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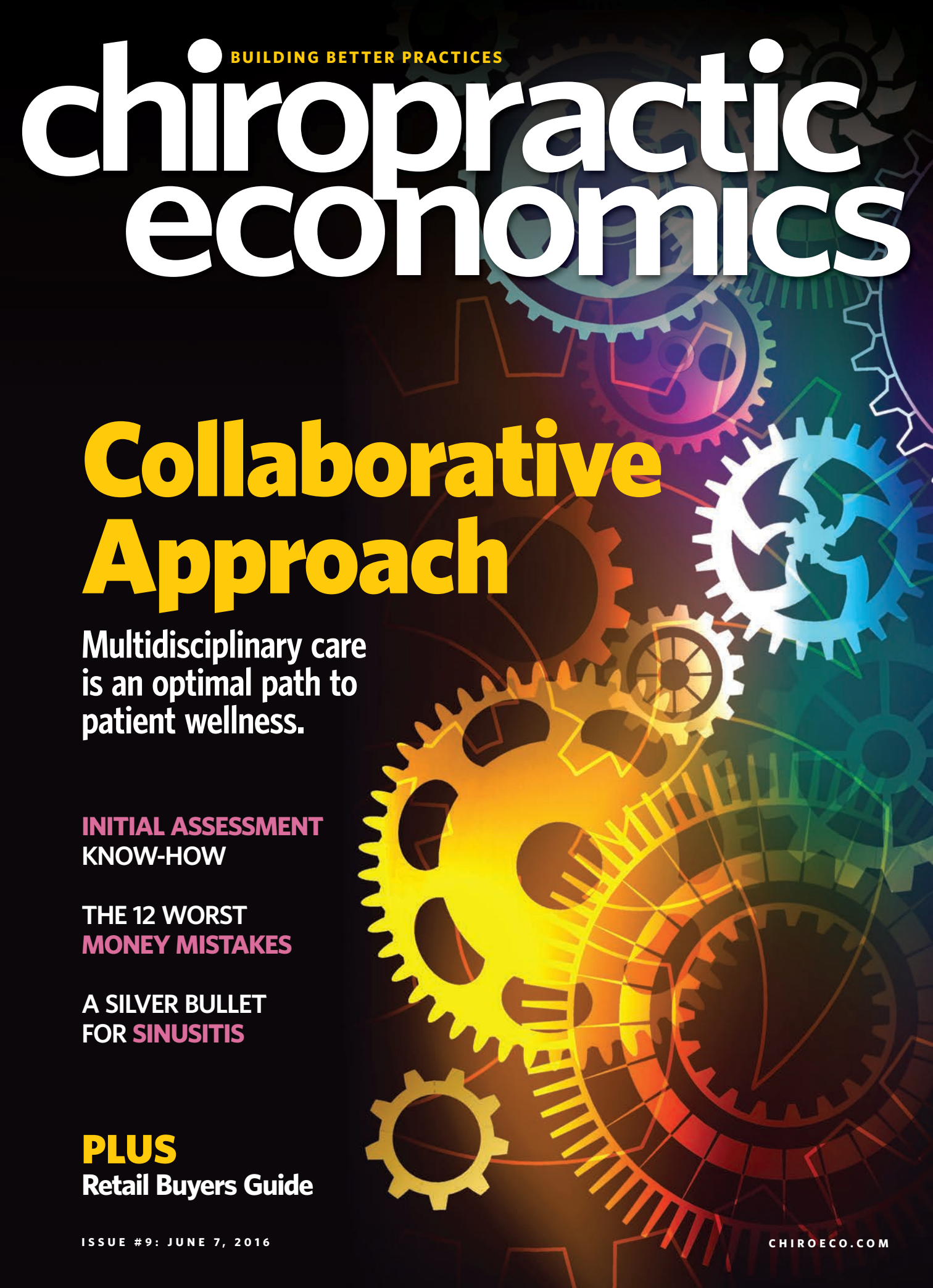
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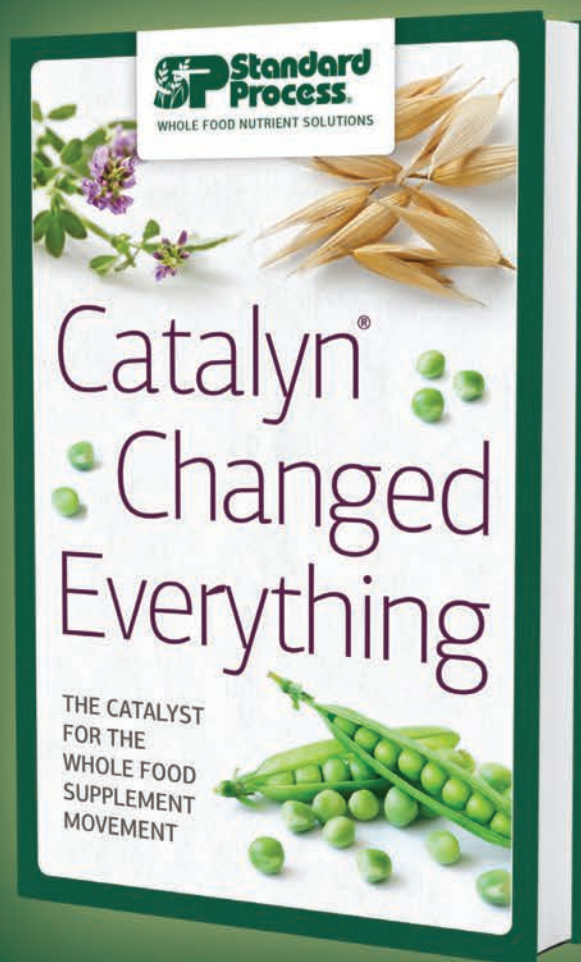
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In this issue of *Chiropractic Economics*, we're looking at the benefits and advantages of running a multidisciplinary practice. (Note that we use "multidisciplinary" to mean a DC and one or more other complementary and alternative healthcare providers.)

While our experts are here to explain how to make this type of practice work for you, it's worth noting that a team approach to patient case management has potential pitfalls of which you should also be aware.¹

For example, ideally, all members of the multidisciplinary team should have equal say in how a co-managed patient is treated, arguing from the standpoint of their respective disciplines. In practice, one or more practitioners with the biggest egos may come to dominate group planning sessions.

Another risk is that group decision-making may tend to reduce the individual responsibility each provider has in relation to a given case, given that a "unanimous" verdict was reached. And it's an open question whether a joint assessment is, in fact, superior to one arrived at by more autocratic means.

So while convenience for the patient is often cited as a major rationale for the multidisciplinary approach, the larger concern is whether this model delivers superior outcomes. Providers in this type of setting will perform best served if they remain on guard for pitfalls and biases, and remain focused on patient-centered care.

To your success,

Daniel Sosnoski, editor-in-chief

Reference

¹ Gupta T. Multidisciplinary Clinics in Oncology: The Hidden Pitfalls. *J Oncol Pract.* 2007;3(2):72-73.

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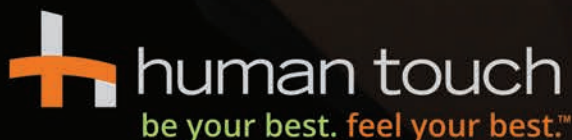
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RockTape, Inc., the leader in sports medicine products and education, announces a revolutionary instrument assisted soft tissue mobilization (IASTM) system called, RockBlades. They are comprised of two precision engineered and manufactured soft-tissue instruments: a surgical-grade stainless steel "Mallet" and a thermo-plastic polyamide "Mullet," accompanied by a 100-percent natural RockRub emollient and sanitizing wipes to form a complete, turnkey IASTM system.

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To read more, visit ChiroEco.com/rockblades

Source: RockTape, rocktape.com



Performance Health announces the Biofreeze 25th Anniversary contest

Biofreeze is celebrating 25 years of cold therapy pain relief by recognizing those who have helped millions reduce their pain and manage discomfort—chiropractors and their staff. As part of a year-long celebration, Performance Health is sponsoring an essay contest for these hands-on healthcare professionals. Through sharing their Biofreeze stories, chiropractors, chiropractic assistants, and office staff will be entered into the Biofreeze 25th Anniversary Essay Contest.

"We know our Biofreeze success over these past 25 years is due to the support it has in the chiropractic market, and we appreciate that," said Scott Matolka, vice president of sales and marketing for Performance Health. "As a way of saying thank you, we're inviting those in the profession to tell their Biofreeze stories. By doing so, they'll have a chance to win some great prizes and possibly a little fame as we're planning to share some of the best of the best stories via our promotional activities. It should be a lot of fun, so I encourage everyone to check out our contest website www.biofreeze.com/25 and enter today."



To read more, visit ChiroEco.com/25anniversary

Source: Performance Health, performancehealth.com



Spenco rewarded participation in National Physical Fitness and Sports Month

In honor of National Physical Fitness and Sports Month in May, Spenco Medical Corporation offered an incentive to people who shared their fitness journey on social media.

The foot care company, which specializes in high quality insoles, footwear, and premium first-aid products, awarded a \$100 product voucher each week during May to lucky winners.

"Whether the goal is to get faster, stronger, or just healthier, we encourage people to share their struggles and victories with the fitness community," said Jeff Antonioli, Spenco's vice president of sales and marketing. "Research shows that having a supportive community can boost fitness success, and we invite anyone from the beginner to the elite athlete into our tent."



To read more, visit ChiroEco.com/spenco

Source: Spenco, spenco.com



BY THE NUMBERS

13

The number of cups of water that Americans drink daily on average, meaning most people are adequately hydrated.



Source: HealthDay News



50

The amount in grams of strawberries that was shown to improve vascular health in overweight teens in a recent study.

Source: PR Newswire



30

The percentage of antibiotics prescribed in the United States that are unnecessary, according to a new study.

Source: Centers for Disease Control and Prevention



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Logan University graduates 66 doctors of chiropractic and 31 master's degree students at 179th commencement

Logan University held its 179th commencement for the degrees of Doctor of Chiropractic, Master of Science in Nutrition and Human Performance, and Master of Science in Sports Science and Rehabilitation on Saturday, April 23, 2016, in the William D. Purser, DC Center on the campus of Logan University in Chesterfield, Mo.

The ceremony, which included the academic hooding of each graduate, honored 66 students with the conferral of Logan's flagship Doctor of Chiropractic degree by Logan President Clay McDonald, DC, MBA, JD. In addition, 14 students were conferred with the Master of Science Degree in Nutrition and Human Performance and 17 students with the Master of Science Degree in Sports Science and Rehabilitation.

The Doctor of Chiropractic valedictorian was Jessica Lynn Hilgedick. She was also named the valedictorian for the Master of Science in Sports Science and Rehabilitation degree. Weston Allen Holzinger was named valedictorian for the Master of Science in Nutrition and Human Performance degree.



To read more, visit ChiroEco.com/logangraduation

Source: Logan University, logan.edu



Life University adds Bachelor of Science in Culinary Nutrition to nutrition department

Life University (LIFE) is proud to debut its Bachelor of Science in Culinary Nutrition degree, enrolling this fall 2016. In 2015, LIFE's nutrition program was ranked in the top 50 programs in the U.S. by Public Health Online. The



B.S. in Culinary Nutrition joins a robust department including a B.S. in Nutrition, a B.S. in Dietetics—the only accredited program in metro Atlanta, an M.S. in Clinical Nutrition, and one of a handful of dietetic internship programs in the metro Atlanta area. LIFE's nutrition facilities include six state-of-the-art teaching kitchens and a professional demo kitchen and educational facility.

The Bachelor of Science program in Culinary Nutrition prepares students to respect food and the food system as an integral part of health and healing. Culinary Nutrition is an exciting interdisciplinary research-based field with biochemical underpinnings that form a framework on which creative culinary professionals hang their artfully designed recipes.

Graduates will be able to merge culinary nutrition skills with traditional business skills, such as entrepreneurship and technical writing, to lead the growing field of using food restoratively and therapeutically to promote vibrancy.




To read more, visit ChiroEco.com/culinarynutrition

Source: Life University, life.edu

NYCC unveils School of Health Sciences and Education

New York Chiropractic College unveiled its School of Health Sciences and Education. To improve upon its academic structure of having schools within the overarching New York Chiropractic College domain, this new entity will encompass the existing Master of Science in Applied Clinical Nutrition, Master of Science in Human Anatomy and Physiology Instruction, and Bachelor of Professional Studies programs.

"The creation of this school and its inclusive name will bring the diverse master and bachelor degree programs we currently offer under the identity of one school, while facilitating potential growth of new online programs in the future," said Michael Mestan, DC, EdD, the college's executive vice president and provost. 



To read more, visit ChiroEco.com/nycc

Source: New York Chiropractic College, nycc.edu

WHAT'S HAPPENING IN HEALTH?

Omega-3 fish oil supplements might boost antidepressants' effects

Omega-3 fish oil supplements may improve the effectiveness of antidepressants, new research suggests. Researchers reviewed the findings of eight clinical trials worldwide, as well as other evidence, and concluded that the supplements appear to help battle depression in people already on medication.

"Omega-3 fish oil—in combination with antidepressants—had a statistically significant effect over a placebo," said study leader, Jerome Sarris. He is head of the ARCADIA Mental Health Research Group at the University of Melbourne in Australia.

The study looked at the result of trials where patients battling depression took either a standard antidepressant plus a form of omega-3 fish oil, versus the antidepressant plus a placebo.



To read more, visit ChiroEco.com/omega3

Source: HealthDay News, healthday.com



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BY STEVEN R. FRANK

I F ANY OF YOUR PATIENTS ARE SUFFERING FROM CHRONIC SINUSITIS and have been through multiple courses of antibiotics, then you know the ills of the antibiotic approach. The use of antibiotics can leave a patient with intestinal problems and often yeast infections. If successful, antibiotics might resolve a sinus infection for six months or so. But the next time the sinusitis comes back, a different antibiotic will need to be used, and the side effects will likely return.

Why does this cycle occur? Why can't you win the war if you're winning the battles? Because the antibiotic approach often does more harm than good. It replaces microorganisms in the sinuses with new strains that are more difficult to eradicate with antibi-

otics, leaving a more formidable foe after each round.¹

Even worse, antibiotics won't kill fungal infections, which are left to multiply. Furthermore, antibiotics are taken systemically, which means they course throughout the entire body even when they are only needed in the sinuses. This distorts the microbial flora in the body and can lead to other infections. What approach, then, should a sinus sufferer take?

Understanding the enemy

The problem is twofold: First, you are fighting a symbiotic relationship of fungi and bacteria with an active agent that kills *only* the bacteria. Second, the antibiotics used to kill the bacteria kills *only some* of them. The microbes that

are not susceptible to the chosen antibiotic will take over the feeding grounds of the ones that were killed. This is a recipe for taking a bad neighborhood and making it worse by killing off only the weakest of criminals.

The sinuses are also host to many fungi. They thrive on the mucopolysaccharides (mucus) that line the sinus passages and produce exotoxins that irritate the sinus membranes. The immune system does its best to kill these invaders, but this is a constant battle, as every breath a person takes contains molds, bacteria, and viruses.

Making the problem worse, fungus acts as a layer of insulation on which bacteria can live and thrive.² The bacteria can digest the conversion of the mucopolysaccharides by the fungus

RESEARCH RESULTS

and live on top of them. In this manner, they are isolated from the immune system and thus from antibiotics, which are distributed via the micro-capillary bed.

Searching for solutions

To approach the problem of sinusitis with a systemic antibiotic to kill the bacteria is only a partial solution. You need an antifungal as well to attenuate

the population of molds that inhabit the sinuses and insulate the bacteria from the reach of the immune system and antibiotics.³ Moreover, taking drugs orally delivers a huge body burden and, in many cases, very little actually reaches the pathogens. An antimicrobial needs to be applied directly to the infection.

Additionally, it is important to choose an antimicrobial that can kill

all the bacteria. Antibiotics work in three discrete ways and can kill three different groups of bacteria. Each type of antibiotic will kill only a portion of the fauna. What you want is a broad-spectrum antimicrobial that kills all types of bacteria as evenly as possible so that you don't just eliminate the weak ones, and one that will also kill fungus.

As it turns out, pure aqueous colloidal silver is both antifungal and antibacterial (although it is more effective against bacteria than it is against fungi). It kills some bacteria better than others, but it does kill them all. When pure aqueous colloidal silver of sufficient potency (greater than 35 ppm) is mixed with a surfactant (such as polysorbate 20) to enhance penetration into cells, it is phenomenally effective—showing kill rates greater than 1 million in less than 20 minutes.⁴

Clinical studies have shown that enhanced colloidal silver can terminate simple sinus infections in a week or less, which is far better than sinus surgery or antibiotics.

What's more, it can be sprayed directly into the sinuses so it doesn't have to be taken systemically. This permits a huge reduction in the amount needed. A patient will thus avoid having a powerful antimicrobial coursing throughout the entire body because it is applied only where the infection is occurring.

Protocols for use

Once a person has a sinus infection, their corresponding mucosal flow is generally large. This can flush an applied antimicrobial from the area in less than 10 minutes.⁵ It is paramount to the success of this therapy that the environment be replenished with the antimicrobial agent every 20 to 30 minutes.

Regular reapplication is necessary because not only does the mucus carry away the antimicrobial, but the bacteria and fungus can double in numbers

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Enhanced colloidal silver can terminate simple sinus infections in a week or less.


every 20 minutes. To get ahead of their reproductive rate, one needs to repeatedly spray to kill them. Repeated application at 20 to 30 minute intervals is the key to making the treatment work.

This balanced holistic approach to sinusitis relies on using the right active

agent, in the right concentration, in the right place, and with the right protocol. Done correctly, the patient can attenuate the infection while sparing the normal population of microbial flora, re-establishing a healthy balance of power in the nose.

If you use a Neti Pot, you know that it reaches the most remote areas of the sinuses. Most Neti Pot protocols suggest using saline, but bacteria and fungi love saline so the only benefit from that protocol is that some would be washed away.⁶

You can alternatively fill the sinuses with a powerful antimicrobial (e.g., enhanced aqueous colloidal silver) and then close off the nose with your fingers. Sitting this way for about 10 minutes will kill more bacteria and fungi than a week-long regimen of antibiotics.

Aqueous colloidal silver does sting a bit when flushed into the sinuses, but if it is held there, it soon reaches osmotic equilibrium and the discomfort subsides. Doing this in the morning and the evening produces extraordinary results in relieving difficult sinus infections. 



STEVEN R. FRANK is an herbalist from the Front Range of Colorado with many years of experience in treating musculoskeletal injuries with indigenous plants and

herbs. He has studied the actions of these natural remedies in the clinic and the laboratory. He can be contacted at stevef@naturesriteremedies.com and through his blog at mynaturesrite.com.

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More than adjustments

Instrument assisted soft tissue therapy can add to your practice.

BY CASEY NIGHBOR

WHILE YOUR EXPERTISE LIES IN MANIPULATION OF THE musculoskeletal system, adding soft tissue mobilization to your practice can not only make your practice more dynamic but also improve patient outcomes. If you are hesitant to incorporate this type of therapy into your practice because of the strain on your hands, there is now a better option. Instrument assisted soft tissue mobilization (IASTM) provides all the benefits of soft tissue therapy without the strain on your hands as well as many other advantages.

Heightened healing

One of the biggest advantages of IASTM is that soft tissue injuries often heal faster when properly manipulated.

“IASTM or tools assist in decreasing adhesions via a pressure and application technique, in addition to increasing healing rates of target tissue”¹⁻² says Ethan M. Kreiswirth, PhD, ATC, and owner of Kreiswirth Sports Medicine Systems.

In addition to increased healing, IASTM treats injuries in two ways—

neurologically and mechanically.

“Neurological stimulation decreases pain and overrides pain response in local tissue, improving range of motion through the brain letting go of the tight tissue,” says Ed Le Cara, DC, PhD, ATC. “The mechanical benefit is improved sliding of tissue layers and improved range of motion.”

Save your hands

One clear advantage of using instruments for soft tissue mobilization is decreased strain on your hands over time. If you incorporate soft tissue treatment into your practice “having the ability to rest your hands and use instruments can aid in clinician longevity,” Kreiswirth says.

By letting the instruments do the work, you are reducing the amount of pain and injury to your own hands that can occur over your career.

Tying it together

By using IASTM, you can potentially increase outcomes for your patients beyond adjustments.

“It is imperative for any clinician to

understand Panjabi’s Stability Model of treating active, passive, and motor control paradigms. That said, when incorporating all three variables, treatment outcomes are positive,” Kreiswirth says. “Today, many practitioners only treat one or two of the three variables. Best outcomes originate when all three are taken into consideration.”

Incorporating IASTM into your practice can not only prolong your career by saving your hands but can also improve treatment results and increase healing of soft tissue injuries. **CE**



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

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² Hammer WI, Pfefer MT. Treatment of a Case of Subacute Lumbar Compartment Syndrome Using the Graston Technique. *J Manipulative Physiol Ther.* 2005;28:199-204.

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Until now, choices were limited if you wanted to learn how instrument assisted soft tissue mobilization (IASTM) could integrate into your patient and athlete care. You had to buy expensive tools and attend an expensive class that locked you into one way of utilizing IASTM. Not anymore.

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The FMT Blades certification will review screening dysfunctional movement patterns and utilizing soft tissue tools to improve patient treatment. The anatomy, physiology, and most importantly, the neurology of myofascial soft tissue work is covered, along with supporting research. IASTM intervention strategies will also be combined with kinesiology taping and corrective exercise techniques to deliver a comprehensive approach to patient care.



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ALEX RATHS/THINKSTOCK

Pull it together

Mastering the subtleties of the initial assessment.

BY KATHY MILLS CHANG, MCS-P, CCPC

PATIENTS WHO BEG FOR THE ULTRASOUND OR X-RAY TECH TO tell them what's wrong don't understand that the art of assessment is what separates a physician from a technician—but doctors do. And it doesn't just come into play when testing and technology are involved.

The assessment portion of the initial findings is where everything comes together as you gather evidence and formulate your conclusions about the problems that each patient is presenting and how to address them.

Understanding the SOA equation

Despite common belief, the assessment is not simply a diagnosis and treatment plan, though both play a role in its formation. It's actually more than that; it is your opportunity to demonstrate

your expertise using the evidence in front of you. Therefore, the assessment is a key element in both your treatment and reimbursement outcomes.

The assessment is where you consider everything the patient has said (the subjective information) and everything found in the exam (the objective data). To that, you add the results obtained from outcomes assessment tools (OATs) and your diagnosis, rendered from a combination of subjective and objective data. Finally, you add your clinical experience, expertise, and everything known about the case on every level to produce your clinical assessment of the patient's condition.

Initial assessment should be a part of every evaluation and management (E/M) service that begins a course of care with a new or existing patient, as

well as those re-evaluations and new-condition evaluations when the patient is entering a new or different episode of care.

The assessment (A) is derived from what you learn in the subjective (S) history and objective (O) examination portions of the visit. The equation is thus stated as $S + O = A$. The assessment is a concise statement that includes the particulars of this patient and his or her condition, and it outlines for a third-party payer exactly what is going on with the patient, why it is happening, and how the patient's condition is similar to or different from other related cases.

This simple addition to the record can make the difference between care that gets approved for a few token visits and care that meets medical necessity

guidelines and tells a clear, easy-to-grasp story of the patient and the episode of care.

The following are important aspects of the initial assessment to be taken into consideration.

Interpret the facts — don't add new ones

The assessment is not the right place in the initial notes to introduce

objective facts (especially new ones) about the case. Instead, this is where your opinion about those facts should be outlined and delineated.

Your clinical opinion about the findings adds weight to the tone of the documentation. Your professional opinion is valuable and therefore needs to be found in the documentation. Include comorbidities that may cause the patient to need a longer treatment

plan. Take this opportunity in the E/M note to state your findings in a simple, succinct manner that makes for a compelling addition to the initial visit documentation.

Justify the diagnosis and treatment plan

Because the initial visit notes outline the diagnosis and plan for care, the assessment supports your decision-making with professional judgments about the diagnosis, plan of care, and prognosis. The assessment must use the patient reporting, measurements, complicating and comorbidity factors, test results, and any unusual circumstances to paint a clear picture of the plan of care. It's also important to include any contraindications to care—or lack thereof—that have been considered.

Support case management

The initial assessment is also the first opportunity in your notes to demonstrate case management. It's here that you express your rationale for treatment options and how the patient will likely respond to care. This is where you outline how this patient may be different from others with similar diagnoses or conditions.

Prognostic factors such as type of work, psychosocial factors and emotional state, previous episodes, and lifestyle habits can affect one patient differently from another. The assessment is the place that a third-party payer will understand this patient's unique presentation and circumstances.

Learn by example

Strive to customize the initial assessment to the patient and the situation in front of you for maximum effectiveness in your documentation. Elaborate on the assessment with documentation of your diagnosis and treatment plan in detail to really make it shine.

Here is an example of a simple, straightforward assessment:



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Based on the information available, I believe that Mrs. Jones is suffering from cervical radiculitis. Her case is complicated because she is of advanced age and her recent fall down the stairs was traumatic, both of which factors will likely result in a slower response to care. There are no obvious contraindications to beginning conservative care. A trial of care will be initiated for four weeks, and she

will be seen three times per week until re-evaluation. The goal of treatment is to bring her grip strength in her left hand from 8 kg (poor) to 22 kg (WNL) within this timeframe. Her progress will be monitored closely and changes will be made as necessary.

This analysis, which takes into account different elements of the case, is the difference between an X-ray tech looking at a film and thinking, “Yeah,

that could be a fracture there,” and an experienced doctor analyzing a patient’s circumstances, gait, responsiveness to tests and analysis tools, and ability to comply with treatment.

Doctors aren’t magicians and they aren’t technicians either. When your initial assessment shows your depth and breadth of skill and experience, both the patient and your reimbursement are better for it. **CE**



KATHY MILLS CHANG is a

Certified Medical Compliance Specialist (MCS-P) and Certified Chiropractic Professional Coder (CCPC), and since 1983, has been

providing chiropractors with reimbursement and compliance training, advice, and tools to improve the financial performance of their practices. She leads a team of 20 at KMC University, and is known as one of the profession’s foremost experts on Medicare. She or any of her team members can be reached at (855) 832-6562 or info@KMCUniversity.com.

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If your purpose is to care for families and particularly children, then be prepared to play, have fun, sit on the floor, and enjoy the scenery from the child's level.

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BLACKMOON9/THINKSTOCK

Collaborative care

The multidisciplinary approach is an optimal path to patient wellness.

BY KAREN APPOLD

A chiropractic practice's goal should be for patients to achieve the greatest response to care in the shortest amount of time.

"This is most readily attained by broadening your scope of practice," says **John Amaro**, DC, LAc. "Although chiropractic care itself is a phenomenal healing art, it is limited in its general scope compared to those practitioners who also offer complementary alternative therapies."

Kevin Hendry BHK, DO(c), and director of movement and manual therapy at Innovative Fitness, lives by the mantra: Better in four [sessions] or treat no more [and refer to someone else].

"If you treat a patient's symptoms and fail to address the main cause of their dysfunction, the patient will need to keep coming back," he says. "While this may seem like a great business model, it's much more ethical to discharge a patient if you can't help them after several treatments."

Consider having different types of healthcare providers on staff or becoming skilled in multiple modalities yourself, which will give patients access to multiple therapies on-site.

"In today's era of patient-centered care, patients are becoming more educated and savvy about treatments," says **Jay Greenstein**, CEO of Sport and Spine Companies. "You'll be able to keep more patients, rather than discharge them to another type of

provider, by having a multidisciplinary practice."

Todd Singleton, DC, consultant and owner of Singleton Systems, brings up another valid point: "Patients don't always have a lot of time, so it's best for them to find a doctor who can meet all of their needs at once," he says. "That way, they don't have to visit separate clinics for their adjustments, for nutritional counseling, and for other services. It's always better for the patient when a doctor takes a multidisciplinary approach to care."

Here's a look at some modalities you may want to consider offering at your practice, if you aren't providing them already.

Massage therapy

A chiropractor typically focuses on the skeletal system, while a licensed massage therapist (LMT) focuses on the *muscular* system. Because subluxations affect not only bones but ligaments, soft tissue, and the nervous system as well, when both approaches are used in tandem, you can more comprehensively address both the muscular and skeletal systems.

Given this, **David Lauterstein**, co-director, The Lauterstein-Conway Massage School and Clinic, believes massage therapy is a good complement to the chiropractic adjustment. "Massage therapists are specialists in working with the soft tissue aspect of subluxation," he says. "By relaxing the muscular and nervous systems, adjustments may be

easier for the patient and result in even deeper, more long-lasting benefits."

For some patients, muscular guarding can make the adjustment more difficult for the chiropractor to perform. "If someone gets a massage immediately before an adjustment, they are more likely to be in a relaxed state and have a more effective adjustment," Lauterstein says. Having a massage a day or two before an adjustment may also be beneficial.

Nancy Dail, LMT, of Downeast School of Massage, has also found that patients who get a massage before an adjustment have an easier adjustment and hold it longer. "Soft tissue holds the bone in place," she explains. "When soft tissue is constricted and isn't malleable, it's more difficult to give an adjustment. Massage allows the chiropractor to do his or her job better."

Massage can help with many conditions that chiropractic treats—maladies that involve soft tissue attached to the spine, such as headaches, low-back pain, postural problems, and repetitive motion injuries.

Greenstein has found that patients oftentimes have extremely tight musculature. To ensure the patient maintains the range of motion that results from an adjustment, soft tissues need to be anatomically lengthened, or relaxed, he says. What's more, massage increases function and helps relieve pain faster, because it releases trigger points, reduces metabolic waste products in soft tissues, and gets rid of

Meet the experts



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Nancy Dail, LMT, founder and director of the Downeast School of Massage in Waldoboro, ME. downeastschoolofmassage.net



Al Woodruff, founder of Synergy Therapeutic Systems in Lake Mary, FL. synergyrehab.com



Jeffrey Tucker, DC, DACRB, owner of Dr. Jeffrey Tucker Chiropractic in Los Angeles. drjeffreytucker.com

scar tissue in the muscles and fascia.

What's more, peer-reviewed studies have proven the effectiveness of massage in conjunction with a chiropractic adjustment. A study published in the *European Journal of Physical and Rehabilitation Medicine*, examining the effects of manipulation plus massage therapy versus massage therapy alone in people with tension headaches, showed that the addition of manipulation resulted in larger gains of upper cervical flexion range of motion and reduced the impact of headache.¹

Fitness training

If patients supplement their chiropractic care with motor-control training as well as strength and conditioning, they will be able to eradicate the kind of motor-control impairments and restrictions that mimic mobility impairments.

"Active rehabilitation and basic strength and conditioning assist chiropractic care because stiffness and immobility can

occur when the body lacks stability," Hendry says. "All too often, chiropractors treat a stability impairment like a mobility issue. If a patient's deep hip rotators are extremely tight because the joint lacks stability, an approach such as active release technique (ART) will inhibit the muscles that are helping out and compensating in order to avoid more severe problems. More importantly, the chiropractor may have failed to thoroughly assess and determine what drives the dysfunction."

To rectify this issue, motor-control movement training and strength training come into play. Motor control is the quality of movement, while strength is the quantity of movement. Individuals use motor control to activate and coordinate their muscles and limbs to perform a motor skill. "Therefore, altering motor control will change how you move," Hendry says.

Strength is the ability to exert force against resistance, and altering strength can translate into how much one moves. Altering techniques retrains the nervous system's strategy rather than improving its ability to generate more force.

Generally speaking, people who are impaired in this area will have the strength to perform a given task—but they've learned a faulty motor pattern. The body's smaller stabilizing muscles are reflexive and require proper motor control to function, rather than rely on strength alone.

"Therefore, to improve stability the patient must train motor control to alter non-optimal motor patterns," Hendry says. "Once these patterns are optimized, the patient can progress to building a foundation of strength on ideal motor patterns."

Farther down the continuum, it's vital to improve an individual's movement capacity. "The most common way to improve strength is through progressive overload—you load an area of the body slightly more than it's used to, so the area can adapt to a new level of stress," Hendry says.

Rehabilitation

Adjustments help align the spine, while rehabilitation helps hold adjustments, says **Al Woodruff** of Synergy Therapeutic Systems. Successful rehabilitation programs consist of a series of progressions including stretches and strengthening exercises.

Get patients on board with a rehabilitation program by explaining to them how it helps. To do this, Woodruff advises breaking down muscles into two groups: large prime moving muscles (which distance themselves from joints in order to gain the leverage to create large movements) and small intricate muscles.

The key to a successful rehabilitation program is working with the small intricate underlying muscles that bridge and insert close to a joint. Small muscles guide large ones through their movement by keeping the joint properly aligned and

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stabilized. When perfect posture and ideal joint alignment and articulation occur, these small muscles perform optimally.

When overstretched or tightened, a joint will not articulate properly and cause the bones to rub. When a joint becomes misaligned, small stabilizing muscles are compromised. They quickly break down and lose their ability to contract and circulate essential fluids for nourishment. This leads to sensitivity, pain, dysfunction, and atrophy.

When small muscles are disadvantaged, they become inhibited and no longer protect the joint. Then, as prime moving muscles contract, the joints they control become unstable, causing bones to rub against tendons and ligaments—often resulting in ligament and tendon tears.

This imbalance causes joint pain, which leads to more joint instability and misalignment. "The cycle needs to be broken, or it most likely will continue to worsen without intervention," Woodruff says.

Adjustments help to properly align the joints. To hold the proper alignment and promote joint health, patients need to stretch and strengthen muscles. "Gaining an understanding of which muscles are the culprits at each joint and knowing how to isolate and wake up these weakened—and sometimes inhibited muscles—is key," Woodruff says.

Patients with musculoskeletal pain need to learn how to contract these intricate muscles. "Some exercises are easy to do and reach the desired weakened muscles, while others are not," Woodruff says. "The reason is substitution. When intricate muscles fail to fire, other local muscles chip in and try to mimic the movement. Choosing the correct product to help isolate the movement along with the proper movement pattern or exercise is helpful in reaching and waking up the most difficult muscles."

Physical therapy

By offering physical therapy modalities and corrective exercises, the practice of **Jeffrey Tucker, DC**, has become known as a chronic pain and wellness center. "Movement is part of each patient's treatment plan to enhance oxygen, blood flow, and the gliding of joints and soft tissues," Tucker says. "I provide patients with corrective exercises they can do to help them heal properly and reduce the risk of future episodes."

He uses a host of physical therapy modalities at his practice such as acoustic shockwave, lasers, Scenar therapy (bio-energy medicine), lymphatic drainage, deep-muscle stimulation, and other soft-tissue therapies. Movement therapy also increases flexibility, strength, lung capacity, and decreases body fat while increasing lean muscle mass—slowing the effects of the aging process.

Sports medicine

As a certified chiropractic sports physician, Greenstein has found that by clearly explaining to patients the cause of their

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pain and relating it to functional issues, it is easy to connect the treatment to the desired outcome.

“If someone has a muscle spasm, doing soft-tissue work and applying Kinesiology tape would be an appropriate evidence-based recommendation,” Greenstein says. “If someone lost their range of motion, spinal and extremity manipulation would be an appropriate treatment.”

Acupuncture

Acupuncture and chiropractic care are complementary healing arts that both provide pain relief. Chemical messengers—known as endorphins and enkephalins—are released not only through the chiropractic adjustment via the piezo effect at the spine but also by the stimulation of specific points on the body known as acupuncture (or meridian) points.

“The famed acupuncture points known as *huo tuo chia chi*—that are a half inch from either side of the spine—correlate directly with the sympathetic ganglionic chain,” Amaro explains. “When stimulated, these points create a cascade effect of endorphins and enkephalins along with serotonin. There are few if any procedures that can mimic the pain-relieving effects of the combination of chiropractic care and acupuncture when specifically and consciously applied.”

Amaro, who practices EuroAsian medical acupuncture, says needle stimulation is extremely superficial; needles are left in place for typically less than five minutes as opposed to 20 minutes with deep needle insertion.

“Patients are not afraid of the needle because insertion is designed to be painless,” he says. “Outstanding clinical response can often be seen in less than six visits, with 12 visits being more customary,” he says.


Nutrition

In addition to treating injuries, helping patients get rid of unhealthy habits and

toxins is part of the healing process. Nutritional programs are designed to cleanse the body and facilitate optimal health. “To help a patient with their negative thoughts, you can offer services that relieve stress or supplements that facilitate brain-based wellness,” Singleton says.

Pain is often caused by toxicity-driven inflammation. Eating healthy foods can make a huge difference in a person’s overall health, and implementing nutritional strategies can make a similarly dramatic effect on a patient’s recovery.

If the body is inflamed because the patient is eating processed food, standard chiropractic services will be less effective. When a patient switches from a toxic diet to one that is healthy and nutrient-dense, they’ll actually improve the body’s musculoskeletal and neurological function. “Nutrition helps to balance the body’s physiology, which is why a nutritionally dense diet can make chiropractic adjustments last much longer,” Singleton says.

Offering multiple modalities of care at a chiropractic practice is a win-win for both patients and practice owners. Patients have convenient one-stop shopping and should get better faster when different therapies are indicated. And delighted patients will tell others about their successful experience. 



KAREN APPOLD, an editorial consultant in Royersford, Pennsylvania, is dedicated to regular chiropractic care. She has been the president of Write Now Services, which offers writing, editing, and proofreading since 2003. Her experience includes chiropractic marketing. She can be contacted at 610-812-3040, kappold@msn.com, or through writenowservices.com.

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5 for the road

The most common vitamin and mineral deficiencies in athletes.

BY STEPHANIE KRAMER

IT CAN BE A CHALLENGE TO MAINTAIN AN EXERCISE ROUTINE, BUT GETTING the right nutrients can help.

However, physical activity can also change a patient's micronutrient needs. "How exercise affects nutrient status is different for each person," says Joy Dubost, PhD, RD, CSSD, and spokesperson for the Academy of Nutrition and Dietetics. "It depends on diet, the sport they're in, and training intensity."

Certain vitamins and minerals are especially important for athletes and active individuals, according to a report in *Medicine & Science in Sports & Exercise*.¹ These include calcium, iron, zinc, vitamin B, and potassium.

Calcium

Calcium is well-known as a bone-builder. It also regulates muscle contrac-

tions and helps control heartbeat and blood pressure. The recommended daily intake for adult men and women is about 1,000 mg daily, yet many adults get only about half that amount.

"Calcium excretion can be increased with high-intensity training," says Dubost. In other words, sports that cause excessive sweating can increase a person's calcium requirements. The body also may need more calcium as bones get stronger in response to training stress and as a person develops more lean muscle mass.

There are plenty of ways to get more calcium into the diet. Yogurt, cheese, and milk are excellent sources. Calcium is also found in salmon, spinach, tofu, broccoli, and kale. Vitamin D aids calcium absorption, and is sometimes added to fortified milk, cereals, and

bread. People should avoid drinking coffee or tea with meals, as caffeine may reduce the absorption of calcium.

Iron

Iron deficiency affects around 3.4 million Americans. It is more common among women, vegetarians, and adolescents. Frequent exercise may be another risk factor, according to a new study from the U.K. The results, which were published in *Network Health Dietitians*, found that about 35 percent of female athletes had clinically low levels of iron.²

Iron helps carry oxygen to the heart and working muscles. "Iron is especially important in endurance sports," Dubost says. If you're iron deficient, you may experience cramping, because your muscles are not getting enough

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Diet tips for iron

- ▶ Lean red meat is the best source of iron
- ▶ Nearly 1 in 10 women are iron deficient, according to the CDC
- ▶ Dark leafy greens, seeds, nuts, and fortified cereals contain non-heme iron
- ▶ Avoid drinking coffee or tea with meals to increase iron absorption
- ▶ Iron loss is higher if you participate in endurance sports
- ▶ Add vitamin C to increase iron uptake (e.g., drink orange juice with breakfast)
- ▶ Too much iron can cause iron overload

oxygen. Other symptoms include fatigue, headaches, and trouble concentrating. A blood test should be done if iron deficiency is suspected.

Lean red meat and chicken contain heme iron, which is more absorbable than the non-heme iron found in plants. Dark leafy greens, beans, seeds, and whole-grain pastas and breads can provide non-heme iron. Vegetarians can improve iron uptake by including vitamin C in meals, which can increase absorption.

Zinc

Your body only needs small amounts of zinc (about 8 mg for women and 11 mg for men), but those quantities are essential. Zinc is present in more than 300 enzymes in the body and has a wide range of functions. Zinc has powerful immune-boosting properties and aids in resistance to infection. Without adequate zinc, you may feel run down or develop colds more easily.

Zinc deficiency commonly affects the hair, skin, and nails. Dermatitis or poor wound healing may indicate a lack of zinc. "At extremes, people may have hair loss, reduced appetite, or weight loss," Dubost says.

Zinc is found in oysters, beef, oatmeal, spinach, wheat germ, pumpkin seeds, and dark chocolate. The zinc in plants is not as well-absorbed, however, because many contain *phytates* that bind to zinc and reduce absorption. Protein aids in zinc

uptake, so vegetarians can increase their intake by eating nuts and legumes.

Vitamin B

Physically active people who are lacking vitamin B may perform worse during high-intensity exercise, according to a study in the journal *Nutrition*.³ This group of micronutrients includes vitamins B₆, B₁₂, folate, thiamin, and riboflavin. The B vitamins help to convert protein and sugar into energy and they repair red blood cells. They also aid in building muscle and repairing muscle tears.

Intense workouts increase the loss of vitamin B through perspiration. Improper diet is another factor because people who restrict calories or cut out food groups have a higher chance of deficiency. Symptoms of severe deficiency include dizziness, headaches, and shortness of breath.

The B vitamins are found in red meat, salmon, tuna, chicken, cheese, spinach, avocados, oranges, and dried apricots. Fortified breakfast cereals and enriched soymilk are also options.

Potassium

"Hydration status is really important," Dubost says, "especially in intensive sports with prolonged sweating. You need to replace electrolytes." Potassium is a key electrolyte that works together with sodium to keep the skeletal muscles working and lower blood pressure. It also regulates the amount

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Preventing deficiencies is an important first step. Chiropractors are in an excellent position to educate their patients about the relationship between exercise and micronutrient loss.

of fluid in your body.

Athletes need to balance fluid losses, as low blood volume can decrease the supply of oxygen and nutrients to the body. Low potassium levels can cause cramping, weakness, heart rhythm

irregularities, and low blood pressure.

Although potassium deficiency is uncommon, intense activity can lead to sub-optimal levels. Eating high-sodium meals and working out in hot humid weather can also upset your

sodium-potassium balance. Recovery drinks and foods such as bananas or carrots can replace lost potassium.

Enhancing health and performance

Even top athletes can have blind spots when it comes to diet. "A lot of people want to push it out of their mind," Dubost says. But as a chiropractor, there are several ways you can assist your patients.

Preventing deficiencies is an important first step. Chiropractors are in an excellent position to educate their patients about the relationship between exercise and micronutrient loss. Awareness and information are key.

Although getting nutrients from foods is preferable, in some instances supplementation can help. Put your patients in contact with a physician or dietitian if necessary.

Finally, Dubost stresses the need to act promptly. "If you see an effect on performance, it is best not to wait," she says. An unhealthy athlete will not succeed in the long run. So, the sooner your patients begin maintaining their health, the better. **CE**



STEPHANIE KRAMER is a freelance writer and translator. Her writing on health, wellness, and the performing arts has appeared in *Dermatology News* and other publications.

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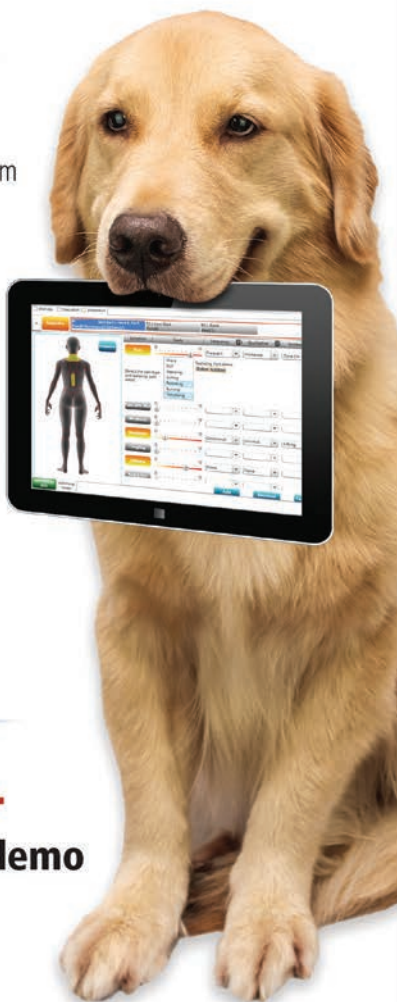
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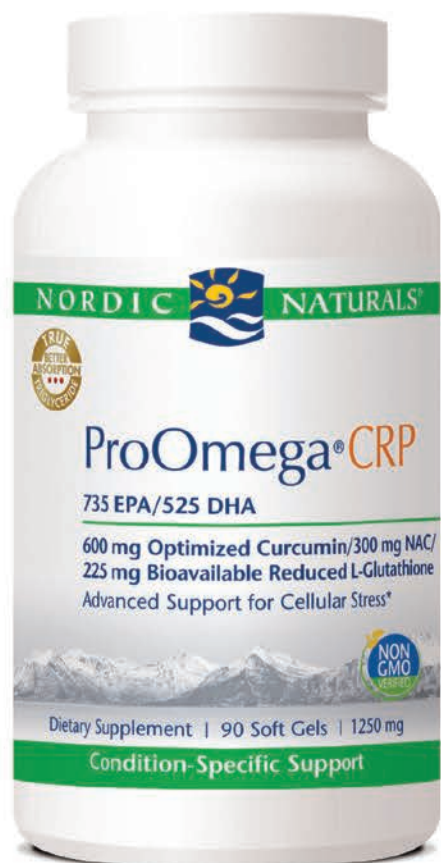
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Influence the influencers

Strengthen your reputation with peer-to-peer education.

BY JEFFREY LANGMAID, DC

THE ORIGINS OF THE ENGLISH WORD “DOCTOR” STEM FROM THE Latin *docere* (teacher). Perhaps no other healthcare professionals have taken this to heart more than chiropractors.

Since its inception as a profession, chiropractic has continually focused on providing unmatched patient education to help communities reach the highest possible levels of natural health, wellness, and quality of life. However, with the passage of time, many have forgotten about the most powerful technique of all: peer-to-peer education. Providing education and value to other healthcare providers in your community is an essential part of expanding your local reach and establishing interdisciplinary referral relationships.

Do your research

The most effective way to provide peer-to-peer education is to communicate through research. Positioning your practice through research and education can go a long way toward building referral relationships with other healthcare providers in your community.

You can learn this firsthand by attending grand rounds with various neurologists, surgeons, interventional pain physicians, and primary care providers in your community. It will quickly become clear that a substantial part of their clinical decision-making stems from examining the latest research and applying it to their practice and referral patterns.

Since much of the research they

look at does not include chiropractic, consider providing them with articles related to advancements in the realm of conservative care (as well as chiropractic). If possible, include some additional insight that places the research in a practical format for their practice.

You can stay up to date easily by visiting PubMed and search for keywords like “chiropractic,” and “spinal manipulation,” and then set automatic email notifications to be delivered to your inbox. When new research containing your selected keywords is published, you’ll be the first to know.

From student to teacher

Eventually, you may even be invited to speak at one of these educational

Research has continually shown that patients seen by a chiropractor are less likely to undergo surgery or be prescribed opioid medications.

events. This will give you a direct audience of nearly every spine care provider in your area, and an hour of time or so to discuss your practice and chiropractic care.

It's unfortunate, but many other

providers are relying on myth and conjecture to form their opinion of chiropractic. Opportunities to directly reach out, educate, and engage other providers give you the ability to provide value and bridge the professional

divide. Education through research is the most effective way to provide value, educate, and make connections.

As you continue to demonstrate your knowledge and experience, other providers will come to view you as an expert in conservative care. In time, and with proper positioning, they should start referring patients to your practice. The impact of these referrals is far greater than you might realize.

First, on a small scale, they help bring new patients into your office who could potentially be helped through chiropractic care. This can greatly assist with the growth and development of your practice. Second, on a larger scale, the patients referred to your office may be spared from undergoing more aggressive interventions.

Research has continually shown that patients seen by a chiropractor are less likely to undergo surgery or be prescribed opioid medications. They can be evaluated for chiropractic care, while *also* avoiding an intervention that might carry greater risks. These two reasons are why it is imperative to build peer-to-peer relationships with other local healthcare providers.

As most chiropractors practice in virtual "silos," reaching out and providing peer-to-peer education can position your practice and establish your expertise in conservative healthcare. Many other providers, especially those in primary care, are often too busy in practice to read journals related to musculoskeletal health. Therefore, by bringing them research-based education, they will look to you as a local leader, which is a key part of building a referral relationship.

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education is the knowledge you gain by having your finger on the pulse of chiropractic research. Naturally, you develop a deeper understanding of chiropractic when you are able to examine, analyze, and provide education based on current science.

The result is not only better clinical decision-making but also more confidence in your daily practice. This is useful for new graduates as well as veteran DCs. While new providers won't have years of hands-on experience to draw from, older practitioners may be unaware of updates in the literature regarding the action, efficacy, and safety of the chiropractic adjustment. Nearly every chiropractor stands to gain by keeping up-to-date with research.

The breadth and depth of chiro-

practic-related research is vast. By taking the initiative to highlight the well-documented safety and efficacy of chiropractic care, you can help bridge the gap between healthcare providers. Reaching out will help to not only build your practice but also give other physicians the research and education necessary to provide the best care for their patients. **CE**



JEFFREY LANGMAID, DC, is the founder of The Evidence Based Chiropractor, a leader in chiropractic communication and research. He is also a chiropractor

with Laser Spine Institute based in Tampa, Florida, with seven facilities across the country. He has helped more than 60,000 people find relief from neck and back pain, and can be contacted through laserpineinstitute.com.

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Class matters

Understanding the FDA classifications of therapeutic lasers.

BY NELSON MARQUINA DC, PHD, AND ROB BERMAN

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TWO QUESTIONS FREQUENTLY ASKED BY CHIROPRACTORS TO distributors of therapeutic lasers are “Is that a cold laser?” and “How do cold lasers work?” But what are cold lasers, and where do they fit among the variety of lasers available for therapeutic use?

A little history

Originally, the term *cold laser* was used in the 1970s to distinguish therapeutic lasers from surgical lasers, which were *hot* or had a thermal effect as a result of the focused average power required to cut and perform surgery. The early therapeutic lasers were of considerably low average power and were often less than 50 milliwatts (mW).

The U.S. Food and Drug Administration (FDA) did not clear any lasers above 500 mW of power until 2004. Therefore, a maximum 500 mW or class 3b became the de facto power level that was equated with non-surgical or “cold” lasers.

Laser myths vs. realities

Because lasers come in a range of forms with various purposes and functions, there is considerable confusion regarding their use and performance. The following are some commonly held misconceptions regarding various types of therapeutic lasers.

Cold lasers cannot burn the skin. Not true if the laser is a continuous wave laser at the mid-to-upper end of the Class 3b classification. If the laser has a suitable power density and is held in place for a period of time, tissue burns can occur.

Class 3b lasers do not have a thermal effect. Heat is a by-product of the tissue absorbing the laser emission. The fact that the laser is called a “cold laser” does not mean that it is cold to the patient. In fact, a continuous wave Class 3b laser could burn or cut a patient’s skin.

All Class 4 lasers are surgical lasers and can easily burn or cut a patient. All surgical lasers are Class 4, but not all Class 4 lasers are surgical lasers. Although some advertising uses the term “Class 4” as a proxy or shorthand for lasers that can burn, it is an inaccurate description if the power density is not taken into account.

Peak power output determines whether a laser is called a cold laser. The FDA classification is based on the average power produced by the laser. A 45-watt peak power super pulsed laser may produce only 400 mW of average power and therefore is correctly classified as a Class 3b laser, not a Class 4 laser.

Continuous wave Class 4 lasers can easily burn patients. Continuous wave lasers that produce a thermal effect are safely used by moving the treatment handpiece slowly across the treatment area, rather than kept in one place.

Laser safety classifications

The FDA established the laser safety classification system primarily to indicate the risk of injury to the eyes, not to specify clinical performance.

Class 1	Safe under reasonable operation
Class 1M	Generally safe; some precaution required
Class 2	< 1 mW average power, visible light, low power; blink response limits risk
Class 2M	UV or IR light at low average power, generally safe LED systems
Class 3R(A)	Safe for viewing with the unaided eye
Class 3a	1–5 mW of average power
Class 3b	5–500 mW of average power; viewing beam is hazardous to eyes, diffuse reflections are safe
Class 4	>500 mW average power all the way to industrial megawatts; hazardous to eyes under all conditions

Risk is minimized by following proper treatment and safety protocols.

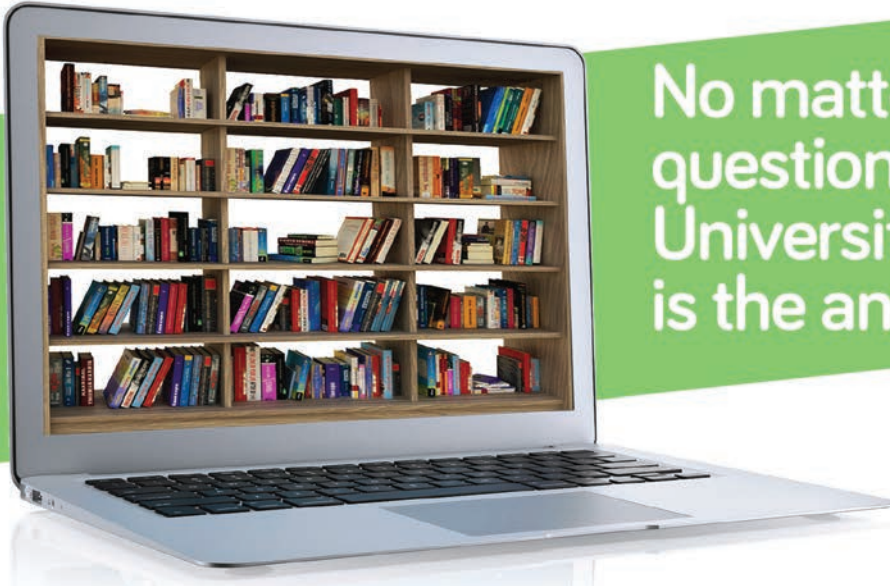
Super pulsed Class 4 lasers can easily burn patients. Super pulsed lasers fire

pulses in nanoseconds compared to the thousandths of a second that continuous wave lasers fire. The rapid pulsing dissipates thermal effects so that you can place a super pulsed

treatment head on a patient and leave it in place as if it were an actual cold laser.


Calling a Class 4 laser a cold laser makes it one. A laser either has a thermal effect or it does not. The presence of a thermal effect is not a result of a Class 4 status, but a function of a laser's energy density.

A laser must be held in one place to achieve maximum results. While many low-powered lasers must be held in one place to deliver a sufficient quantity of joules (energy) to start the biological cascade of the healing response, a laser with higher average power can produce an effective dosage more rapidly. The practitioner or staff member can move the laser handpiece to completely cover the treatment area while providing the necessary energy density.



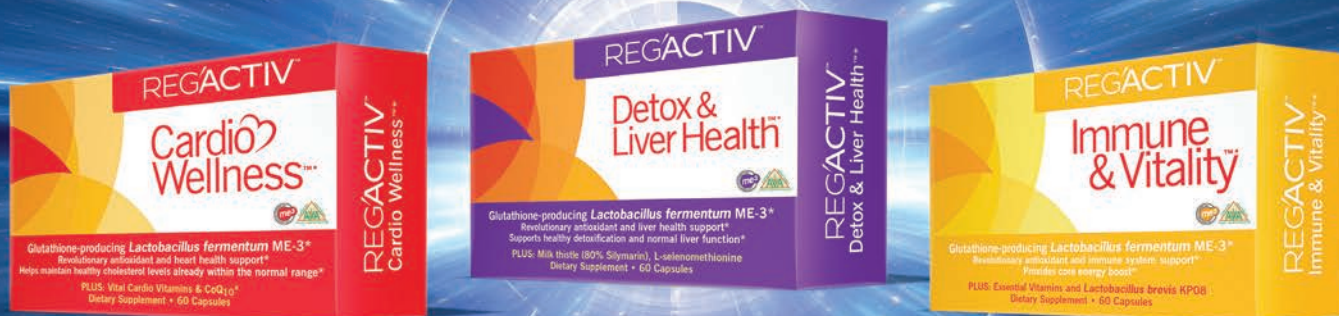
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Clearing the air

New terminology may be helpful to explain the average power that a laser can produce. A number of manufacturers and researchers are using the term “low level laser therapy” (LLLT) to describe lasers that operate below 500 mW (or Class 3b). The World Association for Laser Therapy (WALT) and the North American Association for Laser Therapy (NAALT) have deter-

mined that the proper terminology to use for LLLT is photobiomodulation (PBM).

Laser manufacturers have also begun using terms such as “high power,” “deep penetrating,” and “deep tissue” to describe their Class 4 offerings. And some take the same shorthand approach as those using “cold laser” and simply say “Class 4” to indicate higher power.

The more clinically useful approach

is to refer to average power rather than focus on the thermal effects of lasers. Clearer terminology can promote better understanding. **CE**



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Scientists are also investigating other therapies, such as acupuncture, that may help prevent and treat this disorder.

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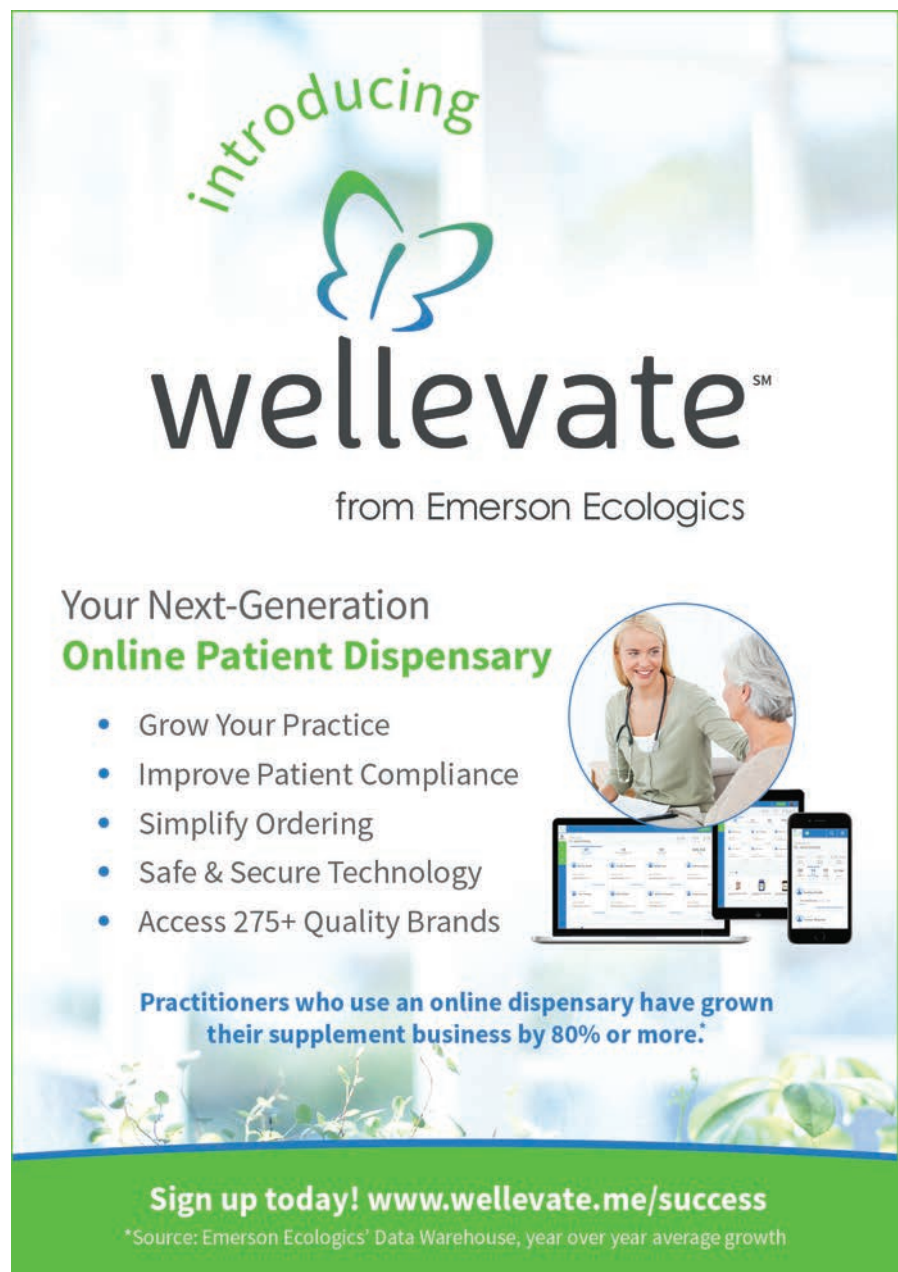
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The dirty dozen

Know the 12 most common money mistakes chiropractors make.

BY P. CHRISTOPHER MUSIC

MONEY IS ONE OF THOSE NECESSARY EVILS NEEDED TO expand and thrive in a capitalist society. Yet with all of the abundance of money swirling around our financial system, many doctors of chiropractic seem to constantly struggle to attain this valuable resource.

The secret to wealth is not in spreadsheets, mutual funds, or the next get-rich-quick scheme; it is in wisdom and the application of that wisdom, when everyone else around you is trying to take short cuts, wishing their way to wealth and prosperity. If you want to be wealthy, then you must understand the truth about your

personal financial plan.

The purpose of personal financial planning is to get someone into financial abundance so that their most important goals can be realized. This is a high purpose and something desired by most people. Yet, while this is a worthy objective, there are many pitfalls that plague even the best-laid plans.

Here is a summary of the “dirty dozen” or most common money mistakes I’ve encountered over the last two decades in delivering financial planning services to professionals. They are the difference between success and failure in your overall financial experience as a successful

chiropractor. If you avoid these catastrophic errors, you could have a far more abundant and expansive financial journey.

The top money mistakes

1. Not investing in specialized knowledge.

In this information age, knowledge is power and it is critical that you spend time every day gaining more knowledge for success. Your greatest investment is in your own abilities, which improve with correct information and the competence created by its successful application.

The greatest benefits can be derived from mastering financial and economic laws, sales, marketing, and

executive management (with the assumption that you already know quality chiropractic medicine). Take advantage of books, audio recordings, videos, courses, and coaches to become more proficient in these areas. They will pay you the greatest lifetime returns.

2. Procrastination. This is a huge money mistake—putting off until tomorrow

what should have been done yesterday. It is easy to avoid making financial decisions, until it's too late.

You may not want to confront your finances and instead just concentrate on being a doctor, doing other actions that do not take you directly toward your ultimate financial goals. This is financial suicide on an installment plan and the only way to resolve it is to buck up and take action. The pain of

doing it is often less than the pain caused from not doing it.

3. Failure to set definite financial objectives and implement a plan for reaching them. The adage is true: If you fail to plan, you are planning to fail. A lack of specific goals creates an uncertain financial future, because the end result of your economic decisions is hard to evaluate. You want to set standard policies and procedures so you'll know if you're making forward progress. Any *written* plan is better than no plan.

4. Failure to view your household as a business. The head of household is the owner or controller of the family assets. Many economic decisions made in the home are on an emotional level that would never be made in the context of a for-profit business. To have acceptable financial results in the household, financial decisions must be made with the intent of making a profit.

5. Failure to realize your income potential. If you do not have sufficient income to live the life you want, then you are simply not providing enough value to the marketplace in exchange for that income. Your task is to figure out how you can provide more value on the job.

Learn new skills, find out what services are most in demand by your community, and establish a mindset of thinking and behaving like a wealthy person. The wealthiest people are the ones who provide the greatest perceived value to the economy.

6. Failure to recognize the impact of inflation. Inflation reduces the purchasing power of your dollars over time. The purchasing power of the \$100,000 you have today will in 20 years be only \$45,650 (assuming an inflation rate of 4 percent). This is probably the largest external threat to your wealth, and the way to handle it

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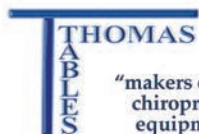
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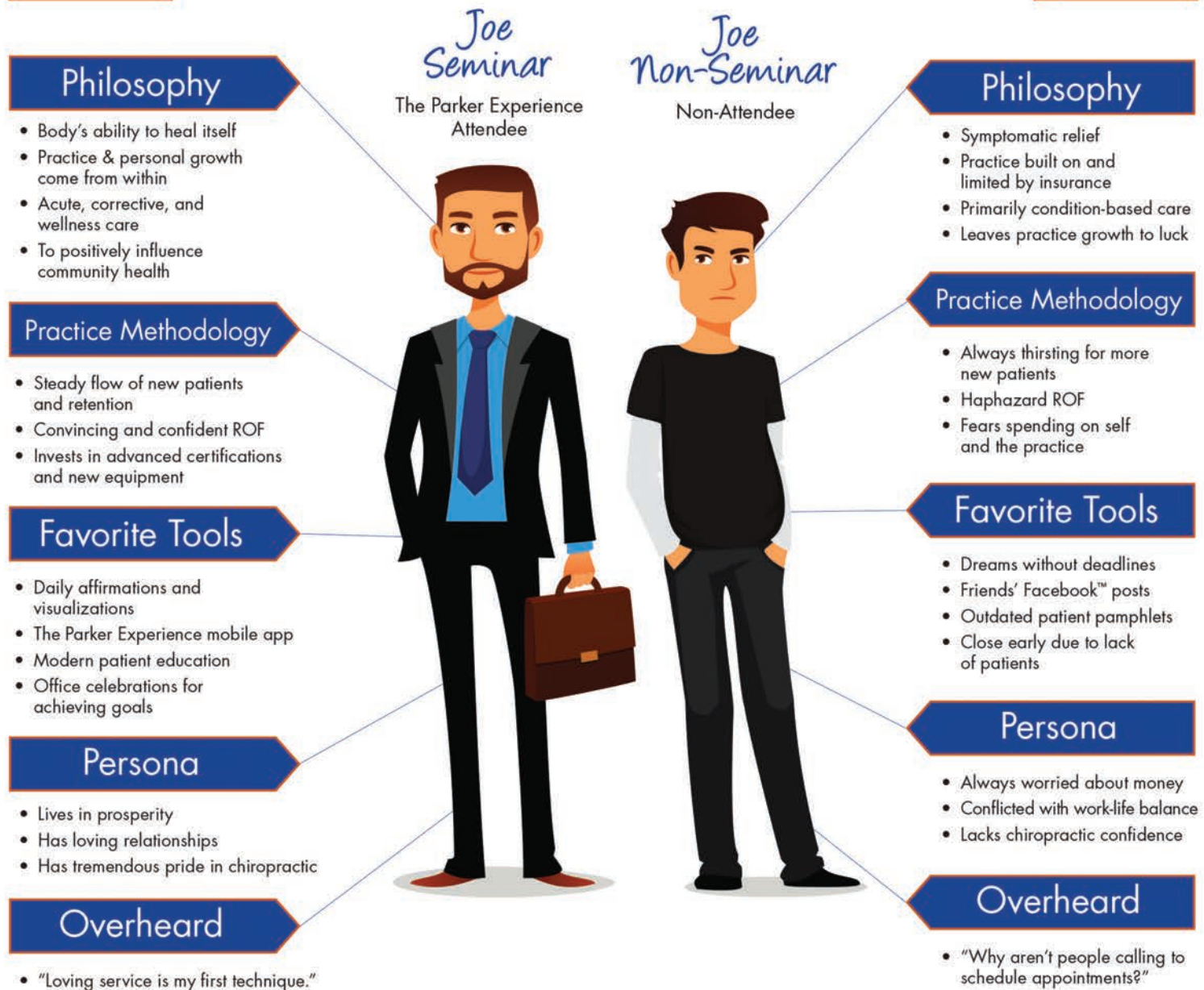
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MONEY MANAGEMENT

is to produce value in the marketplace greater than the rate of currency devaluation.

7. Failure to implement strategies to legally avoid taxes. Income, estate, and gift taxes can be substantially reduced or eliminated through effective tax planning. Taxes are probably the single largest expense over the course of your career. It is critical to gain a working knowledge of tax laws and their application so more hard-earned wealth can remain with you.

8. Failure to manage the risks you have assumed. Each individual must understand the type and degree of risks assumed in owning a business, investing, and operating as a productive member of society. You assume about 90 different risks on a daily basis, and failure to manage these risks can cause wealth destruction. Diversification is the solution to risk exposure.

9. Having inadequate protection against risk. Life, home, health, auto, disability, liability, and other forms of insurance are mandatory to protect you against unforeseen and catastrophic losses. Any risks you cannot easily afford to pay for in cash should be transferred to an entity that can afford the exposure.

You can also protect assets by using various legal structures such as limited liability companies, limited partnerships, and trusts that offer creditor protections.

10. Letting spending run wild. Lack of discipline in spending habits can cause even the best-laid plans to fail. Adhere to the ironclad rule of not spending more than you make, because if you do, you incur the penalty of paying interest—compensation the lender demands for taking the risk of giving you money you have not yet earned. The cost of interest over a lifetime can

(and does) destroy the best wealth-building plans. Live within your means.

11. Having unrealistic expectations. It takes time to build an estate. Too many people expect dramatic results too soon and become disenchanted when their get-rich-quick schemes do not pan out.

After factoring in costs, an investor can expect net returns from moderately conservative investing to be in the range of 3 to 7 percent. If you want greater returns than that, then own a profitable small business or become a competent, professional market investor. Only your production will make you wealthy.

12. Failure to use professional advisors.

No one can live long enough to become an expert at everything—especially the intricacies of efficient financial planning. A major mistake is to accept secondhand advice without careful inspection and testing. Surround yourself with competent professionals and specialists and find a qualified financial planner to coordinate the efforts of your entire financial team. Your team will likely need to include an accountant, attorney, business management consultant, and other experts as needed.

These 12 common money mistakes lie at the heart of any failed attempt at financial planning. Learn and apply the laws and basic fundamentals of financial well-being and you will avoid these errors naturally. **CE**



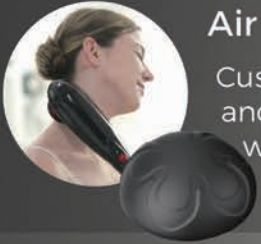
P. CHRISTOPHER MUSIC is a veteran financial advisor, bestselling author, and international speaker who works exclusively with professionals in private practices.

He is the Founder of Econologics, Results-Based Financial Planning, and the Private Practice Millionaire Academy, which serve chiropractors in achieving financial independence. He can be contacted at christopher@econologics.com or through PrivatePracticeMillionaire.com.

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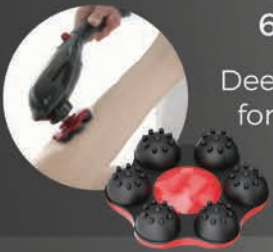
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Site selection or bust

BY BRIAN WILSON AND BLAKE MESSINGER

SITE SELECTION CAN BE A CHALLENGE FOR NEW AND experienced DCs alike, and a mistake in this area could be fatal to your practice. A successful site-selection process begins with forming an expert team and following a proven process. There are four key areas to master for selecting the perfect site: location analysis, site selection, lease negotiation, and business incentives.

Location analysis

Location analysis is the first critical step in selecting a site. You use statistics to evaluate and compare geographic areas. Many businesses don't properly understand how markets compare to one another. But you need to be able to study the underlying characteristics of a community and identify its strengths and weaknesses.

The most important statistical factor to consider is market saturation, or when there are too many chiropractors per capita in a given market.

There are other statistical factors to consider, too, such as household income, population age, percentage of blue collar workers, and pharmacy usage rates.

Many DCs open practices in markets with a build-it-and-they-will-come mentality, which is just a roll of the dice if they neglect location analysis. Even if you are set on opening a practice in a certain market, you should understand how your location compares to other possibilities.

Site selection

After location analysis, narrow your search and make a few tours of locations. Statistics can only tell you so much; tours provide personal insights and allow you to connect with the community. After you identify the primary market you want to enter, contact a local realtor to start the real estate search.

Based on your requirements, the realtor will provide you with a list of available properties in the market that meet your requirements. Pare this down to a short list of the properties you'd like to tour. Ask to see comparable properties to better understand differences in costs, amenities, and locations.

Real estate brokers receive a commission based on lease value, so having a third-party real estate advisor and attorney is a good idea.

Lease negotiation


You'll begin negotiating the lease after the real estate tours have resulted in one or two targeted properties. The landlord will establish a starting point for rent with the expectation of your counter offer. The starting point should be based on comps, recently sold or leased comparable properties in the same neighborhood.

Everything is negotiable. For example, if the property requires improvements, negotiate a tenant-improvement allowance. Other things to consider when negotiating a lease include renewal options, assignment,

early access, parking, signage, right to privacy, and maintenance.

Business incentives

There are thousands of state, regional, and local economic development groups across the U.S. These agencies can assist with business incentives to help offset costs. Their programs include low-interest loans, grants, tax credits, and exemptions.

The site selection process can take more than six months because it is more than a question of what properties are available. It is an analytical exercise that requires understanding of a market's potential and working with knowledgeable professionals who can make the process seamless and rewarding. 



BRIAN WILSON is the managing director at Community Selection Group, a nationwide site selection and real estate advisory firm. He has over a decade of experience

specializing in site selection. He can be contacted at communityselection.com, b.p.wilson@communityselection.com, or on Twitter @CommunitySelect.



BLAKE MESSINGER is the executive director at Community Selection Group. He has more than two decades of experience in all aspects of corporate real

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Sept. 17-18	Cox Seminar - Cervical Spine Certification Course	Chicago	Cox Technic	260-637-6609
Sept. 23	KT4: Specialty Pediatric Concepts	Mason, MI	Kinesio Taping Association	888-320-8273
Sept. 23-25	Balanced Structures, Emotions, and Nutritional Chemistry	Chicago	CRA Wellness	616-669-5534
Sept. 24-25	Posture, Balance, and Motion	Greensboro, NC	BodyZone LLC	770-922-0700
Sept. 28-30	CEAS I Ergonomics: Practical Applications Certification Practicum	St. Augustine, FL	Back School of Atlanta	800-783-7536
Oct. 1-2	Posture, Balance, and Motion	Atlanta	BodyZone LLC	770-922-0700
Oct. 7-9	Strengthening Posture for Rehab, Wellness, and Active Aging	Anchorage, AK	BodyZone LLC	770-922-0700
Oct. 7-9	Chiro-Xtravaganza	Ledyard, CT	Connecticut Chiropractic Council	203-483-0084
Oct. 8-9	KT1 and KT2: Kinesio Taping Fundamentals and Advanced	Langhorne, PA	Kinesio Taping	855-488-8273
Oct. 15-16	Concussions and Cranial Nerve Exam for Motor Vehicle Injuries	Phoenix	American Academy of Motor Vehicle Injuries	480-664-6644
Oct. 20-21	CEAS II: Expanded Ergonomics Assessment Skills Certification	Atlanta	Back School of Atlanta	800-783-7536
Oct. 20-23	Cox Seminar - Certification Course Parts I and II	Fort Wayne, IN	Cox Technic	260-637-6609
Oct. 21	Stand Taller, Live Longer	Seattle	BodyZone LLC	770-922-0700
Oct. 27-28	CEAS I: Ergonomics Assessment Certification Workshop	Irvine, CA	Back School of Atlanta	800-783-7536
Oct. 29-30	Posture, Balance and Motion	Bloomington, MN	BodyZone LLC	770-922-0700
Nov. 4-5	CEAS I: Ergonomics Assessment Certification Workshop	Orlando, FL	Back School of Atlanta	800-783-7536
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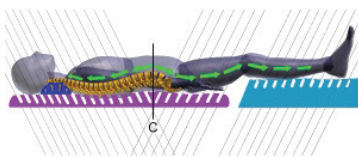


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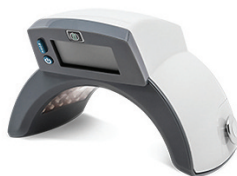
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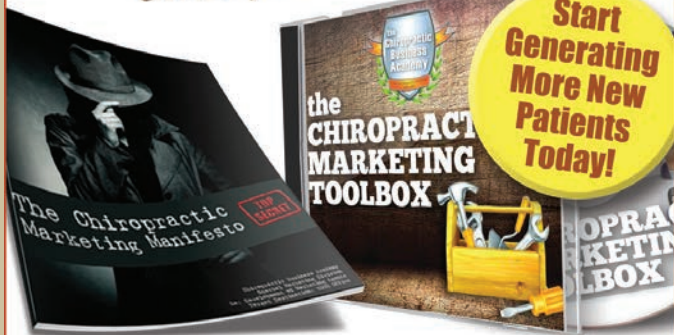


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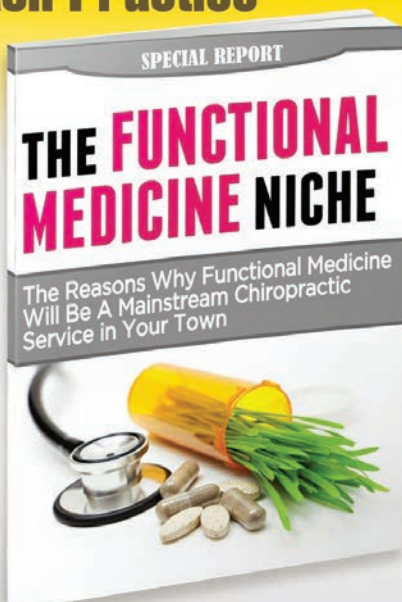
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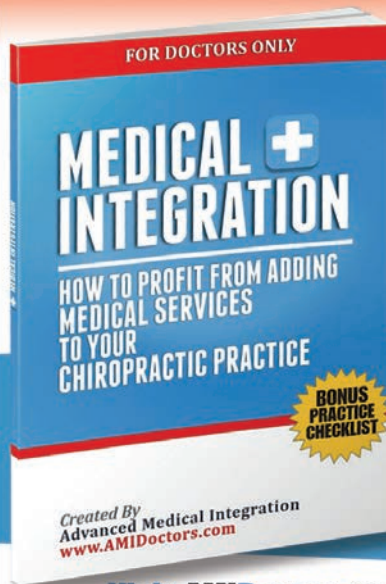
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