybe most important, franchise owners saw a large increase in reimbursement rates compared to last year. This year's reimbursement rate was 66.6 percent up from 55.8 percent in 2009 — a 16.2 percent difference. This is compared to this year's overall reimbursement rate average of 69.1 percent.

Other franchising facts

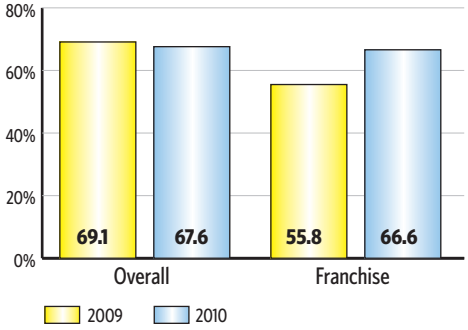
Typically, in years past, the average age of franchise owners is significantly lower than the overall average. This year, however, franchise owners were 44.3 years old on average, compared to 38.7 in 2009. The average franchise owner is male (86.8 percent), with 13.2 percent being female.

More than 70 percent of franchise owners run a solo practice, while the remaining operates in a group setting. The average franchise owner has been practicing for 16 years. •

Comparison of Franchise Fees and Reimbursements with Overall Averages



Franchise Reimbursement Rates



Show me the money

Unlike previous years, this year's survey saw an increase in respondents reporting cash-only practices. Although this year's percentage (10.4 percent) isn't as high as 2006 (21.1 percent), it's almost 2 percentage points higher than last year (8.8 percent).

This could be an indication of an improving economy; however, statistics from upcoming years will be a better indicator of this scenario.

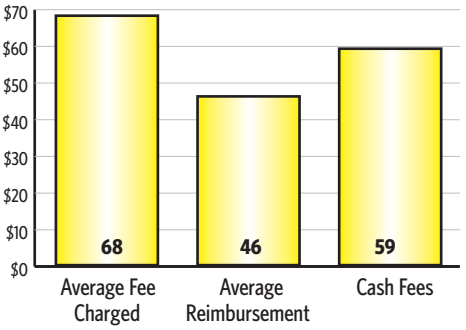
Cash fees in 2010 were down $4 from 2009. This year, cash-only practices reported fees of $59, while last year they reported fees of $63.

By strict definition, a cash-only practice would have no reimbursements. So, fees in a cash-only practice are equivalent to reimbursements (collections). Cash-only practices fees of $59 are a 15.2 percent increase compared to an overall average reimbursement of $46.

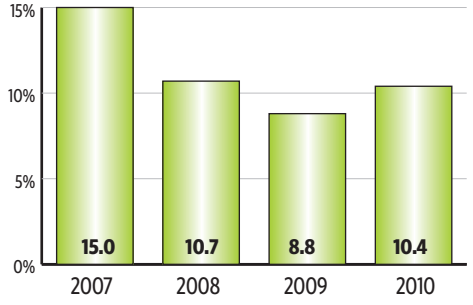
Your typical cash-only practice respondent is male (81.9), with an average age of 46.6, and working in a solo clinic (88.5). Those respondents operating cash-only practices have been working as a practitioner for 16.5 years.

Regarding cash-only practices that offer modalities, 50 percent offer nutrition, 33.3 percent offer exercise programs, 31.6 percent offer massage, 30 percent offer physical therapy, 28.3 percent offer weight loss programs, 16.6 percent offer homeopathy, 11.6 percent offer acupuncture, and 8.3 percent offer decompression. •

Cash Fees vs. Reimbursements



Percent of Cash-Only Practices



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Gender differences

The male-to-female ratio typically stays the same from year-to-year. Male chiropractors dominated once again, with 78.2 percent being male and 21.8 percent female. Women respondents reported younger ages (41.7), while the average age of male respondents was 47.2.

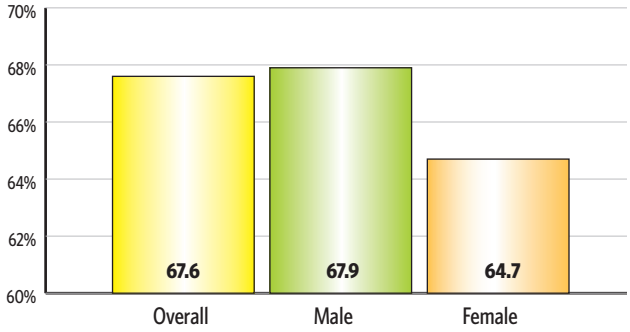
As a result, female DCs reported being in practice for fewer years (12.7), while male respondents have been in practice for an average of 17.9 years. Women tend to operate in group clinics on average more than their male counterparts — 21.8 percent and 17.8 percent, respectively.

In 2009, our survey indicated that the biggest disparity in modalities offered was in nutrition, however, this year it is massage. Of the male DC respondents, 48.3 percent offer massage, while 59.3 percent of female DC respondents offer it. Female DCs also were more inclined to offer physical therapy, with an almost 10 percentage point difference.

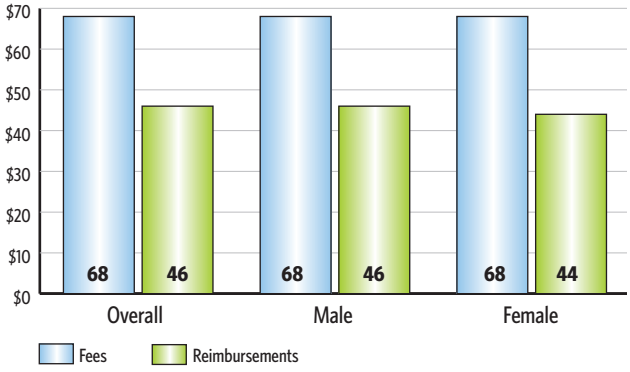
Averages surrounding fees and reimbursements were closer than ever. Both males and females reported average fees of $68. Males, however, reported higher reimbursement averages ($46) compared to females ($44). As a result, reimbursement rates dropped for both genders: males (67.9 percent) and females (64.7 percent). •

	Overview	Male (78%)	Female (22%)
Personal			
Age	46.0	47.2	41.7
Years in practice	16.9	17.9	12.7
Types of practices			
Solo	79.4%	80.3%	75.7%
Group	18.6%	17.8%	21.8%
Associate	2.0%	1.7%	2.3%
Owns franchise	6.5%	7.3%	4.0%
Cash only	10.4%	11.0%	8.5%
Modalities			
Chiro only	32.5%	33.4%	30.4%
Acupuncture	17.7%	17.5%	17.9%
Exercise	57.6%	57.8%	57.0%
Homeopathy	14.1%	14.0%	14.0%
Massage	50.6%	48.3%	59.3%
Nutrition	61.4%	60.6%	63.2%
PT	63.4%	65.2%	55.5%
Weight loss	23.8%	22.8%	28.1%
Decompression	22.6%	23.7%	18.7%
Other	20.6%	17.5%	21.0%
Specialists			
None	51.0%	53.9%	40.8%
MD/DO	3.5%	3.9%	2.4%
PT	5.1%	5.5%	4.0%
LMT	42.3%	39.5%	52.8%
Dietitian	3.7%	3.2%	5.6%
Acupuncture	6.0%	5.3%	8.8%
Other	5.3%	4.3%	9.6%

Reimbursement Rates: Male vs. Female



A Gender Comparison of Fees and Reimbursements

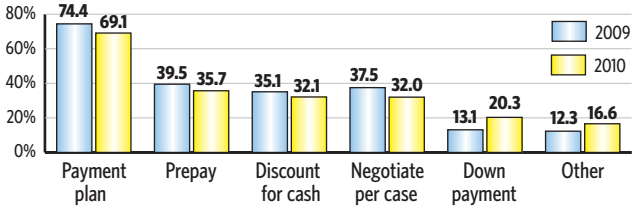


Payment options

Chiropractors offering payment plans (69.1 percent) dropped almost 5 percentage points from last year (74.4), however, it is more in line with 2008 (64.9). Similarly to past years, the most popular type of payment option is prepaid, with 35.7 percent of respondents offering it.

Both negotiate per case (32.0 percent) and discount for cash (32.1 percent) saw a slight drop from last year, where percentages were 37.5 percent and 35.1 percent, respectively. The biggest increase was in chiropractors offering a down payment plan. This year, 20.3 percent of DCs offered it compared to 13.1 percent in 2009.

More than 16 percent of respondents reported that they offered a different type of payment plan, such as financing though a financial company, weekly and monthly payments, installment payments, and case-by-case consideration. •



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Additional codes of interest

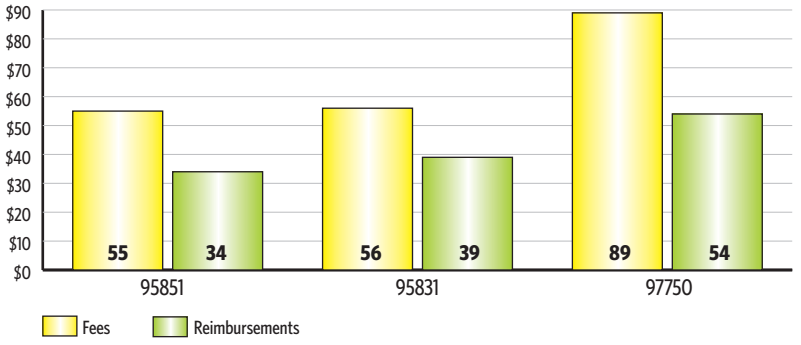
Each year, we ask for additional information on three codes: 95851, range-of-motion testing; 95831, muscle testing; and 97750, physical-performance evaluation. Keep in mind, these codes are not included when calculating the overall fees and reimbursement averages.

Average fees for range-of-motion testing were $55, while average reimbursements were $34 — a reimbursement rate of 61.8 percent.

Average fees for muscle testing were $56, with an average reimbursement of $39 — a reimbursement rate of 69.6 percent.

Average fees for physical-performance evaluation were $89, with an average reimbursement of $54, and a reimbursement rate of 60.6 percent.

Additional Codes



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Let's get ... flexible

BY MELISSA HEYBOER

THERE'S MUCH MORE TO REHABILITATION THAN JUST IMPROVING WHAT WAS ONCE A PAINFUL INJURY. While recovering from muscle and joint pain is important, so is the need for improving a patient's flexibility and range-of-motion (ROM).

Whether your patient is looking for relief from sprains, strains, disc injuries, or joint dysfunction, or if a patient simply wants to improve their overall well-being, bettering ones flexibility and ROM has unending benefits.

According to Gregory H. Doerr, DC, CCSP, ART, CKTP, developing better flexibility and greater ROM ultimately helps improve dysfunctions of the body — but it can also help prevent them.

"Inflexibility and loss of ROM leads to immobility of tissue, which leads to a number of joint and soft tissue dysfunctions," said Doerr, "including fibrosis, tissue hypoxia, and the production of inflammatory markers including substance P and CGRP."

Ultimately, he says, this can lead to pain and fear avoidance.

Steven Weiniger, DC, says the most important thing is that improving flexibility and ROM promotes symmetry of motion and, ultimately, helps the patient. ROM should be the first phase of rehab as you can't advance to balance, strength, and function until ROM is improved.

"Your body is made to move," Weiniger said. "If your body is moving asymmetrically, your muscles will get strong in the way you're training them to move."

This creates added stress on the joints and they break down, he said.

"The chiropractor comes into the game when the person says my back or my neck keeps going out. That's where the kinetic chain is buckling due to the asymmetric force from the muscles that have been trained to move asymmetrically."

This is where low-cost flexibility and ROM tools can come in handy.

"A person's perception of how they are moving is often not accurate, which creates problems when performing exercises or treatment programs," Weiniger said. "Even though the exercise is, in theory, designed to be a good exercise, it's moving the body without symmetry. [Flexibility and ROM] tools facilitate the creation of that symmetry of motion."

Fortunately, as a chiropractor, incorporating flexibility and ROM exercises and tools for the upper and lower extremities is not only easy, but can enhance your bottom line and broaden your patient base.

"I think providing these tools in your office can be used to differentiate yourself from other practitioners," said Jeffrey Tucker, DC. "This type of system can help teach clients how to improve posture; and it helps neck and back pain patients."

Tucker also suggests incorporating flexibility and ROM into a group class for your patients. He says exercise training has proven to bring in additional revenue.

"Clients want one-on-one motivation," he said. "I sell a higher quality lifestyle; it's not about fitness. Emphasis is placed on practical, functional everyday skills. It builds trust, it gives you an opportunity to have better communication with clients, and it creates value."

Weiniger adds that with the right tools, patients can also reach their goals and improve the flexibility and ROM of both their upper and lower extremities

from the comfort of their homes.

"Tools are nice because it provides structure and a point of responsibility," Weiniger said. "They bought it, and they have it, and it lets them have an objective metric."

Patients need to understand that at-home flexibility and ROM exercises have the same benefit as rehab elsewhere.

"We already know that our in-office methods of manipulation, mobilization, and modalities improve pain and function," said Tucker. "If you do not teach clients to perform corrective exercises at home, you will miss the opportunity to allow patients to 'turn on' the nerves and muscles prior to workouts; enhance the excitability of the neuromuscular sequence; improve the recruitment of the muscle bundles and fibers; enhance muscle sequencing and movement patterns; improve coordination; and increase ROM."

Weiniger says that adding flexibility and ROM exercises to your practice is not only beneficial for improving motion, but it helps build the doctor-patient relationship.

"Bottom line is that we are entering a time where people are going to be more responsible for their health," said Weiniger. "By selling the patient an inexpensive tool to help strengthen their body, the person is going to value the doctor better.

"There are some residual benefits to selling it, but the goal is to build the doctor-patient relationship so the patient can see you as a coach and teacher as well as a doctor who values the patients own best interest."

With so many inexpensive options out there, Doerr says it's easy for chiropractors to embrace active rehab — like the tools needed for flexibility and ROM exercises — in their practices.

"As chiropractors, we have mastered the art of passive care," Doerr said. "It is time we evolve to match the evidence currently available and move our practices into the evidence-influenced age.

"We often fail to realize that the key to new patients and more referrals is not associated with marketing teams, coaches, or gimmicks, but with positive outcomes in a faster time period. Active protocols assist us in achieving this."

MELISSA HEYBOER is the associate editor of *Chiropractic Economics*. She can be reached at 904-567-1540 or mheyboer@chiroeco.com.

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1. Cannell JJ et al. Epidemic influenza and vitamin D. Epidemiol Infect. 2006;134:1129-40.

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It's all in the approach

One of the best ways to educate your patients is to think like a doctor, but talk like a patient.

BY BHARON HOAG

PATIENT EDUCATION SHOULD FOCUS ON TWO OBJECTIVES: first, to make sure the patient understands his or her condition and what it will take for a return to normal, and secondly, to turn that understanding into additional business and a more prosperous clinic.

Patients who understand the dimension of their problems and the goals and efficacy of their treatment are likely to keep to the schedule of visits and comply with their responsibilities in the healing process and tell others you are the person that got them (and keeps them) well.

And every patient success story represents another testimonial to your value as a healer.

Patient education should be part of every case. It doesn't have to be a formalized process, but to be effective, it should proceed in stages. It should be conducted on the patient's level, not the doctor's. That means that medical and technical terminology is out and a warm, conversational approach is in.

Need to know

Tell them what they need to know in words they understand. Don't talk in terms of subluxations, Para-Sympathetic, and autonomic during the initial visits. Textbook lingo is appropriate for professional settings, but outside of that context it's like a foreign language (as it often is).

If you lather your sessions with words and phrases you learned in your years of classes, you likely will find your patients zoning out, listening respectfully but not hearing, and their eyes glazing over. And when you lose the patient's involvement, you often stand to lose the patient.

Thus, educating patients should place a priority on stimulating and maintaining that involvement. So, don't talk like a doctor; patients don't think like a doctor. Emphasize what they need to hear, not what you want to say. And forego scripts that may have been recommended to you in the past.

When they are used over time, they become rote recitations and lose their edge — and when edge is gone, effectiveness diminishes. And whether they express it or not, patients can tell the difference between what's real and what's artificial.

Handle it well

To help you handle patient education, try these action steps:

Time it well. Timing is important, and it is unwise to start the education process too early. Visits one and two should concentrate on getting acquainted and establishing a comfort level with the patient.

Remember, the patient is there more than likely because he or she is hurting, and the initial visits are not the time for a lecture. Perform a professional exam and focus on winning the patient's confidence that you understand the problem and know what to do about it.

And ration the information — too much at one time is hard for patients to absorb and when reception stops, education stops.

Allow patients to take ownership of their conditions. That means, making them understand exactly why they're coming in. You are the mechanism for their recovery, but they need to understand that recovery occurs in phases and you

If you build and sustain your relationships well, your patients will become a powerful marketing influence for your practice.

can only be effective if they do their part in terms of keeping to the schedule and performing the activities regimen you prescribe away from the offices and between visits.

Stand firm. Be firm about what they must do, but avoid scaring them into doing it. Motivate them with descriptions of "if we do this, that will be the result, and you will feel much better and again be able to do this, this, and this."

The "thises" will have emerged as they described their pains and limitations, and your mission is to return them to their preproblem status.

Don't hide your successes. Explain how you have helped other patients, what you did, how it helped, and how long it took.

As patients begin to feel better over the course of treatment, you can go into more depth about what you're doing because at that point, they have become invested in the treatment's success, more committed to participation in the treatment program, and more willing to listen and comply.

Educate for empowerment. Reveal new information over time as you guide them through the treatment program. What you are doing is leading them through a process. As you explain each procedure or phase of the program, you are building commitment and, in effect, preparing them for the next phase.

Reinforce what has been accomplished. Patients often begin to feel better within a relatively few visits, which is good — it is solid evidence that what you're doing is working. But it doesn't necessarily mean that the problem is solved; only that it is on the way to being solved.

If you fail to make this point convincingly, you are letting your patient and yourself down. If they stop treatment or visits become irregular because they are feeling better, the condition may regress.

Avoid demonstrating how smart you are. You're a doctor; they know you're

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smart or they wouldn't be there. Your job is to keep them there until it's time to release them, optimally to a maintenance schedule.

Communicate goals. Finally, if the alleviation of immediate pain is secondary to the full successful completion of the treatment program, how should you communicate your goals in relation to their expectations?

Successful treatment means getting the body back to where it was, or better, and keeping it there. Be cautious about creating false expectations. Stay within the realm of reality and cultivate an understanding of what the ultimate goal should be.

Share the evidence

Support that understanding with periodic re-evaluations and evidentiary tests — there are at least a couple dozen available to measure range-of-motion, pain thresholds, and much more.

Such measurements provide solid support for your continued treatment recommendations, and they can be extremely valuable in enlisting and maintaining patient cooperation.

It is important that you do not simply drop these indicators into the patient file. The value of the knowledge they provide is doubled when it is shared with the patient as part of the education process.

At a certain point, your tests will tell you and your patient that the goals outlined in your initial treatment plan have been achieved. Success has been measured and the results are solid. But don't just leave it there.

At this point you should have achieved a positive relationship and in the interests of your long-term practice health, you need to feed and water that relationship. Communicate the value of a wellness program in forestalling reoccurrences of the problem and of periodic exams to identify any potential events.

If you build and sustain your relationships well, your patients will become a powerful marketing influence for your practice. Knowledge is power, and when you share what you know with your patients in the right way and at the right time, they will absorb it and will tell their friends and associates.

But it's got to be about them, not you. It's their problem, their body, their recovery — you're just the doctor (smile).

BHARON HOAG, chief consultant of ACOM Health Chiropractic Consulting Group, has worked in the chiropractic profession for 11 years and taught for eight, developing his unique "nondoctor" approach through ownership of four clinics and management of up to nine. He can be reached through www.acomhealth.com.

[The Relationship Between A Chiropractor And Their Favorite Table KNOWS NO BOUNDS]

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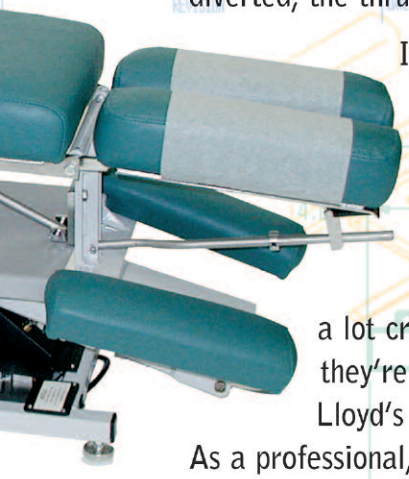

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SOAP and EHR

How to win the battle of taking proper notes without having your patients wait

BY CLAUDE COTE

WHY ARE SO MANY OF YOU LOOKING FOR GOOD SOAP DOCUMENTATION? It's because many chiropractors are being audited, and the first thing an audit looks for is the notes.

An audit, however, is not the only reason to have great notes — a complaint to a state board will also require you to have proper documentation for your defense.

You need great documentation for these reasons, but you should also want it to have a good historical condition of your patient.

Look for specific ways to help your practice create a great compliant note and adjust the number of patients you need to.

How do you do this?

The answer used to be a paper travel card with check boxes for every possible symptom, subluxation, palpation findings, treatment, or therapy. The doctor would check the boxes and write a few notes about what the patient said.

This worked OK for internal use, but when asked for notes, the doctor didn't want to send in the check boxes and scribbles, so he would transcribe the notes into a narrative format that someone could read.

It might've solved the in-office issue of taking notes, but now he had to stay longer to clean up the notes. The more patients you saw, the longer you had to work — creating more fatigue and time away from the family.

EHR may be the answer. Not every EHR can produce the notes you are looking for or save you time in the office, therefore, you need to know what to look for.

Regulations to follow

Medicare has very specific guidelines for notes. As per the Medicare Benefit Policy manual, chapter 15, under section 240.1.1, Chiropractic Services, all visits need a specific documentation:

1. History: Review of chief complaint; changes since last visit; system review if relevant.

2. Physical exam: Exam of area of spine involved in diagnosis; assessment of change in patient condition since last visit; evaluation of treatment effectiveness. Documentation of treatment given on day of visit.

Section 240.1.4 clarifies how Medicare wants you to document about the location of subluxation.

"The precise level of the subluxation must be specified by the chiropractor to substantiate a claim for manipulation of the spine. This designation is made in relation to the part of the spine in which the subluxation is identified: There are two ways in which the level of the subluxation may be specified. The exact bones may be listed, for example: C5, C6, etc. The area may suffice if it implies only certain bones such as: Occipito-atlantal (occiput and C1 (atlas)), lumbo-sacral (L5 and Sacrum), sacro-iliac (sacrum and ilium).

"Following are some common examples of acceptable descriptive terms for the nature of the abnormalities: Off-centered, misalignment, malpositioning, spacing (abnormal, altered, decreased, increased), incomplete dislocation, rotation, listhesis (antero, postero, retro, lateral, spondylo), motion (limited, lost, restricted, flexion, extension, hypermobility, hypomotility, aberrant). Other terms may be used. If they are understood clearly to refer to bone or joint space or position (or motion) changes of vertebral elements, they are acceptable."

Timely manner

How do you get all this information into your notes in a timely manner? You use a combination of the check box paper travel card and narrative format. Many systems now have what they call macros. Macros are simple: press this button to create this output.

Instead of checking a box on paper like in the check box travel card scenario, you click on a box on the computer screen and it has the narrative as the output. You accomplish both tasks at the same time — a speedy and easy note taking system along with a readable output.

Personalization and abilities

Now, efficiency to create speedy but high-quality SOAP notes does not stop here. Questions such as, "How user friendly is the system? Is everything I need on one screen? Do I have to scroll down many lists to get what I need? Can I access old notes and see what happened on the last visit? Is it easy to customize so I can create the note I want to create? How long will it take me to create the note?" will determine how you use the note-taking system.

The note-taking system needs to be yours and nobody else's. Why have hundreds of buttons you will never use? Design a system specific to your style or practice and your style of notes. These systems can customize the macros so you can create the note you want.

You've probably heard about a system that would randomize your SOAP text, which means the programs will write your notes for you. How can the notes be yours if the program is changing the words? These are easy to spot for auditors and make them question your note-taking ability.

Another pitfall is having super long, narrative notes. Having a two-page note that is so wordy and hard to follow does not impress any auditor.

You need to be specific and to the point. Again follow the guidelines above and make it easy for the auditor or person reading the notes to follow the progression of the patient — easy-to-read notes will more than likely help them understand the case.

The keys to having a great note-taking system are: Have an EHR that is easy to use, customizable, has macros that get to the point and writes in what you want to say.

Your notes will be easy and fast, allowing you to be compliant and help to provide great care to your patients. CE

CLAUDE COTE, president and founder of Platinum System C.R. Corp., is an expert in EHR systems, insurance billing, and chiropractic clinic management for 22 years. He has installed EHR system in 17 countries over five continents and nationwide. He can be reached at info@platinumsystem.com or through www.platinumsystem.com.

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Dr. Darwin Griffeth
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FOOT LEVELERS

Chiropractic made easy

Whether you're a seasoned chiropractor or a recent graduate, joining a franchise could be your ticket to success

BY MELISSA HEYBOER

AS A CHIROPRACTOR, IT'S ESSENTIAL TO WEAR MANY HATS. You have to be a doctor, an entrepreneur, a marketer, and at times, a creative guru. The weight of a chiropractor's daily duties can be intimidating for graduating students and exhausting for even the most seasoned professionals.

While some doctors may thrive off the constant pressure, most desire a schedule that allows them to focus the bulk of their time on adjusting patients and improving lifestyles.

Fortunately, making the decision to become involved with a franchise can be the solution to many of these problems.

"Chiropractors have long since struggled with opening and running successful chiropractic businesses," said Larry Maddalena, DC. "The main benefit for a doctor to open or work for a franchise is simple: they provide a successful business model that's been tested and proven in the market place."

Fred Gerretzen, DC, agrees: "You give them all the business systems, all the marketing systems, the model and concept, and all the stuff they didn't learn in chiropractic school and help them be successful and develop a brand for chiropractic."

Another big advantage to franchises, according to Gerretzen, is the consistency of care patients are afforded.

"You know what you're going to get," said Gerretzen. "Whether they [patients] are going to a different part of town, or different state or country they can get the consistency of care in the product and service. Each patient's documents, records, and original intake forms are available and networked. Even if someone moves they can just pick right up where they left off."

Maddalena says patients are constantly thanking him for making chiropractic affordable — another benefit he says is the result of the franchise model.

"'I love to get adjusted, but I can't afford too.' This is what new patients tell us," said Maddalena. "The number one benefit for patients to visit a franchise is affordability of chiropractic

care. Healthcare costs are escalating; most chiropractic offices charge on average $60 per treatment."

Gerretzen says that chiropractors need to understand that while a franchise helps relieve some of the pressures of opening and running a successful business, it doesn't mean you can't be the doctor you want to be.

"You can still be an individual within your own business," said Gerretzen. "That really is up to the chiropractor. Any kind of tricks the chiropractor has in his bag — more power to him."

As with any new business, there is always a concern surrounding start-up costs for interested doctors. Maddalena says, however, this isn't the case with franchises.

"The number one reason for business failure is a lack of working capital," said Maddalena. "A franchise is actually less expensive to open and operate than going it alone. Advertising co-ops can be formed between franchisees to create even bigger savings. I actually saved more than half of my franchise start-up fee because of price negotiations made available to me by the franchise."

In addition to low start-up costs, Maddalena says marketing is made easier through franchises.

"A franchise provides a significant advantage when it comes to marketing," said Maddalena. "The franchisor is able to bring in a better marketing support team/staff, with experts who negotiate superior ad price-points.

"And branding is another significant advantage because it conveys a consistent message to your customers."

Like anything else, both Maddalena and Gerretzen recommend educating yourself on the ins and outs of each franchise and making sure it fits with your chiropractic philosophy.

"They first need to investigate the model thoroughly and make sure that resonates with their philosophy and the type of chiropractor they want to be and how they want to deliver chiropractic to the public," said Gerretzen. "If that fits, then encourage them to visit a location and talk to some of the doctors involved."

Maddalena says the most important thing to remember when making a decision about joining a franchise is to stay true to yourself as a doctor and to chiropractic as a profession.

"I have been a chiropractor for 13 years," said Maddalena. "During that time, I have seen colleagues struggle in business. All too often, we are sold on gimmicks or devices to make more money. But if we simply focus on what it is we do, be chiropractors and adjust our patients, a lucrative career will pursue."

MELISSA HEYBOER is the associate editor of *Chiropractic Economics*. She can be reached at 904-567-1540 or mheyboer@chiroeco.com.

What've you got to lose?

How to deal with a slowdown of physician referrals

BY BOB LEVOY

THE SLOWDOWN OF REFERRALS FROM A PHYSICIAN, WHO, IN THE PAST, HAS BEEN REFERRING PATIENTS ON A REGULAR BASIS, IS A COMMON PROBLEM. Simple neglect is often the cause.

One question to ask yourself is, "Is what I am doing today (in terms of acknowledging referrals, reporting back to the physician, and perhaps expressing appreciation) any different than it was when our relationship first started?"

If not, you have no one to blame but yourself. If the situation is salvageable, the antidote is obvious. Go back and do what you used to do.

Positive impact

An occasional lunch (or perhaps dinner) with a referring physician can have a positive impact on your relationship. Yet, there are chiropractors that say, "I'm not comfortable taking physicians out for lunch (or worse dinner) when we are not social friends."

Consider, however, that some physicians *like* to be taken to lunch, perhaps dinner, occasionally. If you can overcome your initial resistance to that idea, your relationship may well evolve — and perhaps lead to mutual referrals. As the saying goes, what've you got to lose?

Something lacking?

Still another possible reason for a slowdown of referrals is the feedback from patients who are referred to your office may leave something to be desired — on your part or perhaps, your staff's part. Whatever the problem is, you need to identify it and fix it — immediately.

Here's one way to avoid that lunch date if you are truly not the "take 'em to lunch" type. The following questionnaire is a composite of surveys used by practitioners in different fields to monitor their relationships with physicians. You can modify it to suit your circumstances.

Questionnaire for referring physicians

- Has my treatment of your patients met your expectations?
- Would you like a copy of my diagnosis and treatment plan? Would you prefer a brief clinical report or a longer narrative?
- What is the best time to reach you by telephone?
- How often (if at all) would you like progress evaluations during a patient's active phase of treatment?
- Would you be interested in having me or a staff member present a program in your office on any topic related to chiropractic care? (Here is where you can list suggested topics.)
- Would a brochure explaining chiropractic manipulation be helpful for patients for whom you would like to start treatment?
- Would you prefer that, if needed, referrals to other specialists be made by me or by you?
- Would a newsletter about recent advancements in chiropractic care be of interest?
- Can you identify any problems that you, your staff, or patients might have had with our practice?

Reality check: Don't be surprised if referring physicians have widely different needs, interests, and priorities. The more you and your staff can accommodate their individual preferences, the better your relationships will be. 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 blevoy@verizon.net.

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Don't discount the discharge

Proper case management is not complete until you've sufficiently discharged your patient

BY KATHY MILLS CHANG

HISTORY, ACTIVITIES OF DAILY LIVING, EXAMS, TREATMENT PLANS, AND DAILY NOTES — these are the steps of perfecting your documentation. However, the process of proper case management is not complete unless you've sufficiently discharged your patient from the case.

And yet, very few doctors effectively close the case. Because of this, documentation often looks like one long, run-together group of visits, even stretching across many months or years.

That problem can be easily solved by understanding the value of the discharge.

When it's suggested a patient is "discharged," in no way is anyone recommending you kick the patient out of chiropractic care. At all times, your patient is either in an active case or on maintenance care, and there is no in between.

Think about the relative simplicity of this statement, and yet its overwhelming complexity.

In chiropractic treatment, many patients are simply showing up when they want to or just "need an adjustment." Chiropractors tend to treat them for that visit and let it stand alone.

Because you are so used to billing insurance for whatever care the patient has, you send it in, along with information pertaining to whatever case that patient was on, even if they were not in the office in several months.

You must start this process over if you intend to be able to bill insurance, to establish medical necessity. If not, then it's simply a maintenance visit, which should be paid with cash, not billed to a third-party payer. When a discharge is issued, you must consider that it's the beginning of the maintenance or wellness-care phase. The

Your discharge form or notes should indicate whether the patient has reached the desired goals from the treatment plan or not.

discharge is not an end; it's just a different beginning.

Discharge examination

There are many compelling reasons to have a discharge examination at the end of a patient's active case.

When the patient has been moved through a treatment plan, you must evaluate which goals have been achieved and which are not able to be achieved. If the goals are not met, it doesn't give you permission to treat indefinitely until they are, if improvement is not readily identifiable.

This is one of the primary reasons for an audit. The treatment looks like one big group of care for multiple months, with infrequent visits and no discharge.

When you believe the patient has reached the desired goals, it's an easy process to complete re-evaluation information and note that the patient has been discharged from active care for this condition with the desired goals met. The findings are recorded, and a discharge is completed.

Your discharge form or notes should indicate whether the patient has reached the desired goals from the treatment plan or not. Your form can be simple with reasons and check marks.

Most importantly, you are leaving them at a particular level of maximum improvement.

This allows you to have the opportunity for a new beginning of wellness/maintenance care.

When the patient next returns, that visit will either be the first in the series of wellness visits, for which they will pay cash or the process will start over and a new case is begun.

Patients who do not complete recommended treatment programs should be administratively discharged.

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@kathymillschang.com or through www.kathymillschang.com.

Kathy Mills Chang has broken down each component of proper documentation in a series of articles. Visit the beginning of the series at www.ChiroEco.com/part1 and then read to the bottom to continue on to the other parts.

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Is that necessary?

Why justifying and documenting medical necessity is important to your practice

BY MARC SENCER, MD

IN CLINICAL PRACTICE, YOU ARE OFTEN ASKED TO JUSTIFY YOUR ACTIONS IN TERMS OF MEDICAL NECESSITY. An intervention is medically necessary if it is reasonable and necessary for diagnosis or treatment, and can potentially improve the condition being treated such that the patient can experience increased function or quality of life.

In order to have medical necessity, it is not necessary that the intervention be the only one that will help, but it should be the one that poses the least risk to the patient.

For example: Spine surgery would not be medically necessary for a tension headache when an adjustment or Ibuprofen may very well be curative.

On the other hand, in a patient with severe worsening acute disc syndrome with foot drop, surgical decompression may be medically necessary — where less risky procedures would not be helpful and would lead to irreversible loss of function.

Medical necessity will vary over the course of treatment. Typically, the more conservative therapies will be medically necessary during the initial phases, and more invasive treatment will be necessary only if initial treatment fails.

Documenting necessity

Documentation of medical necessity is important in the defense of malpractice lawsuits and professional board disciplinary actions, but the most common scenario where it comes into play is in disputes with insurance companies over reimbursement.

There are two important types of documentation of medical necessity. The first is your written treatment notes. It goes without saying you must document everything you do. If it is not in the chart, it doesn't exist.

In addition, you should try to give a rationale for what you are doing. A problem/plan list in the treatment plan is helpful. *For example:* L5/S1 Paresthesias/MRI L Spine; R/O Nerve Root Compression.

Insurance companies like to see you start with conservative treatment and progress to more invasive interventions. Make sure the treatment notes reflect your conservative approach. "Shotgunning" the patient with multiple expensive tests on the first treatment day will be hard to justify as medically necessary.

The second type of documentation of medical necessity you may be required to produce is a letter of medical necessity. Look at this as an opportunity to make your case to the insurance company, plaintiff attorney, or professional board that may have requested it.

The medical necessity letter provides you an opportunity to amplify the information in the chart. Unfortunately, it is not a free pass to add or amend what is missing from your treatment notes.

A good letter of medical necessity will show you took a conservative approach and gave a lot of thought to each test or treatment you ordered. It will explain why each was clinically necessary, and how you expected the results to improve patient function and resolve or treat the underlying condition.

There are two ways to write the letter: brief or expanded. Generally, if an insurance company makes a simple request you feel can be answered briefly, do so. Remember, the general rule is not to answer questions the insurance company has not asked.

A more expanded letter would be in order for a more complex request or a legal action, where you would want to explain your actions more thoroughly. In the expanded form, you start with the first visit, discuss your findings, the plan of care, and then briefly discuss the course of treatment.

Don't discuss every visit, only that which relates to the medical necessity question at hand. Then tie it all together and show why your action was medically necessary and how it affected the course of treatment and hopefully the outcome. Remember, a

bad outcome doesn't mean you made the wrong decision.

Some doctors like to include references. Before you do, get legal advice. References can be used against you by opposing counsel in a legal action. If you use references, make sure they are established and well-recognized authorities.

Finally, be aware of standard of care issues relevant to your practice. It is very difficult to justify medical necessity for treatments outside the standard of care. Giving a patient experimental or nonrecognized treatment is not usually defensible in terms of medical necessity, where more conservative or recognized treatments would normally be used.

Documenting medical necessity is an important part of every clinical practice. Given the present state of the economy, you can more than likely expect more requests from third-party payers for this documentation. CE

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 on medical necessity with this true or false quiz.

- ❑ 1. One criteria for medical necessity is the treatment must be reasonable.
- ❑ 2. A letter of medical necessity gives you a chance to amend any omissions in the chart.
- ❑ 3. A problem list/plan format is helpful in documenting medical necessity in the chart.
- ❑ 4. Medical necessity means only this treatment will help the patient.

Answers:
Nos. 1 and 3 are true.
Nos. 2 and 4 are false. You may not use the letter to put in facts originally omitted, but you may discuss in more detail your thought process in ordering the tests or treatments that were noted in the chart.

Medically necessary treatment must be reasonable, but does not have to be the only treatment choice.

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Dr. Sylvia Kim

I joined as a STUDENT

"Prior to graduating, I was torn between going out on my own or an Associateship. I heard horror stories about both so I decided to look for an Associateship that would give me the experience to open up my own office. After interviewing 11 different offices, with Chiro One being the last; the value I saw from their training program and the opportunity to grow with the company was worth the shot. Words cannot express my gratitude for the experiences I have had thus far. Not only has Chiro One given me the tools and knowledge to be a successful DC and community leader, it has also allowed me the opportunity to grow as a person to handle whatever life may throw at me! I have always had big dreams and goals for changing the face of health care through Chiropractic and Chiro One embodies an awesome Vision and Mission that allows a group of loving and highly motivated individuals to express their full potential while taking Chiropractic to its rightful place as the main form of wellness in the world!"

Dr. Ashlin Gasiorowski

I joined as an ASSOCIATE

"While in school, though the experience and education was incredible, I realized I was not prepared to overcome the obstacles of starting a practice. I was in debt up to my eyeballs and had no way to get the capital. Unlike many of my classmates, I was blessed with an amazing Associate position but I still had a problem; the collapsing economy caused the banks to all but eliminate loans to Associates with high student loan debt. When I started with Chiro One after completing my second year as an Associate, I was attracted to their combined years of clinical, philosophical and business expertise. This combination exponentially multiplied my talents and ability while dramatically shortening the learning curve. The greatest benefit I have received is my growth as a person, clinician, businessman and leader. Chiro One gives you a family that supports your development and gives you a place to call home. When I look back at my career with Chiro One, I stand in awe. I couldn't imagine my life having chosen another path."

Dr. Clinton Garda

I joined as a SOLO PRACTITIONER

"After getting through chiropractic school, I found myself in a small practice seeing 80 pv/wk. I could look in the mirror and call myself a Chiropractor but I was living month to month and barely getting by. The disconnect was the fact that I loved my patients, I loved chiropractic and I knew I had taught myself all that I could...I was stuck. When I saw what Chiro One had to offer, I decided to seize the opportunity and seek the help that I knew I needed. When I began, I expected that I would have an opportunity to learn from a group of successful Chiropractors. What I did not expect was becoming part of a movement. I look back and realize that I am part of the best trained and most highly coached group of Chiropractors EVER. Give a man a fish, he will eat today. Teach a man to fish, and he will feed his family for the rest of his life. I can honestly say that my growth as a Chiropractor and human being has allowed me to now live the life of my dreams. My work, family and finances are happy, secure and blessed."

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A RECENT STUDY — BASED ON THE FINDINGS OF AN EARLIER WHITE PAPER BY NITEESH CHOUDHRY, MD, PHD, AND ARNOLD MILSTEIN MD, MPH — explains the application of their earlier findings and helps creates a decision process for choosing chiropractic services as part of the benefit plan for workers for improving health value.

Chiropractic Economics wanted to know more about this study, so we asked Cyndy Nayer, president, CEO, and founder of the Center for Health Value Innovation, to speak about this recently released study titled, "Outcomes-based contracting: The value-based approach for optimal health with chiropractic services."

"The 'Outcomes-based contracting framework for optimal accountability' was released a bit ago and the chiropractic paper then fits into that framework," explains Nayer. "It helps see how one might look at chiropractic and expand the access to care for the appropriate patient and then reward both the patient and the chiropractor for doing the right thing and getting the right outcomes."

In order to do so, the study only reviewed low back and neck pain, as they are contributors to one of the highest-cost conditions in the nation, musculoskeletal pain and injury. "We did not look at any other form of chiropractic a as Drs. Choudhry and Milstein only reviewed low back and neck pain. These are high costs for employers of any size," says Nayer.

Looking to achieve

When it came to low back and neck pain, there were three categories they looked at: health, wealth, and performance.

Health. When it came to health, they focused on answering a few simple questions: Are we getting the level of pain down? Are we getting the level of functional ability up? Are we reducing the total cost of care?

Wealth. When it came to wealth, they wanted to know if there were less safety incidences because of the expansion of the opportunity in chiropractic in low back and neck pain in workers. They also focused on the reduction in unscheduled absenteeism and the reduction of total cost for care from the front end to back end.

Performance. To find out about performance, they wanted to know, "Did the person show up and be fully functional at work?" If the employee was not getting a good night's sleep or not able to do normal activities of daily living or was on a lot of pain medication because they were hurting, "they continually report that they are not fully functional," says Nayer.

Achieve a better outcome

The Center for Health Value Innovation (CHVI) views this discussion as an opportunity to showcase the decision process for the potential health value of chiropractic. If the value to the purchaser or plan sponsor can be demonstrated in a scalable, replicable format, then the choice to use chiropractic or other medical intervention can be applied across a variety of instances.

"We have to understand that there are not enough primary care physicians and that other disciplines may get their patients to listen better. There are competencies in chiropractic that are accelerating better outcomes," says Nayer.

Work to your advantage

Nayer feels it is also important for chiropractors to step forward and say they would be interested in working on a set of guidelines that show where chiropractic is most effectively and efficiently used.

"Chiropractors need to understand that not every part of chiropractic is going to be accepted first thing out of the gate," says Nayer. "It would be good to line up around low back and neck pain right now because we have evidence." CE

To read "Outcomes-based contracting: The value-based approach for optimal health with chiropractic services," visit www.ChiroEco.com/OBC.

If you, like me, are one of those particular doctors who don't like to compromise on the quality of anything you deliver to your patients, then you must read this story...

By Dr. Chris Tomshack

Unfortunately, what I call the 1970s chiropractic is alive and well all across America today. You hear about it all the time from dissatisfied patients. Let me give you a quick definition of 1970s chiropractic: a patient comes in. They receive an examination from "Dr. Smith". They start to receive treatment. And then here's where the problem starts. The patient will oftentimes get a good chiropractic adjustment, followed up with maybe ultrasound, electric stimulation, or maybe even a ride on the roller table. Back in the 1970s, this was cutting-edge, avant garde, the best there was. Dr. Smith had it going on. Am I the only chiropractor that feels profound embarrassment and disappointment when a patient tells me that their doctor actually charged for a ride on the roller table? I mean, come on, we all know as do our patients that roller tables don't do anything substantial. Yet Dr. Smith keeps on charging for this old, antiquated service..

There's never been a more Critical time to evolve your practice.

Not a week goes by that I don't take a phone call from some poor chiropractor who feels like he's been left in the dust, still practicing the way he practiced when he graduated. Even if you graduated just one year ago, there's been tremendous change just in the last 12 months. As the new leader of CMS (Medicare) takes the helm, please remember his previous comments on healthcare rationing and reducing expenditures in healthcare. In case you haven't read, he's for both of them. And as Medicare makes changes, the rest of the insurance companies follow suit right quick. That means one thing to you: continued decreasing reimbursements from insurance companies. And that means your patients are going to have to pay for a much larger percentage of their care in your office. And if the patient has the choice of getting the very best care possible in your town and it's not you providing that care, you're out of luck...maybe out of business. Extrapolating data from the Department of Labor as well as a chiropractic college, 37% of all chiropractors no longer even hold a license to practice after nine years. Don't let this be you.

If you are to succeed, you must take action. Procrastination is the language of the defeated. Don't let this be you..

There's never been a greater frontier of opportunity...

There is always opportunity. You have to find it. And the good news is that even after everything I've just discussed with you has been said, I believe that we are on the cusp of an incredible opportunity for chiropractors. But the opportunities are only for chiropractors with evolved practices. The rest will be left behind. For those offices that are providing a superior level of care to their patients, a level that their colleagues don't deliver, opportunity is knocking down the door. And in today's Internet age, patients can easily and quickly find out which doctors have the best reputations in your town. The recipe is simple: deliver a better level of care so that your patients respond quicker and stay better longer and your practice can thrive.

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to find out how HealthSource has helped other docs evolve their practices. Either way, I hope you find the answers you're looking for before it's too late.

Yours in health,

Dr. Chris Tomshack
CEO, HealthSource Chiropractic & Progressive Rehab™

P.S. You know, if you'd rather meet in person, I totally understand. In fact, if you're one of the first 5 to call, what if I cover up to $400 of your travel costs to attend a Discovery Day in Cleveland, Ohio, where you, along with other curious docs, can ask me all the questions you'd like? Sound good? Just call 1-888-967-5458 today to register. But please don't delay—what makes a franchise opportunity like HealthSource unique is that it's limited on an area-per-area basis. So, if one of those 'curious docs' that I mentioned above happens to be from your area, the franchise is theirs—sorry, that's how it works, and that's what helps make HealthSource so effective for so many.

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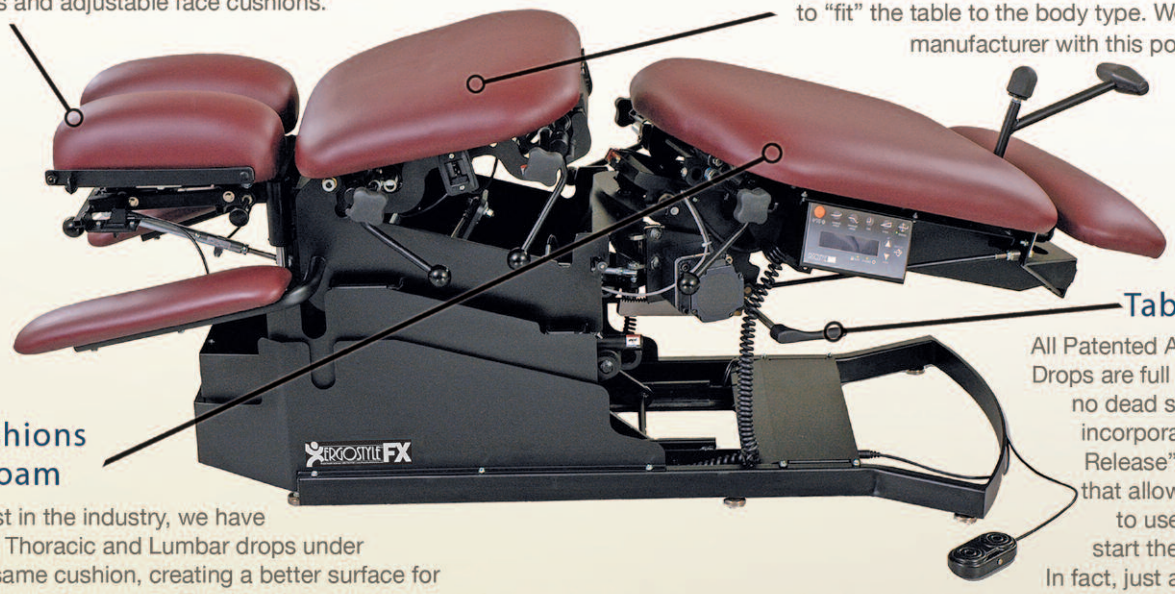

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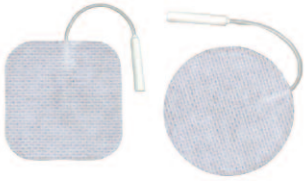

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Hobbies pay off

Tax savings with a hobby/business

BY MARK E. BATTERSBY

IT IS NOT UNUSUAL FOR CHIROPRACTORS TO HAVE MULTIPLE BUSINESSES. In today's economy, more and more chiropractors are using their hobbies, sports, or secondary interests to generate income.

While many chiropractors routinely use losses from their secondary activities to offset income from their practices, few realize that with or without the extra income, Uncle Sam stands ready to pick-up part of the expenses of many of those extracurricular activities.

That's right; Uncle Sam in the form of our tax laws allows income from an activity to be offset using the hobby activity's expenses. If the activity is operated as a business, however, the tax laws permit even more expense deductions to the point where they offset wages, savings, and investment income — and the tax bill on that income from other sources.

Hobbies and hobby businesses

Under federal income tax laws, all income from whatever source is taxable. What's more, court decisions have developed a concept of "income" vastly different from what many think.

The U.S. Supreme Court, for example, has repeatedly held that Congress' broad definition of what constitutes gross income was intended to tax all gain unless specifically exempted. And income from a hobby activity is not.

That means all income from an activity, such as dog-breeding or showing, boat charters, racing cars, farming, and many other hobby-related activities, are taxable. Fortunately, the activity's expenses may be used to offset the income of even a hobby.

With an activity that is a hobby — that is, an activity not engaged in for profit — the expenses are generally deductible only to the extent of income produced by the activity.

Some expenses are tax deductible whether or not they are incurred in connection with a hobby (such as taxes, interest, and casualty losses).

If, however, the activity is engaged in for profit — not if it made a profit, but rather that it is operated with the "intent" of making a profit — many activity-related expenses are legitimately deductible even if they exceed the income from that activity. The amount by which the activity's expenses exceed its income, its losses, can offset all income from other sources.

The general rule is an activity is presumed not to be a hobby if profits (more income than expenses) result in any three of five consecutive tax years ending with the tax year in question.

Fortunately, there is more than one way in which to label an activity as a business. Without profitable years, anyone operating a secondary business activity can, if asked, prove the intent to show a profit using guidelines established by the courts and now accepted by the IRS.

Profit test

In order to be treated as a business for tax purposes, a profit motive must be present and some type of economic activity must be conducted. According to lawmakers, among the factors which would ordinarily be taken into account are:

- The manner in which the activity is conducted,
- The expertise of the taxpayer — or his or her advisers,

- The time and effort expended by the taxpayer in carrying on the activity,
- The expectation that assets used in the activity may appreciate in value,
- The success of the taxpayer in carrying on other similar or dissimilar activities,
- The taxpayer's history of income or losses with respect to the activity,
- The amount of occasional profits, if any, which are earned,
- The financial state of the taxpayer, and
- Elements of personal pleasure or recreation.

Remember, however, when it comes to determining whether an activity is engaged in for profit, all facts and circumstances are to be taken into account.

Expensive expenses

Generally, the ordinary and necessary expenses of carrying on a trade or business are tax deductible. But, if there is no business, there can be no tax deductions for business expenses. Special rules exist for the expenses incurred in starting a business.

Anyone who pays or incurs business startup costs and subsequently enters the trade or business can choose to expense and immediately write-off up to $5,000 of those costs. However, the $5,000 deduction amount is reduced, dollar-for-dollar when the startup expenses exceed $50,000.

The balance of startup expenses, if any, is to be amortized (written-off) over a period of not less than 180 months, starting with the month the business began.

Home offices, studios, and shops

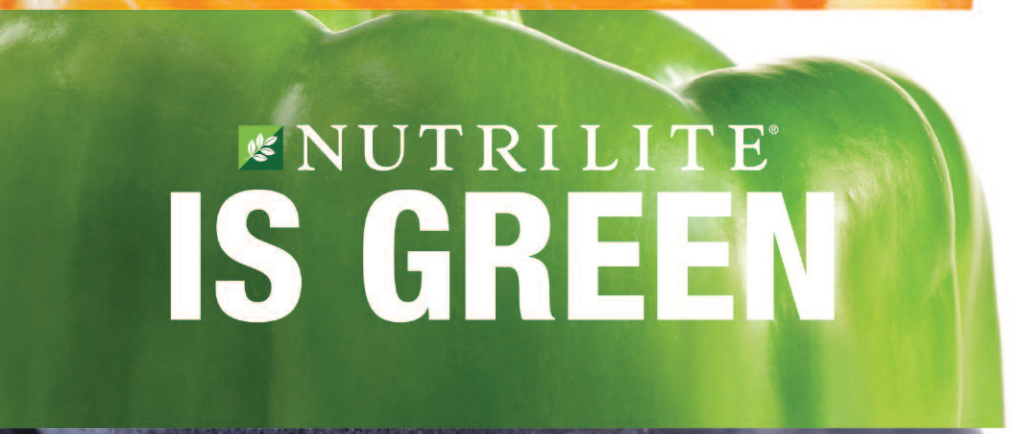
The operator of a business, even someone with only the "intent" to show a profit from his or her activities, is entitled to a tax deduction for the expense of maintaining an office, shop, or studio at home.

A deduction for the expenses of using a home for business purposes cannot be claimed unless the expenses are attributable to a portion of the home (or separate structure) used exclusively on a regular basis.

It is also deductible if used as the principal place of a business; as a place of business used by patients, clients, or customers in meeting or dealing with the activity's operator in the normal course of business; or in connection with the activity or business if a separate structure that is appurtenant to, but not attached to the home.

The phrase "principal place of business" includes a place of business used for administrative or management activities.

A word of warning: the home office deduction cannot exceed the gross income from the activity, reduced by



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the home expenses that would be deductible in the absence of any business use (mortgage, interest, property taxes, etc.,) and the business expenses not related to the use of the home.

Intangible still deductible

Often overlooked are tax deductions for the secondary operation's "intangible" assets. The purchase of a going business usually includes "goodwill," an intangible asset that, because it was purchased, can be amortized over a 15-year period.

An intangible business asset that does not qualify as purchased or acquired may be amortized generally using the straight-line method, provided it has an ascertainable value and useful life that can be measured with reasonable accuracy.

Software: Certain "off-the-shelf" computer software not an amortizable Code Section 197 intangible may be depreciated using the straight-line method over 36 months. It may also be expensed and immediately written-off under Code Section 179 if placed in service before 2011.

Website development costs: The IRS has not issued formal guidance on the treatment of website development costs. It is clear, however, that taxpayers who pay large amounts to develop sophisticated sites have been allocating costs to items such as software development (currently deductible like research and development costs) and currently deductible advertising expenses.

Yet another trap for the unwary

Tax rules limit the deduction for losses from so-called "passive activities," which involves the conduct of any trade or business in which the taxpayer does not materially participate.

Materially participating can be measured in a number of ways including putting in more than 500 hours each year, and occurs when the individual's participation constitutes substantially all of the participation in the activity.

The IRS can tax and help underwrite a secondary, part- or spare-time activity. On the one hand, they stand ready to tax all of the activity's income. On the other hand, many of the activity's expenses may be used to offset "hobby" income.

Operate the activity as a "business," however, and the amount by which the activity's expenses exceed its income, the "losses," can be used to offset income from other sources such as your practice. Is your activity a tax business?

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

DISCLAIMER: The author is not engaged in rendering tax, legal, or accounting advice. Please consult your professional advisor about issues related to your practice.

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A lesson in orthotic assessment

BY KEVIN WONG, DC

EIGHTY PERCENT OF PEOPLE PRONATE EXCESSIVELY TO SOME DEGREE. This remains one of the most powerful statements for clinical practice, if you take the time to reflect on it.

Every time a person excessively pronates, the three arches of the foot are collapsing toward the ground, destabilizing the joints of the ankle, knee, hip, lower back — all the way up to the neck and TMJ.

If eight out of 10 people in the world, involving all ages and genders, are rolling inward on their feet, that's a lot of potential damage being done to their bodies. This also translates to a significant number of people visiting chiropractic offices who need orthotic support.

Would it surprise you to learn that a large number of chiropractors still ignore the feet as a possible cause of pain in the axial spine or extremities? In fact, many tend to skip over the feet completely during their patient examinations.

If you can honestly say you won't need to utilize orthotic assessment protocols on 100 percent of your future patients, so you'll never miss excessive pronation on anyone that comes through your door, then you do not need to read on.

But if you want to make a bigger difference in your clinical effectiveness and care for your patients, then you need to use an "orthotic assessment" checklist to determine if your patients could benefit from custom-made orthotic support.

You do not have to use each and every step; but rather weave some of these ideas into the protocols you adopt. Pick and choose the tools that will work best for you; they require very little time to perform.

Orthotic assessment

Condition based: You have your own ways of obtaining necessary background information and a thorough patient history that enables you to successfully treat your patients.

Below are a few key points to listen for that should remind you to check for pronation when you perform the patient exam:

- ❑ History of lower back pain and/or sciatica
- ❑ Patient mentions he or she has a short leg
- ❑ X-rays reveal spinal degeneration, instability, or arthritis
- ❑ Lumbosacral strain
- ❑ Past or present knee injuries (chondromalacia patella, ligament injuries, meniscal injuries)
- ❑ Past or present ankle injuries (inversion/eversion sprains)
- ❑ Pelvic rotation, spondylolisthesis, or retrolisthesis
- ❑ Pronator
- ❑ Arch pains
- ❑ Bunions, calluses
- ❑ Plantar fasciitis
- ❑ Heel spurs
- ❑ Achilles tendinitis

Visual findings: Below are some visual signs to look for that will help you identify pronation.

Five "red flags"

- ❑ Foot flare
- ❑ Internal knee rotation (knock knees)
- ❑ Bowed Achilles tendons (medially)

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

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EMPLOYMENT OPPORTUNITIES

IMMEDIATE OPENING FOR LONG TERM POSITION Central Ohio Chiropractor looking for office coverage for one month (approx 35 hrs/week)February or March with possible long term employment thereafter leading to partnership for the right candidate. Must be willing to shadow two 1/2 days in the office as part of the interview process. Patient base is mixed demographics with 50% medical referral. Techniques used: diversified, SOT, activator and myofascial release. Must have knowledge and interest in creating exercise protocols with in-office computer system. Previous clinical experience is preferred but not necessary. Please send resume with a brief statement of your 5 year professional goal to PO Box 943, Newark OH 43055.

EQUIPMENT FOR SALE

TECHNIQUES, NEWLY FILMED, DVD SET. Become a master of spinal and extremity adjusting and learn treatment schedules that assure patient and doctor success. Dr. Fayes', pre-release offer $189.00 click on www.chiropracticmentor.com.

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PRODUCTS

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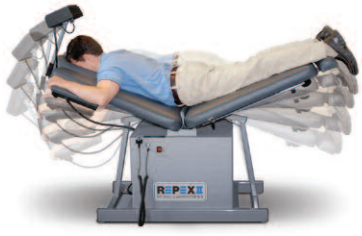

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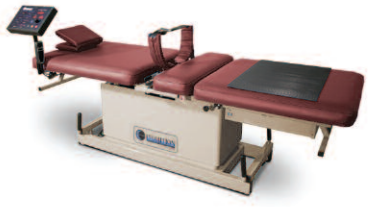

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