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new president,
William Morgan, DC



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Happiness is a Process
Mark Sanna, DC



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Preaching vs. Teaching
Shawne Duperon



The Chiropractic Marketing Connection

The 4 trends in marketing you must know
Kelly Robbins, MA

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Keeping up with technology can feel like that too because much of your software, systems, and tools require maintenance and updates just to remain current. And it can take a significant investment to get ahead of the game and obtain the latest and greatest. Is this constant effort worth it?



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In a word, yes. Because you are not an isolated outpost of medical care—you occupy a room in the patient-centered medical home (PCMH). In this framework, a patient's personal physician directs the members of the patient's care team. For example: A patient with cardiovascular problems may benefit from better dental hygiene,

given that we now see a connection between these two physical systems. The cardiologist and dentist will need to share files.

While you may not formally be a member of a PCMH yet, you effectively are when you interact with other healthcare providers in a patient's network. And your patient is judging your care in part by the standards upheld by those other professionals. If your patient's dentist is using digital imaging, for example, your film equipment is going to look dated. If his or her primary care physician is using an EHR system, your manila folders and travel cards are going to look decidedly old school.

As the medical industry, from orthodontists to podiatrists to neurologists, continues to evolve, your position in it is under pressure to keep up. Fortunately, there are tax incentives, credits, and write-offs that can help. Indeed, the more your practice looks up-to-date, the more likely patients will have confidence in your care and be inclined to refer others to you.

To your success,

Daniel Sosnoski, editor-in-chief

chiropractic economics

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EDITOR-IN-CHIEF **Daniel Sosnoski**
dsosnoski@chiroeco.com

ASSOCIATE EDITOR **Casey Nighbor**
cnighbor@chiroeco.com

ART DIRECTOR **Christine Wojton**
cwojton@chiroeco.com

GRAPHIC DESIGNER **Kelley Lucas**
klucas@chiroeco.com

WEBMASTER **Aaron Belchamber**
abelchamber@chiroeco.com

ACCOUNTANT **Jared Smith**
jsmith@chiroeco.com

DIRECTOR OF SALES **Susan Nevins**
904-567-1554
snevins@chiroeco.com

NATIONAL ACCOUNT EXECUTIVES **Jeff Pruitt**
904-567-1542
jpruitt@chiroeco.com

Janice Ruddiman Long
904-567-1541
jlong@chiroeco.com

Donnell Curley
904-567-1549
dcurley@chiroeco.com

ADMINISTRATIVE AND SALES COORDINATOR **Lorie J. McKown**
904-567-1545
lmckown@chiroeco.com

BUSINESS & EDITORIAL OFFICES

820 A1A N, Suite W18
Ponte Vedra Beach, FL 32082
Phone: 904-285-6020
Fax: 904-285-9944
chiroeco.com

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THE CHIROPRACTIC PULSE

Biofreeze celebrates 25 years in the marketplace

Celebrating 25 years of the brand, Performance Health, owner of the Biofreeze topical analgesic brand, is pleased to announce the launch of Biofreeze Professional.

"On this silver anniversary, we are proud to commemorate the success of Biofreeze in the healthcare marketplace—it is the No. 1 clinically used and recommended topical analgesic among chiropractors, physical therapists, athletic trainers, massage therapists, and podiatrists. Biofreeze has helped millions of people reduce pain and manage discomfort," said Paul Timko, vice president of Performance Health. "We worked really hard to keep everything patients love about Biofreeze and make it last longer. Biofreeze Professional builds upon our success with an enhanced formula and increased brand support."



To read more, visit ChiroEco.com/biofreeze25

Source: Performance Health, performancehealth.com

Department of Defense honors Standard Process Inc. supervisor for patriotic support

Wisconsin Employer Support of the Guard and Reserve (ESGR), an office of the Department of Defense, announced that Standard Process Inc. and Solid Dose Supervisor Peggy Race were honored in recognition of proactive efforts to support Wisconsin Army National Guard Spc. Stephanie Wardin, who serves in the 135th Medical Company based in Waukesha, Wisconsin. Race accepted the Patriot Award, while Dean Ploch, Standard Process plant manager, was honored for signing a Statement of Support for the National Guard and Reserve on behalf of Standard Process.



The presentation took place June 23 during a brief ceremony held at the corporate headquarters of Standard Process, located in Palmyra, Wisconsin.

"Our individual freedoms rest on the men and women who defend our country," said Race when receiving her award. "I am honored to work for Standard Process and have a team of employees who together support Stephanie Wardin's sacrifices in defending those freedoms."



To read more, visit ChiroEco.com/DOD

Source: Standard Process Inc., standardprocess.com

Footmaxx, Foot Levelers team up for donations to wildfire-affected residents of Northern Alberta

Two custom orthotic labs, Footmaxx and Foot Levelers, have joined forces to make a major footwear donation to residents affected by the devastating fires of Northern Alberta. The donation will be received by Edmonton Emergency Relief Services, one of the primary agencies helping the approximately 80,000 residents impacted.

The shipment sent to Edmonton for distribution to aid shelters arrived on July 5. It included new, high-quality footwear for men, women and children from brands such as Franco Sarto, Clarks, P.W. Minor, Aetrex, Florsheim, and Acorn.

"Footmaxx has a long history of serving the people of Northern Alberta," said Steve Stone, general manager, Footmaxx. "Our hearts go out to those who have lost so much. We're honored to have the opportunity to help in our own way."



To read more, visit ChiroEco.com/wildfire

Source: Foot Levelers, footlevelers.com

BY THE NUMBERS

2

The number of people in the U.S. each year who are infected

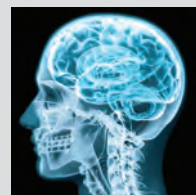


with a bacterium that has become resistant to one or more of the antibiotics designed to kill it, according to a new study.

Source: Centers for Disease Control and Prevention

6

The number of months later that alterations in the brain's microstructure persist after a concussion, a new study found.



Meaning that even if people feel they have recovered from the injury, there may still be unknown, long-term changes.

Source: Medical News Today

62

The percentage that one can lower their risk of developing kidney



disease if they replace one serving of red meat per week with a different protein source, according to a new study.

Source: Journal of American Society of Nephrology

Q: What do you get when you cross Pulsed Energy with an ATM?

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THE LEARNING CURVE

Texas Chiropractic College names new president

The Texas Chiropractic College (TCC) board of regents has named Stephen Foster, DC, FICC, as the institution's 15th president. Foster has spent more than 25 years with TCC as a student, faculty member, and administrator—most recently as provost. Foster's effective date as president began July 18, 2016.



"The board truly appreciates the broad participation of the TCC community in the presidential search process," said Monte Blue, EdD, chairman of the TCC board of regents. "After a lengthy, thoughtful, and active interview process that included all stakeholders, the board met this past Saturday morning, July 9, 2016, to select the new president. Foster was unanimously elected to lead TCC."

Foster graduated from TCC in 1990 and had a successful practice in Spring, Texas, prior to returning to his alma mater in 1994. As an attending clinician, he accepted the responsibility of passing on his knowledge and developing the clinical skills needed for future doctors of chiropractic.



To read more, visit ChiroEco.com/foster

Source: Texas Chiropractic College, txchiro.edu

Northwestern named Top 10 for acupuncture

Northwestern Health Sciences University has been named one of the nation's Top 10 colleges



Northwestern Health Sciences University

and universities for acupuncture studies by TheBestSchools.org, an independent educational organization that annually ranks schools of all kinds.

"The school emphasizes clinical training, hands-on skill-building as well as a foundation in Eastern tradition and modern science," TheBestSchools.org said in its review. Among other qualities highlighted, TheBestSchools.org noted that Northwestern "provides one clinical faculty member for every three interns."

TheBestSchools.org seeks to help students "gain the knowledge, skills, and credentials [they] need to achieve personal happiness and career success." The organization annually ranks colleges, universities, and K-12 schools nationwide based on program offerings, student performance, and range qualities regularly identified as important to students and their parents.



To read more, visit ChiroEco.com/northwestern

Source: Northwestern Health Sciences University, nwhealth.edu


Cleveland University-Kansas City student receives scholarship from Standard Process Inc.

Marina Mangano, an honor student at Cleveland University-Kansas City (CU-KC) in Overland Park, Kansas, was the recipient of a \$2,500 scholarship from Standard Process Inc. Chiropractor and university president, Carl S. Cleveland III, DC, presented the scholarship to Mangano on June 14.



"I am so grateful for this award," said Mangano. "I will be putting the scholarship funds to good use by attending two extremely beneficial seminars in the fall that will improve my clinical experience and professional confidence."

Mangano is in her ninth quarter of a 12-quarter program, and expects to graduate in August 2017.

Standard Process is devoted to optimizing healthcare and wellness solutions and has been granting scholarships to students at CU-KC since 2013 to raise awareness of whole food nutrition as well as to support future health care professionals. 



To read more, visit ChiroEco.com/mangano

Source: Standard Process Inc., standardprocess.com

WHAT'S HAPPENING IN HEALTH?

Text messaging with smartphones triggers a new type of brain rhythm

Sending text messages on a smartphone can change the rhythm of brain waves, according to a new study published in *Epilepsy & Behavior*.

People communicate increasingly via text messaging, though little is known about the neurological effects of smartphone use. To find out more about how our brains work during textual communication using smartphones, a team led by Mayo Clinic researcher William Tatum, DO, analyzed data from 129 patients. Their brain waves were monitored over a period of 16 months through electroencephalograms (EEGs) combined with video footage.

Tatum, professor of neurology and director of the epilepsy monitoring unit and epilepsy center at Mayo Clinic in Jacksonville, Florida, found a unique "texting rhythm" in approximately 1 in 5 patients who were using their smartphone to text message while having their brain waves monitored.



To read more, visit ChiroEco.com/texting

Source: Science Daily, sciencedaily.com



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To seek, to find, and to serve

BY PARKER UNIVERSITY STAFF

WILLIAM E. MORGAN, DC, BEGAN HIS TENURE AS THE seventh president of Parker University on June 15, 2016, following an international search led by the Parker board of trustees. Morgan's distinguished career has been one of unrivaled service to the profession and the patients he has served. Indeed, his life has been the personification of the Parker principles created by the founder of Parker University, James W. Parker, DC. Chief among those principles is "Loving service is my first technique." The new Parker president will, in turn, be the embodiment of loving service to the faculty, students, staff, and alumni of Parker University.

To greater heights

Eager to assume his new position, Morgan says, "Dr. Jim Parker created a chiropractic college in 1982 with a unique spirit, adhering to the rich philosophy, art, and emerging science of his profession and with a strong mission. As the new president of Parker University, it is my goal to work toward continuing Dr. Parker's vision for the university, with special emphasis on his passion for education, entrepreneurship, healing, self-actualization, and personal responsibility. Dr. Jim Parker's focus on service is epitomized in my favorite Albert Schweitzer quote, 'I don't know what your destiny will be, but one thing I know: The only ones among you who will be really happy are those who will have sought and found how to serve.'"

Asked about his vision for Parker, Morgan says, "My vision is the same as Dr. Jim Parker's vision for this university: To produce chiropractors who are both master clinicians and master entrepreneurs. A key point to becoming a master clinician is to be a

master of the chiropractic adjustment. I intend for the students who attend Parker to become the best adjusters in the world."

Another area he'll be focusing on are the Parker Seminars: "I wish to recreate the excitement which drew me to hear Dr. Jim Parker when I first graduated from chiropractic college. I would like to recapture the pillars of Jim Parker's success: principles, passion, and prosperity. We intend to continue to up our game in regard to inspirational speakers, practical business training for chiropractors and their staff, and igniting passion in the chiropractors who attend our seminars.

"Our motto embodies my goals for the Parker Seminars: *Igniting Passion, Transforming Lives.*"

Distinguished service

Morgan was appointed as the chiropractic consultant to the Office of Attending Physician (OAP) at the U.S. Capitol in 2000. Maintaining a chiropractic clinic in the U.S. Capitol building, Morgan treated members of Congress, the Senate, and the Supreme Court two days a week.

In 2007, Morgan became the first White House chiropractor and served as the chiropractic consultant to the White House until accepting the Parker presidency. Two years later, he was appointed chiropractor for the United States Naval Academy football team. During his stint, the Naval Academy maintained an incredible winning streak, never losing an Army-Navy game while under chiropractic care.

"The board of trustees selected Dr. Morgan based on his depth of experience as a doctor of chiropractic, alongside his continued involvement in almost every aspect of the profession, including but not limited to his ability



to integrate chiropractic into mainstream health care," says Oliver "Bud" Smith, Jr., DC, chair of the Parker board of trustees. "Dr. Morgan's comprehensive skill-set will certainly lead Parker University students, faculty, and alumni toward a successful future, and we are honored to appoint him as our president."

In 2011, Morgan was selected for the United States Navy Musculoskeletal Continuum of Care Advisory Board—an entity created to address the prevalent injuries sustained by U.S. Armed Forces personnel during active-duty operations. Morgan also served on the Spine Subcommittee, which helps develop care algorithms for treating spinal conditions and determining the future of musculoskeletal management in the U.S. Armed Forces.

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*www.cms.gov EHR Incentive Programs

**www.cms.gov 2014 Physician Quality Reporting System Reporting Experience and Trends

***www.federalregister.gov Medicare Access and CHIP Reauthorization Act of 2015

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Career highlights

William E. Morgan, DC, holds a number of significant accomplishments to his name.

1985: Receives his Doctor of Chiropractic degree from Palmer College of Chiropractic-West Campus.

1998: Completes a 2,000 hour fellowship program in Integrated Medicine at the National Naval Medical Center.

2006: Joins the board of trustees for Palmer College of Chiropractic.

He is also a Diplomate of the American Academy of Pain Management.

He holds adjunct faculty positions at F. Edward Hébert School of Medicine, Uniformed Services University of the Health Sciences and New York Chiropractic College.

Morgan has served as a consultant for the U.S.


Department of Veterans Affairs, helping to implement the VA's chiropractic benefit and advocate for chiropractic research.

A lasting legacy

In 1998, Morgan was chosen to establish the first chiropractic clinic at the National Naval Medical Center in Bethesda, Maryland, which later became Walter Reed National Military Medical Center. In 2015, Walter Reed recognized Morgan with its highest honor for clinical excellence, the Master Clinician's Award. During the last 18 years at the military's most prestigious medical centers, he practiced in an integrative setting, providing chiropractic care to injured troops returning from Iraq and Afghanistan.

In a note to the Parker board chair, Admiral Mike Mullen, USN (retired) 17th chairman of the Joint Chiefs of Staff, wrote:

I am writing to express my warmest congratulations on your selection of Dr. Bill Morgan as the next president of Parker University. You simply could not have made a better choice. I have known Bill as a matchless student and practitioner of his profession over the past 13 years. He has had an enormous positive impact on thousands of lives. This impact has been that much more significant during over a decade of war where he has innovated and been on the leading edge of chiropractic practice in sometimes overwhelming circumstances. Bill is personable, studied, and dedicated beyond the call. You truly will be blessed in his service and we will miss him immensely here in Bethesda.

We applaud the selection of William Morgan, DC, to this position and wish him a successful tenure. 

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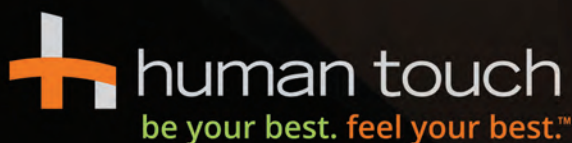
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Action to reaction

Understand the relationship between posture, stance, and gait.

BY BURL R. PETTIBON, DC, PHD

ABERRANT POSTURE IS ONE OF THE MOST MISUNDERSTOOD conditions by both the sufferer and the healthcare provider alike. Focused postural classes are not offered in chiropractic nor medical curriculums, thus the importance of posture is not widely understood.

The common story from patients is that, as children, their parents told them to “quit slumping and stand up straight,” but what was not understood is that the muscles responsible for posture, stance, and gait are not consciously controlled. There are two kinds of muscle fibers in each muscle bundle: slow-twitch postural fibers and fast-twitch phasic fibers. They work and respond differently to various needs.

Postural problems

Rene Cailliet, MD, a specialist in physical medicine and rehabilitation at the University of Southern California, found the following regarding mechanical derangements of hard and soft spinal tissue: “Incorrect forward head posture leads to improper spinal function. Both the neck and lower spine have normal and necessary forward and backward curvatures relative to the skull and kyphotic thoracic spine and rib cage. Proper cervical and lumbar lordoses are necessary for normal muscle function. However, with a forward extended head, normal lordosis is lost both in the cervical and lumbar spine. The shoulders are rotated unequally up and down and come forward with the head position.”¹

The head and neck in forward posture adds up to 42 inch-pounds of abnormal cervical spine leverage. This forces the entire spine out of alignment.

Forward head posture results in loss of vital capacity and chronic fatigue. Lung capacity is depleted by as much as 30 percent. This shortness of breath can then lead to cardiovascular disease.

The entire gastrointestinal system is affected; particularly the large intestine. Loss of good bowel peristaltic function and evacuation are common sequelae of forward head posture. The gut is the largest endocrine organ in the body and 70 percent of the immune system is in the gut.²

Furthermore, forward head posture also causes an increase in discomfort and chronic pain. Motions of the first

four cervical vertebrae produce endorphins. With inadequate endorphin production (i.e., pain reduction), many otherwise non-painful sensations are nociceptive.

Another result of forward head posture is a loss of normal spinal and body motion. One becomes hunched and the entire body stiffens, thereby lessening range of motion. Conversely, the better the posture, stance, and gait, the better and younger one feels and functions.

While most approaches to correcting posture focus on the spine, shoulders, and pelvis, the position of the head is the most important. Because the body follows the head, the body can be aligned by first aligning the head.²

Muscles involved in posture

The body has approximately 440 pairs of muscles, with 75 pairs of those being responsible for posture. These muscles are mainly under the control

of the autonomic nervous system and the cranial nerves.

Cranial nerves and their function

There are 12 pairs of cranial nerves that connect directly with the brain rather than via the spinal cord and are not subject to direct compression or impedances by vertebral displacement. The eleventh cranial nerve is the spinal accessory nerve that is deeply embedded in the trapezius and sternocleidomastoid muscles, the major muscles of posture.

Proprioception is a process associated with kinesthetic awareness and balance. It is the result of vestibular, visual, and mechanoreceptor input from cranial nerves that are integrated in the cerebral cortex and cerebellum.

Mechanoreceptor input is the most important for proprioception because it produces local segmental reflexes and super-segmental proprioceptive reflex effects. These reflex actions

cause muscles—especially postural muscle fibers—to react to inputs from the cranial nerves and to the righting reflexes that when properly stimulated can reflexively correct the upright spine in three dimensions relative to gravity.

Righting reflexes and optimal posture

The human body has five righting reflexes, which can cause muscles to correct spinal form and function when they are physically stimulated to do so.

Labyrinthine reflex—vestibular.

Maintains the head's orientation in space (medulla).

Optic reflex—ocular. Functions to keep the head in proper orientation to its gravitational environment (occipital cortex).

Neck righting reflex—joints of the neck. Orients the body in space (midbrain).

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Body righting reflex No. 1. Orients the body in space (midbrain).

Body righting reflex No. 2. Functions to keep the head oriented to the body (midbrain).

According to researchers Wyke and Davis, muscles are the primary stabilizers of the joint. When rehabilitated (exercised) adequately, they are able to

accelerate the recovery of musculoskeletal conditions.

The weighting system

By using weights, you can cause a person's muscles to reflexively correct the spine and posture into three-dimensional alignment. Using the proper amounts and placement of head, shoulder, and hip weights can cause the righting reflexes to activate

muscles, causing them to relax and contract as needed to pull and correct postural abnormalities.

A frontal head weight causes the posterior neck and upper-back muscles to contract, pulling the head back and shifting the skull and eyes up. This activates another righting reflex causing the involved muscles to contract, rotating the head and eyes back down into their normal position. The new position is now lordotic and perpendicular to gravity.

A typical head-weight harness can hold up to 16 pounds of weight. Determine the amount of weight necessary for lordosis with a lateral weighted X-ray. Start the amount of head weight so that the person can easily tolerate it for 15 minutes, usually one to two pounds.

Increase the weight incrementally until cervical lordosis is achieved. Then apply shoulder and hip weights if needed. The shoulder and hip weights should eventually be twice the amount of the head weight.

The weights cause correction of spinal displacement, which is the foundation for all postural muscles to normalize, strengthen, and maintain the resting upright spine aligned in three dimensions relative to gravity.

Head and shoulder weight

After cervical lordosis is at least 60 percent restored, then the frontal head weight can be partially moved around to the acute angle side of the cervical spine (usually the high shoulder side). The shoulder weight is then placed on the low shoulder side.

The combined weights cause the subluxated head and neck to laterally displace, aligning with the more stable thoracic cage. Then the head-shoulder combined weights cause a reflexive correction of the entire upper spine in line with gravity, from the center of the head and thoracic spine down to L-3.

Front or back shoulder weight placement is dependent on the patient's

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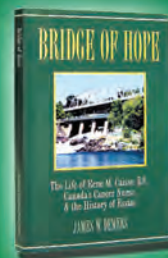
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hip and shoulder relationship. When the patient stands after sitting and their upper body is forward of the hips, place up to 80 percent of the shoulder weight on the front lateral side of the low shoulder. The body reflexively lifts up and back on the low shoulder, while the high shoulder rotates down and forward and the pelvis realigns under the weighted shoulders.

With the patient standing or sitting

with the hips forward of the shoulders, place up to 80 percent of the shoulder weight on the back of the low shoulder. Reflexes cause the low shoulder to rotate up and forward while the high shoulder rotates down and back and the weighted hips and pelvis shift.

Hip weights

Head and shoulder weighting corrects the sagittal and A-P skull and spine

down to L3. The addition of hip weighting corrects lumbo-pelvic deviations as the hips shift under the weight.

Using the same amount of weight used in shoulder weighting, place half of the amount into each of two separate hip bags. Attach the hip bags onto the patient's hips with a belt.

Place one bag on the front side of the high-forward hip (the one appearing larger on X-ray) and the second weighted bag on the back side of the opposite hip. The position of the hip weights causes the pelvic girdle to be pulled and rotated into alignment. Reverse the position of the weights if they cause the hip and spinal alignment to worsen.

Take X-rays to confirm and measure correction of all or part of the normal cervical curve. Loss of the sagittal lordotic curve forces the involved vertebrae to buckle away from the weakest side into a screw-matrix displacement. This causes lateral spinal angles with muscles changing from phasic to postural muscles on the obtuse side of the angle and disused muscle atrophies with pain on the acute angle side.

It is critical that the cervical lordosis is the primary correction. Once lordosis is corrected, lateral displacement can be corrected and maintained. **CE**



BURL R. PETTIBON, DC, FABCS, FRCCM, PhD (Hon), is a teacher, inventor, and researcher. He has written numerous papers and books on chiropractic care and research and has developed 25 clinics. He has also invented over 40 products currently in use by chiropractors throughout the world to make detection and correction of vertebral displacements both easier and more accurate. He can be contacted through pettibonsystem.com.

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Targeted treatment

Going beyond the trigger point.

BY IVO WAERLOP, DC, DABCN



MANY CHIROPRACTORS PERFORM ACUPUNCTURE (or dry needling) as an adjunct to their practices to improve patient outcomes. And most are taught to dry needle trigger points and sometimes needle the segmental innervation of the muscle involved.

But should you do more? Recent research suggests that needling myofascial meridians along with trigger points achieves superior outcomes.¹

Because most doctors treat patients who are ambulatory, they should think about how their patients move, especially through the gait cycle. Consider how the kinetic chain works from a “reverse-engineering” perspective, that is, from the ground up rather than the torso down, in a closed-chain fashion. This can profoundly affect the way you look at muscle function. *For example:* You can think of the vastus lateralis as being a

medial rotator of the thigh, or the peroneus longus as being an abductor of the lower leg and external rotator (assisting supination) during the latter half of the gait cycle. Reverse engineering gives you a new outlook on human movement.

Two modes of action

Thomas Myers wrote an excellent text on the subject of myofascial meridians, or lines of tissue stress, describing the fascial connections of muscles functioning as a chain during movement.² This built on the original work of Valdimir Janda and his concepts of “loops and slings,” as well as the work of Paoletti and Veeming.³⁻⁵

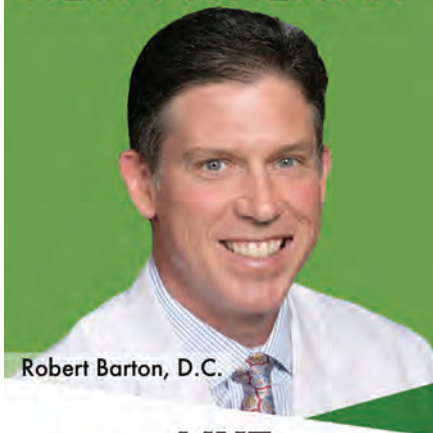
In neurology, people have the conjoined concepts of temporal and spatial summation that can lead to some type of action on the part of the nervous system. They describe two ways that receptors or neurons can reach threshold and fire an action potential.⁶

Temporal summation occurs when a receptor or neuron is stimulated repetitively over time, with each potential building upon the previous, making the stimulus increasingly larger. If you were in a movie theater and the person seated behind you kept hitting the back of your seat repetitively (temporal summation), it would only be a matter of time before you turned around and said something about it (i.e., reached the point of threshold).

Spatial summation occurs when a receptor or neuron is stimulated at multiple locations over time, with the potentials building and bringing the receptor or neuron closer to threshold. Using the same example as before, if many people began hitting your chair from multiple directions (spatial summation), it would be only a matter of time before you said something (i.e., reached the point of threshold).

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These two types of summation can work together as well, usually eliciting a result much faster, as the receptor or neuron is being hit multiple times from multiple directions and it can reach threshold in less time.

Because the goals of needling are not only to reduce or eliminate a trigger point but also to reduce pain and increase function, wouldn't it make sense to take advantage of as much neurological theory as possible? How about affecting more real estate (spatial summation) in a reasonable time frame from point to point (temporal summation)?

Needling appears to result in pain modulation (among its many other effects), through both central and peripheral mechanisms.^{7,8} Having your therapy stimulate more of these mechanisms should theoretically make it more effective and improve outcomes. Thus, one may surmise that more needles may be a good thing.

With respect to the first paper cited, the researchers needled tender points (satellite trigger points) along the lower portions of the "superficial back line" (SBL), along with points on the foot for plantar fasciitis.¹

The SBL contains plantar fascia, the Achilles tendon, gastrocnemius, hamstrings, sacrotuberous ligament, and erector spinae. It continues to the suboccipital muscles and ends at the galea aponeurotica of the skull (and ultimately the frontalis muscle).² They could have worked over a larger area and perhaps found even better results, as the upper cervical spine contains some of the highest densities of mechanoreceptors in the body, and afferent stimuli from the upper four cervical neuromeres feed directly into the flocculonodular lobe of the cerebellum.⁹⁻¹²

Given the discussion above, there are compelling reasons why you should consider incorporating myofascial

meridians into your needling toolbox. The next time you see someone with a problem area, think about the kinetic chain that gets you there, starting from the ground up, and incorporate *that* into your needling protocol. **CE**



IVO WAERLOP, DC, DABCN

practices in Dillon, CO and teaches acupuncture and dry needling seminars in the U.S. and Canada. You can read more

articles and learn about upcoming seminars on his blog at: www.rehabchalktalk.com. He can be reached at rehabchalktalk@gmail.com.

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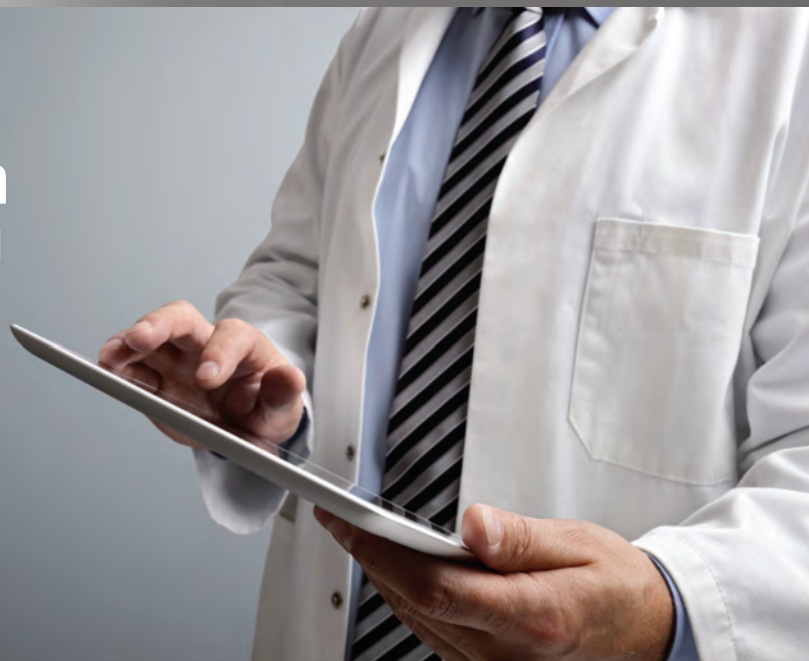
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Wake up and smell the data

If you aren't using data and analytics in your practice, you should be.

BY CASEY NIGHBOR



YOU MAY THINK THAT DATA AND ANALYTICS ARE NOT THINGS THAT chiropractors need to pay attention to. Perhaps you believe that data should only be analyzed by bigger companies or those with more time or know-how. But data can be critically useful to you and your practice. Not only can it help grow your business but it can help you keep patients as well as attract new ones.

Data will also become critically important as the healthcare industry continues to evolve towards value-based care and reimbursement. Understanding data and analytics now means you won't be left behind later.

What is big data?

The term "big data" is often thrown around as a buzzword, but what does it actually mean? Big data refers to the ability to collect and analyze large and complex datasets to uncover new insights about the world around us.¹ For each industry it can mean different things and the opportunities to use big data are seemingly limitless.

Big data can "decode human DNA in minutes, find cures for cancer, accurately predict human behavior, foil terrorist attacks, pinpoint marketing efforts, and prevent diseases," says

Bernard Marr, bestselling author and analytics consultant.

While you may not be curing cancer with the data you gather at your practice, data is still valuable to you and your business. But just knowing you should collect data isn't enough. Gathering the right data and knowing what to do with it is equally important.

Point taken

Gathering the correct data points is crucial to being able to analyze them meaningfully. While every practice is different and data may slightly vary on needs, there are some data points you should definitely consider examining.

Jay Greenstein, DC, CEO of Sport and Spine Rehab and his team gather a large variety of data to analyze, which in turn helps grow the practice.

"Every week we are looking at the typical chiropractic visits, billings, revenue, number of patients, and other types of detail data like billings per visit, retail sales, proportion of active and passive care, patient satisfaction, online review data, etc.," he says.

R.T. Donahue, president of Collaboration Health Care, agrees but also sees data as being valuable to you as a business manager.

By collecting "objective internal and

external data points you can drive staff meetings and stay personally responsible to achieve your goals and help set goals for your staff," he says.

Donahue also recommends collecting data on the percentage of patients who complete your recommended care plan, your most frequent billing errors and how much they cost you, and codes other providers are using that you rarely use.

Now that you've collected the key data points, how do you analyze them to be useful to you and your practice?

Technological relief

Having software to help you make sense of the data you've collected is an invaluable time-saver. But not all software is created equal.

"We have lots of data and luckily our software program has features that allow us to configure any element of data in our system and run reports based on a number of variables," Greenstein says. "I would encourage any DC when they are looking at new technology to have it integrated and able to run reports on any variable in the system. That really helps you understand your business because questions will come up and you can pull specific points to answer them."

Customization is also an important factor for Donahue, who recommends that you find software with key performance indicators (KPIs) that help you. Ask things about your software such as “can you customize your data collection to zero in on areas that interest you, how long does that take, and how easy is it to get the KPIs you want?”

By being able to pull specific data reports from your software, you can readily address problems in your practice.

“Let’s just say your revenue is low one month, and you don’t have the ability to determine why your payer or class of payments are under-performing, then how do you know how to fix the problem?” Greenstein says. “You have to drill down into the data and know where revenue is low compared to billing to easily identify the claims and then fix the problem by getting those claims paid.”

Using the correct software means you can take vast amounts of data and turn it into a valuable resource that not only benefits your business but also your patients.

Back to business

Data collection provides critical information to support financial and operational decisions in your practice.

Gathering data about your business means that you will know the ins and outs of your practice in objective terms. Instead of just thinking that the practice is doing well or not, you will have hard data to show you where your strengths and weaknesses lie.

“If DCs actually take the time, they can not only build their business with data but also drive more patients to the practice” Greenstein says.

Patients first

Data can also help with patients because using clinical data can help improve care. Analyzing data from your practice to see how you can

Data: The future of healthcare

Data can affect and help your practice in multiple ways. Learning how to understand and use business intelligence and healthcare data systems could help your practice continually grow and provide better outcomes for your patients. Infinedi, a national claims clearinghouse and analytical innovator, provides easy-to-understand analytics to their clients and continues to upgrade their systems to stay up to date with technology. This includes releasing an analytics application, which providers can use to easily understand data and intelligence within their practices.



Business intelligence data is the integration of data from practice management software, insurance payers, electronic health records and other data sources into a data warehouse that requires a set of proven data to report the concepts of clinical quality, effectiveness of care, and value for business usage.

Healthcare data is patient focused. Data is collected to discover points of value to create a description that providers can use to better help their practice. This data is based on prescriptive analytics whereas business intelligence is based on predictive analytics. This simply means prescriptive analytics doesn’t stop at showing a likely outcome, but will demonstrate recommended actions to make providers more successful, profitable or responsive to patient needs.

The Infinedi Analytics app will allow providers to have a better understanding of their practice and detailed, easy to read charts regarding their individual practice. For example, providers will easily be able to see the average payment days, total claim volume, unpaid claim volume, claim errors and billed versus paid claims.

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improve visit times and patient satisfaction as well as things like online reviews can lead to happier patients when they have better outcomes. With better outcomes come strong referrals that help your practice thrive.

Using data to power your practice also means that you stay competitive in an ever-crowded healthcare market. “If you aren’t thinking about continuous improvement and how you can deliver better outcomes for your patients, you’d better start,” Greenstein says. “Otherwise you are going to be at the bottom of the barrel.”

Data driven

Using big data for your practice doesn’t have to be intimidating, but it is some-

thing you should be paying attention to. Collecting the correct data points and having software to make sense of the information you gather are critical to making the best use of your practice data. By using data analytics, you are not only helping your business but you are also ensuring that you are providing the best possible patient care. 



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

Reference

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The best of both

How to get the most out of cash and insurance reimbursement.

BY MARK SANNA, DC

THE EXPANSION OF THE AFFORDABLE CARE ACT HAS made insurance policies with \$10,000 to \$15,000 deductibles commonplace. Savvy healthcare consumers are making more cautious decisions about where to spend their discretionary healthcare dollars than ever before. This leaves many chiropractors struggling with the choice of being a cash- or insurance-based practice.

This leads many to question if the increased demands upon their and their employees' time that come with accepting insurance is a viable business model for their practice future. Many chiropractors facing this dilemma feel that they must choose between either

cash or insurance as an "all-in" or "all-out" strategy, but this doesn't have to be the case.

The either-or scenario

Chiropractors who choose to opt out of insurance panels do so because they think removing the burdens of dealing with third-party reimbursement will reduce their level of stress and free them to offer patients more affordable payment options. Many times, these practices offer services at reduced fees. Due to their lower fees, seeing a high volume of patients is often the only way that these chiropractors can generate a level of income that supports their overhead and lifestyle.

DCs who choose to focus solely on

the insurance-based model of care confront a different set of problems. With increased limitations on chiropractic coverage, including the number of visits allowed, these practitioners often tailor their patient recommendations to the level of services covered by third-party payers. Practicing to meet the requirements of insurance payers takes the focus away from patients' health needs.

Some chiropractors end up placing themselves and their practice in jeopardy because of their lack of knowledge of the significant regulatory and compliance requirements that remain in place whether they decide to accept insurance or not. The "let's-make-a-deal" payment plans offered by both

cash-only and insurance-based practices walk a fine line between legal and illegal. Offering the same service for different fees is considered a dual fee schedule and is not permitted.

It's no wonder chiropractors are confused, but it is possible to create a practice that blends the best of both cash and insurance reimbursement. Your practice can deliver affordable care to a high volume of patients, while still meeting the requirements of insurance billing. This may be easier to achieve than you think.

The first step is to establish a compliant fee schedule that allows you to accept limited insurance coverage while still offering your patients legal discounts. This can only be done by joining a recognized Discount Medical Plan Organization (DMPO) and creating a cash-based fee schedule that is published and available to all patients regardless of their level of (or lack of) insurance coverage.

A DMPO allows you to blend covered and uncovered services into an affordable payment plan that fits the financial requirements of care into a patient's family budget. It also allows you to inform patients what their financial responsibility will be from their very first visit. This removes stress from providers, practice employees, and patients alike.

A blended practice has a system of compliant patient-care procedures that begin with a new patient's first interactions with your practice. How your team handles these moments of truth is essential to your success.

Patients make both conscious and subconscious decisions as to how much they are willing to spend when they purchase care from you. You can build the perceived value for your care by creating an extraordinary first visit for your new patients.

To consistently achieve this high level of perceived value requires you to take

a fresh look at the services you provide on a patient's first visit. These include your consultation and examination procedures.

New-patient procedures begin with the consultation, during which you let patients know that you'll be listening closely to the answers they provide to the questions you ask them while taking their history. Let them know that their answers will guide you in the choice of tests you perform and instruments you use during their exam. Make them aware that this allows you to customize their examination to determine the cause of their condition.

Custom-designed items and services carry a higher perceived value than off-the-shelf generic counterparts. By informing the patient they will be receiving a customized exam, you increase the value they will place upon your service.

You can add tremendous value to your examination procedures simply

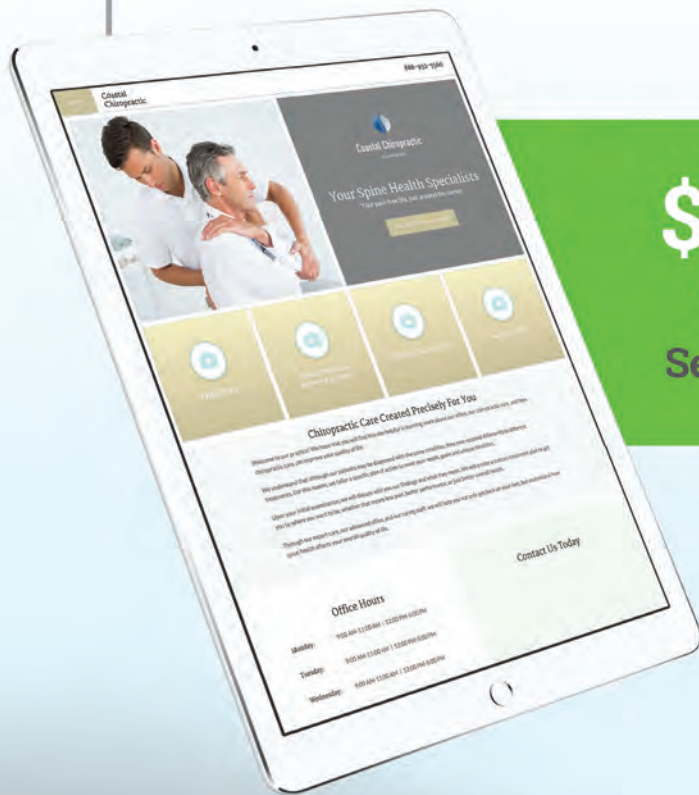
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by recording them with a digital recorder. Inform the patient that you record all of your examinations and get their permission for the recording.

As you examine the patient, call out your findings to the recorder. Rather than the typical silence on the part of the examiner, which can be confusing and unsettling to the patient, you'll be providing value-building information. A patient undergoing a straight leg raise (Lasègue) test may think you are simply lifting their leg until it hurts. Calling out the finding "Lasègue test positive on the right-hand side at 45 out of 90 degrees for L5 nerve root tension," lets the patient know you have found something amiss.

This will limit much of what is covered in a traditional report of findings (ROF) because the patient has listened to your report during the examination process. This also raises the value of the entire procedure and shows the patient that you are actively examining them to uncover the cause of their problem.

Build value with your report of findings

I counsel my clients to avoid adjusting new patients on their first visit. But providing palliative therapies to decrease pain and inflammation is encouraged. Adjusting the patient immediately following their examination decreases the perceived value of your care exponentially. How significant could the patient's problem be if you determined the cause and applied the correction within minutes of meeting them?

If you must deliver an adjustment on the patient's first visit, it would be beneficial to send the patient home for several hours to rest while you review your exam findings and create your plan of care. Have the patient return later in the day for their report.

Having the patient return for their ROF and first adjustment gives your practice team time to verify insurance


benefits. You will know the patient's level of coverage and have created an initial plan of care. You can now estimate the patient's financial responsibility for their course of care and create a payment plan without the stress of having to do it on the spot. You can then deliver a financial consultation to the patient immediately following their ROF.

Begin your ROF by confirming to the patient that your examination uncovered the cause of their condition and that you have the ability to provide them with the care they need. At this point, patients will be concerned with two primary questions: how long will it take and how much will it cost?

A blended practice, using a compliant DMPO fee schedule, can make a recommendation for care based on what the patient needs and not what their insurance does or doesn't cover. This allows you to give the patient your recommendations for care based upon your estimation of how long it will take for their condition to resolve and not their financial circumstances.

Increase case acceptance

Add these steps to your new patient procedures and you can increase the value of your care. By handling patient finances skillfully and upfront through a blend of insurance and cash into a unified payment plan, you can decrease stress and increase case acceptance.

Patients are more likely to follow through with your recommendations when their financial commitment has been taken care of in advance and their perceived value of your service is at its highest level. 



MARK SANNA, DC, ACRB Level II, FICC, is a member of the Chiropractic Summit, the ACA Governor's Advisory Cabinet and a board member of the

Foundation for Chiropractic Progress. He is the president and CEO of Breakthrough Coaching. He can be reached at 800-723-8423 or through mybreakthrough.com.

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Helping hands

Why you shouldn't negotiate your office lease or renewal on your own.

BY DALE WILLERTON AND JEFF GRANDFIELD

AS A CHIROPRACTOR, YOUR SPECIALTY IS PROPER PATIENT care; however, you may not be a specialist in business management and the tasks involved in the running of a practice. So it is important to know that help is available. Often, an outside professional or consultant can be hired to assist you, where and when necessary. Consultants can help with staffing, accounting, and marketing to ensure a smooth-running and profitable practice.

Did you know that chiropractic tenants have options for commercial lease negotiating consultants as well? Depending on who you choose to negotiate the best lease deal for you, you may get results that might not work for your practice—selecting the right professional is critical.

The lawyer

Chiropractors often turn to legal counsel to negotiate their practice leases. Most lawyers, however, will focus primarily on the legality of the office lease, which is rarely in question.

Offers to lease and formal lease agreements are filled with negotiable financial clauses, such as addressing free rent, tenant allowance, rental rate, etc., that the lawyer may not address. Furthermore, lawyers normally charge by billable hours and the total amount could be much more than you expect.

The real estate agent

New location: Many times, a real estate agent or broker may seem like they are working for you, but sometimes this is not the case. Agents can appear to be helping chiropractors by showing them

available commercial space and answering questions, but agents primarily work for landlords.

Agents, in fact, are, typically paid a healthy commission for closed lease deals. How much can the agent earn? With the industry norm of a 5-percent commission on base rent for the entire term, an agent can easily earn tens of thousands of dollars—a nice motivation to get your signature on a lease. When you sign for a longer lease term or agree to pay more rent, the agent's commission typically increases.

Lease renewal: Most landlords don't want to pay a real estate commission on lease renewals nor do they budget for this expense because the chiropractor is already a tenant in their building. Therefore, chiropractic tenants should

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Dr. Rouhana

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Jill Stocker D.O.

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Dr Craig G.

I lost over **40lbs and got off all my medications on this program**. I opened my own weight loss business and have had amazing success following the proven business model.

The presentation with the box is elegant, the patients lose weight quickly and safely and the business model works well.

Dennis Lemmon D.O.

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exercise caution in this regard because the agent's commission is added back onto the chiropractor's rental rate. Take note that some real estate agents charge the chiropractor a fee and collect a commission from the landlord, for both new leases and renewals.

A lease consultant

Look for a lease consultant who works only for the chiropractic tenant and has a fixed project fee. They never accept fees or commissions from the landlord.

A lease consultant can negotiate the rental rate, eliminate personal guarantees, conduct site selection, negotiate new leases, and specialize in negotiating rent reductions on lease renewals. As a result, many chiropractors get the best lease deal possible initially, see their lease renewal rental rates decrease, or receive free rent and tenant allowance inducements, even on lease renewals.

Better together

Whether you are looking for a new location to lease or facing a lease renewal, don't go it alone. Remember that the landlord often has a full team of leasing representatives, property managers, and legal counsel helping to maximize rental rates.

Start the lease renewal process 12 to 18 months in advance. A landlord may be absentee, elusive, or will have delegated the leasing process to a property manager who knows what the other tenants in the building are paying for rent.

Also, proper lease negotiating takes ample time to allow for the back-and-forth dialogue necessary between a landlord and a tenant. Lease negotiation is a process, and it is not in your best interest to rush through it. For new lease locations, give yourself at least nine months. This will allow you plenty

of time to view numerous properties, collect and review lease proposals with business partners, secure any necessary funding, and compare multiple offers.

And also, if you are planning to sell your practice soon, a lower rental rate and a better lease deal will both be attractive to a potential purchaser. The landlord is taking your commercial lease negotiations seriously and it pays for you to do the same. **CE**



DALE WILLERTON (left) and **JEFF GRANDFIELD** (right) are The Lease Coach, commercial lease

consultants. They are speakers and the co-authors of *Negotiating Commercial Leases and Renewals for Dummies*. For a copy of their free CD, "Leasing Do's & Don'ts for Chiro Tenants," email your request to dalewillerton@theleasecoach.com. You can also contact them through theleasecoach.com.

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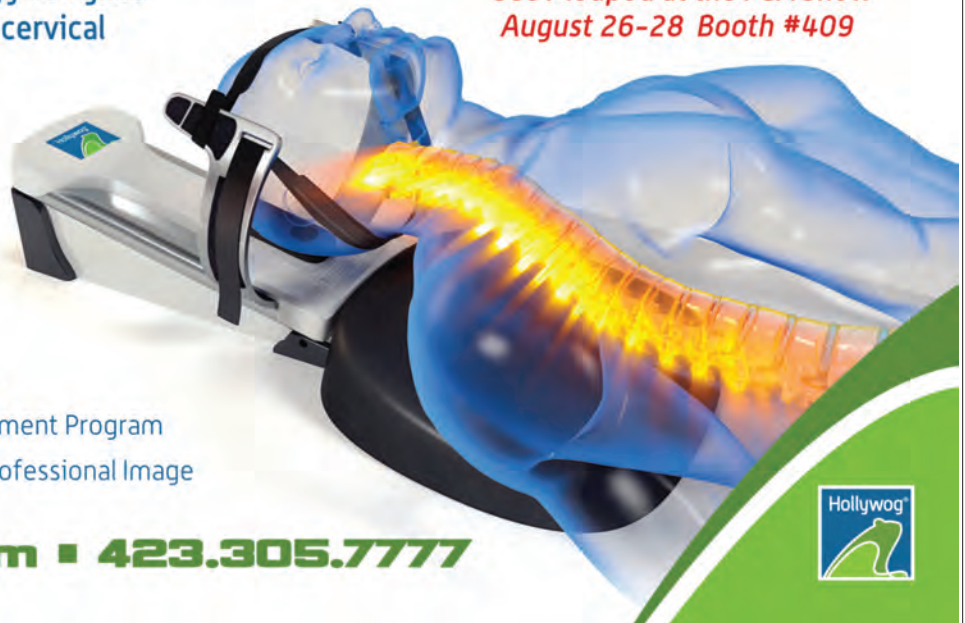
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An inside look

The incentives for switching to digital imaging — and reimbursement risks if you don't.

BY CHRISTINA DEBUSK

In January 2015, the National Board of Chiropractic Examiners published its *Practice Analysis of Chiropractic 2015*. This is a comprehensive 158-page report that provides an in-depth view of chiropractic trends from 1991 to 2014, based on surveys completed by 1,379 chiropractors from across the U.S.

After studying the DCs' responses and analyzing the data, it was discovered that, while roughly half of the chiropractic practitioners stated that they take radiographs in their office, less than one-seventh of them (14 percent) do it with the use of digital imaging equipment.¹ But this is a trend that is likely to change due to some recent regulatory pressures to switch from analog X-rays to digital imaging.

MACRA, the HITECH Act, and consolidated appropriations

The Medicare Access and CHIP Reauthorization Act (MACRA) was signed into law on April 14, 2015, in an effort to "make it easier for physicians to earn rewards for providing high-quality, high-value healthcare, and it supports and rewards physicians for participating in new payment and delivery models to improve the efficiency of care."²

It is the last part—the efficiency of

care—where the call for newer, more technologically advanced systems comes into play, thereby affecting a healthcare professional's level of Medicare reimbursement if this particular factor is not met.

Another regulatory pressure impacting chiropractors' bottom lines is the Health Information Technology for Economic and Clinical Health (HITECH) Act. As a result of this law, healthcare providers were offered financial incentives for implementing electronic health record (EHR) systems prior to 2015, and financial penalties if no EHR was implemented thereafter.³

And while MACRA and the HITECH Act don't mention digital imaging specifically, they are both certainly pointing chiropractors in that direction, by providing financial incentives for updating your in-office systems, and ensuring that you're obtaining and maintaining compliance for governmental payment purposes.

Plus, there is one act that does talk directly about imaging, which will likely cause many chiropractic professionals to switch from analog X-rays to digital systems, and that is the Consolidated Appropriations Act of 2016, enacted on December 18, 2015.

According to the American College of Radiology, this act reduces reimbursement for plain film X-rays by

"20 percent in 2017 and all subsequent years," and also reducing computed radiography reimbursement by 7 percent from 2018 to 2022 and 10 percent thereafter.⁴ Therefore, the only way to receive full reimbursement is to switch to digital imaging.

So, whether you're considering making this shift in your practice to receive an incentive or avoid a penalty, one thing is clear: There are a number of factors to consider when making this type of equipment-related change. Among them are office efficiency, imaging costs, and care compliance.

The case for efficiency

With legal incentives such as MACRA pushing for efficiency of care, this is a factor that may be at the forefront of your mind when considering whether to take your office digital. And it's one that **Bob Salzman**, president of 20/20 Imaging, says makes a whole lot of sense.

Salzman has spoken with many chiropractors who have gone to great lengths to update and streamline their office procedures by purchasing EHR systems, yet they still have to file X-ray films because they are using analog equipment. "This is not efficient," he says, highlighting the fact that

not only do films cost more than ever due to reduced demand, but they also take up valuable office space and can be misfiled—all factors that can reduce a practice's level of efficiency.

Nate Dominguez, sales manager for 20/20 Imaging, also explains that increased office efficiency means being more effective with your use of time, a benefit that digital imaging provides. Basically, instead of spending all of your time taking (and sometimes retaking) films, then developing and reading them, Dominguez says that you can make better use of your time “getting patients in your door.” This can be accomplished by focusing on increasing your marketing efforts or generating more referrals because you’re able to better educate your patients, causing them to be more inclined to recommend your services to their family and friends.

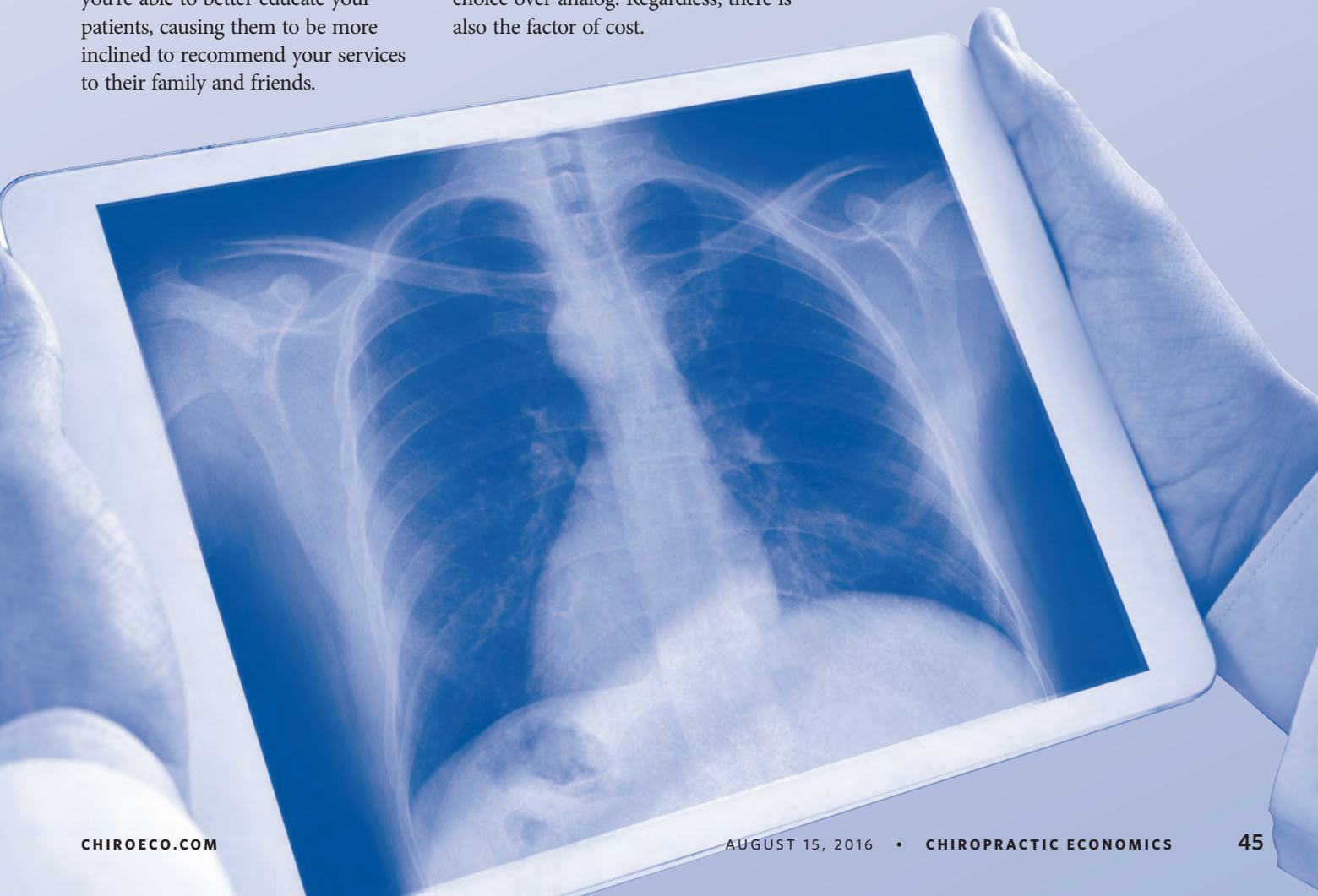
One point that Salzman and Dominguez also stress is that some chiropractors think of digital as providing better quality X-rays, thus increasing efficiency in that way. However, they warn that your images are only as good as your ability to take them. Or, as Dominguez puts it, “If you shoot cruddy films, you’ll have cruddy digital.” Therefore, making sure you take good images is essential if you’re looking for higher quality output.

Salzman goes on to explain that while film used to be the best media, nowadays digital is just as good. Plus, given film’s variables of “daily QC, oxidation, and human error, digital is more forgiving.” This is just one more reason why digital is a more efficient choice over analog. Regardless, there is also the factor of cost.

The case for cost

Matthew Chrisovergis, partner at RadmediX, says that the biggest objection he sees from chiropractors when it comes to converting from an analog X-ray system to digital is the upfront cost. Chrisovergis responds to this concern by pointing out that, “With analog film, one must continue to pay for consumables (film, chemistry, processor maintenance, etc.). This cost is forever.” The situation is drastically different when you use digital imaging equipment, an option that has “no ongoing costs or moving parts.”

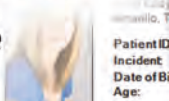
Plus, Chrisovergis points out that the Section 179 tax deduction for 2016 provides financial relief as well. The IRS website explains that under this



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CHIEF COMPLAINT

Musculoskeletal

• Melissa Gray is a 21 year

PAST, FAMILY, & SC

Family History

• Father •

• Mother •

EXAMINATION

Constitutional

• Height 77 inches

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Meet the experts



Bob Salzman, president of 20/20 Imaging LLC, a division of Konica Minolta Medical Imaging, in Lake in the Hills, Ill. 2020imaging.net



Nate Dominguez, sales manager for 20/20 Imaging, in Lake in the Hills, Ill. 2020imaging.net



Matthew Chrisovergis, partner at RadmediX, in West Chester, Ohio. radmedix.com



Steven Kraus, DC, FIACN, DIBCN, FASA, CCSP, FICC, founder and president of Biokinometrics Inc., in Carroll, Ind. biokinometrics.com



Eddie Massetti, national manager for channel sales at Fujifilm Medical Systems USA Inc., in Stamford, Conn. fujifilmusa.com



Rob Fabrizio, director of marketing for digital X-ray and women's health at Fujifilm Medical Systems USA, Inc., in Stamford, Conn. fujifilmusa.com

intangible costs too, he says, "such as increased volume, the performing technologist's or doctor's time, elimination of the film storage area, and reduced retakes."

All of these added together mean that digital costs less over time. So, while the upfront costs of switching from analog to digital may be higher than you'd like, the payoff is there in the long term.

The case for compliance

Have you ever had a patient fail to complete his or her recommended care plan? Of course you have. No health-care professional has a 100-percent success rate when it comes to getting patients to do what they're supposed to do in the name of higher health.

But switching to a digital imaging system may help you raise your current care compliance rate, according to **Steven Kraus**, DC, founder and president of Biokinometrics, Inc. "As the vast majority of people are visual-based learners, being able to show them what they need to understand in order to comply is critical," he says.

To help you better understand this concept, Kraus says, "Let's look at two scenarios where a woman comes home after seeing her chiropractor for headaches. In the first, she tells her husband that she needs to take \$700 dollars out of the family budget to get some adjustments and then has to explain why. Maybe she does a good job, and maybe she doesn't. But in scenario two, she pulls up her digital X-rays with annotations *showing why* she has the headaches, and when he compares the red line that shows her current neck curve and the green line showing where the curve *should be*, it's clear. As you can imagine, the latter is way more likely to garner compliance as it immediately validates the need for care."

Ultimately, communication is the vital component in establishing trust in the doctor-patient relationship. "And

section, "you can elect to recover all or part of the cost of certain qualifying property, up to a limit, by deducting it in the year you place the property in service."⁵ Put simply, Chrisovergis says that you're able to fully deduct the entire purchase price.

Another financial benefit is the return on investment (ROI) this equipment provides. To help you determine the ROI for your particular practice, Chrisovergis suggests that you calculate several tangible costs for current exams per month; namely, "charges for exam, reimbursement, monthly processor maintenance fees, and costs of film and chemistry." Don't forget about the

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While the upfront costs of switching from analog to digital may be higher than you'd like, the payoff is there in the long term.

utilizing digital X-ray technology takes that communication to a level the doctor simply can't achieve without it. And with trust comes compliance—a critical factor in practice success,” Kraus says.

The case for switching

If you're convinced that it's time to move away from your analog system and switch to a digital one, the next step is to select a digital imaging company that is right for your needs. To help you do that, **Eddie Massetti**, national manager for channel sales at Fujifilm Medical Systems USA, says that there are four key areas that should be driving your decision.

“The first one is reliability,” Massetti

says. Choose a digital imaging company that has a good reputation and can support your profession and practice long-term. Massetti explains that this is important as he's seen some companies come and go within a couple of years' time. Those who purchased their equipment from them are left with no one to go to with questions or system-based needs. Additionally, a sustainable digital imaging company can provide the necessary updates and upgrades you want or need to better run your practice over time.

The second consideration when choosing a digital imaging equipment provider, according to Massetti, is patient safety and comfort. Ideally, you want a system that “uses less radiation

to penetrate through,” he says. And while digital imaging generally uses less radiation than film, “not all companies are created equal.” That's why Massetti recommends, prior to making a purchase, asking the company how their dose levels compare to others.

While some companies may choose to answer that question verbally, others do a demo to show doctors how to adjust their technique to improve their imaging, thereby getting higher quality images with lower doses. The result is greater patient safety.

Massetti says the third factor you want to consider when choosing digital imaging equipment is image quality. Specifically, look at which system is going to give you “good detail, and good

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\$40	8	\$320	\$2,240	\$9,600	\$115,200
\$45	8	\$360	\$2,520	\$10,800	\$129,600



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Using digital X-ray technology takes communication to a level the doctor simply can't achieve without it.

balance between soft tissue and bone.”

Rob Fabrizio, director of marketing for digital X-ray and women's health at Fujifilm Medical Systems USA, expands on this by noting that some companies get better images by increasing dose radiation. However, this is not the best-case scenario for the patient.

To improve image quality without sacrificing patient safety, Fabrizio suggests you ask prospective companies,

“What is your typical dose and what does the image look like with that dose?” This enables you to make a more informed decision—one that is as good for you as it is for your patients.

Finally, the fourth factor to think about before making a digital imaging purchase is the company's use of technology. Ideally, you'll select a company that is constantly improving in this area. Recent advancements can potentially raise your quality of care.

Given the increasing number of regulations being put into place, the number of DCs who choose digital over analog will likely rise. Knowing the key factors involved can help you decide whether it's the right time for you to make the switch and how to find a company that will suit you best when making the transition. **CE**



CHRISTINA DEBUSK is a freelance writer who specializes in health and wellness and business marketing. She currently writes for ChiroNexus as well as other

health-related publications. She can be contacted through christinamdebusk.com.

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Instrumental change

Chiropractic instruments provide consistency and assurance in adjusting.

BY CASEY NIGHBOR

HAVE YOU EVER HAD PATIENTS COMPLAIN THAT THEIR adjustments vary from visit to visit? Or maybe you have a patient who insists on seeing just you or just another associate in the practice because they give the “best” adjustment? The reality is that not every adjustment is created equal when subjected to the vagaries of human error. But chiropractic instruments offer you a way to provide your patients with a consistent and precise adjustment each time they visit.

Not only do they provide uniformity but they can also extend your career by saving your hands from the burden of constant adjusting.

Staying in control

Instruments can provide a level of control to each adjustment that you

perform. This lets you better ensure patient outcomes because they are receiving a measured adjustment.

Donald A. Capoferri, DC, owner of Precision Pain Relief Center, has been using chiropractic instruments in his practice for more than 25 years.

“It is extremely important to have as much control over the treatment modality as possible,” he says. “Instruments give me the exact impact force, speed of impact, number of impacts, and an immediate post-check to see if I accomplished the desired outcome.”

By giving precise adjustments each time, evaluating the progress of each patient becomes easier and supports better patient outcomes.

“On subsequent visits I can check the history and compare the patient’s

progress and reevaluation,” he says. “This allows for predictable treatment plans and helps with patient education.”

Better patient outcomes mean happier patients and happier patients are more likely to refer you to others, allowing you to build a thriving practice.

All the same

Instrument adjusting also provides consistency from DC to DC. This is especially important for group practices or if you have associates working for you. By using instruments, you are guaranteeing that each adjustment is the same for the patient, regardless of who performs it.

“Our instruments allow for seamless transitions from one doctor to the other because the analysis, adjustment,

and post-check along with clinical decision-making is all the same,” Capoferri says.

This also allows you to have some flexibility in your schedule for things like vacations or hobbies. Craig Livesay, DC, owner of Livesay Chiropractic-Spinal Corrective Center, loves that instruments allow him to take time off without fear of losing patients in the process.

“I fish professionally and leave the practice for seven to eight weeks a year,” he says. “During that time, two other associates take over and no one can tell the difference. I haven’t lost any clients or had people change appointments while I’m away.”

Knowing that your patients will still have the same results with each instrument adjustment can alleviate some of the stress of running a successful practice.

Extended care

Chiropractic instruments have the potential to extend your career because

they don’t strain your body as much as manual adjustments can.

“It does extend your career because there is less wear and tear on the shoulders and it is easier on the doctor overall,” Livesay says.

Instruments can also provide a sort of insurance because they allow you to keep treating patients if you or your associates are ever injured. With manual adjustments an injury or accident involving the hands, arms, or shoulders could end a chiropractor’s career. But now you can continue to practice even if unforeseen circumstances occur.

Technology matters

In today’s world, the use of technology in a practice can separate the successful from the unsuccessful. Patients expect a certain level of technology in their healthcare now, and instruments can be a great addition that demonstrates the modernity of adjusting, too.

“Using computer-guided instruments more than doubled my practice

because we live in a high-tech world,” Livesay says. “Computerized adjusting really rings a bell with people now.”

Adding instruments can both bring your practice to the next level and show patients that chiropractic truly does have a place in the current healthcare marketplace.

Necessary adjustments

Giving consistent and accurate adjustments with instruments ensures that you are providing your patients with the best possible care. Instruments also allow some flexibility for your schedule because the results will always be the same, no matter who is giving the treatment. And most importantly, instruments can extend your career by reducing the strain on your body so that you can continue to do what you do best. **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.

Consistency is key with chiropractic instruments

Starting a business, maintaining a business and, more importantly, growing a business, are the foundation that relies on many parts working together to create symphony of profitable operations. This is no different when talking about a chiropractic clinic. Coaches, mentors, and business leaders all have great ideas and proven theories on how to successfully manage your goals, growth, and expectations.

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As promised, the Centers for Medicare and Medicaid Services (CMS) is starting to reduce payments for providers who lack certified EHR systems, and it's widely assumed that other third-party payers will follow suit. And now with the rollout of ICD-10 coding, the need for effective software solutions is becoming more apparent to those who have been dragging their feet with respect to new technology.

Some software packages integrate multiple functions, and some integrate with other programs, but the best solutions on the market will, in some fashion, benefit you in two ways. First, they'll "earn their keep" by helping you bill more effectively and reduce the number of contested or declined payments by third parties. You never want to leave money on the table when a slight coding or billing adjustment would have put it in your pocket. And second, software can help you stay compliant.

The penalties for HIPAA violations are breathtakingly severe, and the Office of Inspector General (OIG) has made no secret of singling out DCs for special scrutiny. The right solutions for one office aren't necessarily the best for another, as each practice and practitioner is unique. Some systems are optimized for small solo practices, and some are better suited to multidisciplinary and integrated providers.

When examining software and vendors, ask for a demonstration if possible—try before you buy.*

The following listing contains an overview of some of the industry's leading products, but space doesn't allow us to list every company and product in our database. For a full listing, visit us online at ChiroEco.com and click on "Products & Services."

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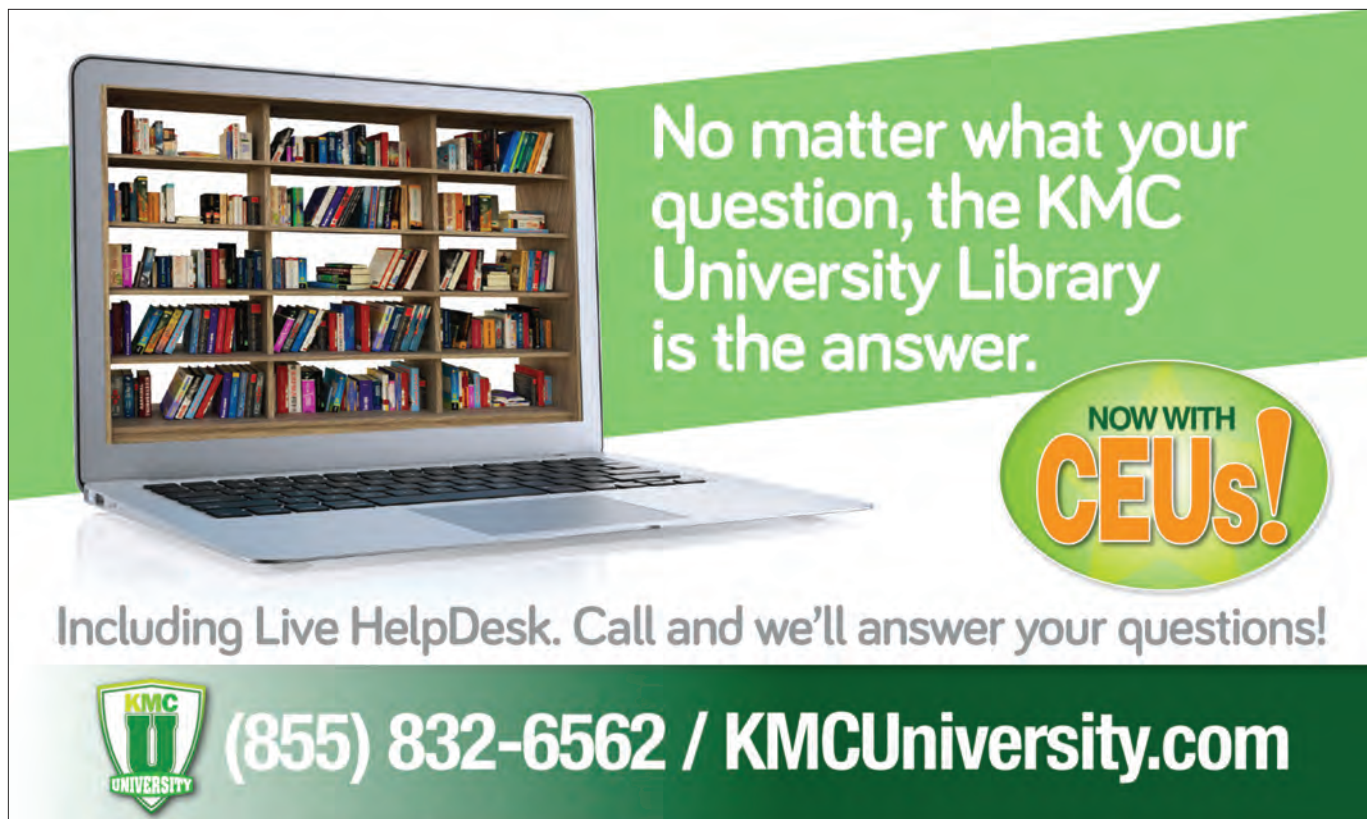
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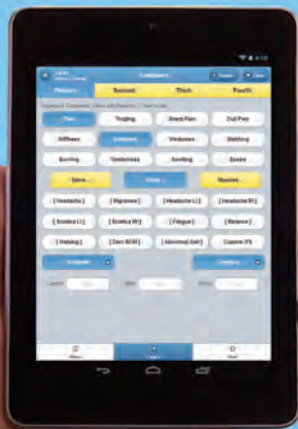
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Breathing easier

Consider using herbal treatments for sleep apnea.

BY STEVEN R. FRANK

SLEEP APNEA IS ONE OF THE MOST COMMON SLEEP DISTURBANCE problems in America. It ruins the sleep of 25 million Americans, with likely millions more who are undiagnosed sufferers. The condition prevents the sleeper from entering REM and delta sleep, causing them to become anxious, irritable, and tired during the day. There are also serious health consequences of prolonged sleep disturbance and deprivation.

When diagnosed, the patient is told to lose weight, drink less alcohol, and quit smoking. Beyond that, surgery is a possibility, though it is painful and has limited success. Dental mouthpieces can be difficult to sleep with and their long-term effects on tooth alignment are questionable.

Another common option is to use a continuous positive airway pressure (CPAP) device. This forced-air mask, worn during sleep, does insure proper inhalation. Experience has shown though, that 60 percent of patients are

not able to tolerate the mask and ultimately discontinue using it. And some users develop respiratory infections from the mask.

A novel approach

There is, however, a different approach that is less physically intrusive than surgery or a dental appliance, and far more comfortable than CPAP. Those devices and techniques address the symptoms of the problem, but leave the cause unaddressed. The cause, addressed succinctly, can be mitigated to a point where sleep is not disturbed.

The cause of the condition

To better evaluate the solutions, consider what causes sleep apnea. When people begin to fall asleep, they move from stage 1 (drowsiness) into stage 2 sleep. Stage 2 is the transition state before entering REM (rapid eye movement). REM sleep is where a person dreams.

When entering stage 2 sleep in

preparation for dreaming, muscular activity is inhibited (blocked). This is called “reduction of muscle tonus.” This function occurs normally and appropriately to keep the dreamer from physically acting out the movements of their dreams.

The first problem is that the inhibition of signals from the brain to the skeletal muscles tends to inadvertently reduce the signal that tells the diaphragm to breathe. In patients with sleep apnea, upon entering stage 2 sleep, their breathing will actually come to a stop (apnea means “cessation of breathing”).

The muscles of the soft palate in the mouth also become weaker. This allows the soft palate to sag. While this is happening, the same inhibition of muscle tonus is attenuating the signals to the diaphragm. The result is that breathing becomes shallower, due to insufficient signal strength to the diaphragm muscles.

When breathing ceases, blood

oxygen levels drop and carbon dioxide levels rise. In a young and healthy individual, this would elicit stronger and deeper breathing from the control system that regulates these activities. In an older individual, the respiration reduction causes a significant imbalance in blood gases. This is where the safety back-up system comes in.

When blood gas levels get too far imbalanced, the brain intervenes and

causes the body to make a large and immediate inhalation. This causes a large pressure differential in the pharynx and literally sucks the sagging-soft palate into the airway. This obstructs air flow and causes an explosive “snort” that partially or fully awakens the subject.

Most times, however, the subject is not fully awakened and thus isn’t aware that this is even happening. But it still

disturbs their sleep enough so that they return to stage 1 sleep.

Upon awakening or returning to stage 1 sleep, the inhibition causing the reduction of muscle tonus for entry into stage 2 sleep is released and respiration begins again in a somewhat normal manner. As the subject starts to drift off to sleep again, they move into stage 2, the muscle tonus drops, the soft palate sags, signals to the diaphragm diminish, and the cycle repeats anew. The resulting snorting awakenings typically occur every one to five minutes.

Searching for a solution

If breathing is sufficiently deep, then a rapid inhalation would not be demanded by the brain and the soft palate would not be sucked into the airway. There would then be no resulting snort that arouses the sleeper. The appropriate solution is to accentuate (increase) the ability of the brain to communicate with the diaphragm so that steady breathing is maintained throughout the night.

It is beneficial to strengthen the muscles of the soft palate, and it is advantageous to reduce muscular tension in the neck as the nerves from C3, C4, and C5 travel through this area and ultimately become the phrenic nerve that services the diaphragm. Both of these things will make a noticeable improvement in the condition. But the most dramatic impact can be made by the administration of a few common herbs.

Because the root cause of this cascade of events is caused by a diminution of the signal from the brain to the diaphragm, you can turn to lobelia. Used in small doses, lobelia acts as a respiratory stimulant and has been used for thousands of years to treat respiratory conditions.

This herb, when taken before bed, can actually increase the quiescent level of respiration sufficiently to avert the dangerous drop in blood oxygen

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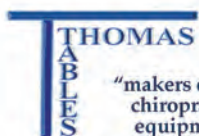
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The most dramatic impact can be made by the administration of a few common herbs.

levels that occurs upon muscular inhibition. Lobelia can maintain deep steady breathing throughout the stage 2 sleep transition period. This keeps the brain from calling for a rapid inhalation that would suck in the soft-palate and arouse the sleeper.

Thyme has also traditionally been used to enhance pleural activity. It actually improves the ability of the lungs to exchange CO₂ for oxygen and contributes to maintaining sufficient respiratory amplitude.

To round out the combination, chamomile aids the subject in relaxing and cramp bark helps the upper trapezius muscles to relax. One may need to relax the upper trapezius muscles as they tend to tighten up during the day in response to stress.


The nerves that emanate from C3, C4, and C5 transition through this muscular region in the brachial plexus to form the phrenic nerve, which services the diaphragm.

This combination of herbs taken before bed has been demonstrated to relieve sleep apnea in most cases. When a sleep apnea sufferer *who has not been treated* tries this combination, relief is often felt on the first night. There is no preconditioning required for the herbs to increase the respiratory level, relax the skeletal muscles, and improve gas exchange efficiency.

Clinical outcomes

What happens next is that the body realizes it can now access REM sleep. The deprivation of REM caused by the

preexisting apnea condition has built up a deficiency and the subject will experience REM rebound. This “over-dreaming” can actually cause the subject to feel less rested than normal.

The body will reestablish a normal sleep pattern within a couple of weeks and the overall results will be far superior restfulness. This REM rebound is not seen in patients who transition from CPAP to the herbal solution as they have not been REM deprived. 



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 so that he can bring you the best that science and ancient wisdom have to offer. He can be reached with questions at stevef@naturesriteremedies.com and his blog can be found at mynaturesrite.com.

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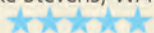


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BY CHIROPRACTIC ECONOMICS STAFF

IT CAN BE CHALLENGING TO FIND THE TIME TO JUGGLE MARKETING WHILE you're operating a practice full-time. The time-consuming duties of running an office, managing staff, and treating patients can make it difficult to put together a plan of attack to blanket your community with information about your services. That's why finding ways to insert self-promotion into your everyday conversations is such an important skill to master.

Harnessing the power of an elevator pitch and learning how to turn a no into a yes can make the difference between running a thriving practice that's intimately connected to the community around it, and owning a view of a dusty parking lot.

Find the niche

A big part of selling yourself is being able to correctly identify the perfect opportunities in which to do so. Do you have a friend who is complaining about tennis elbow during a friendly weekend match? Is your running partner lamenting about their knees? What about the guy sitting next to you at lunch who groans a bit and clutches his lower back while getting out of his chair? Each one of these instances offers a perfect shot at slipping in a little self-promotion. Find ways to start up a conversation and get the ball rolling in your direction.

Make the switch

Switching gears mid-conversation isn't

always smooth, and stumbling through a change of topic can turn your audience off before you have a chance to make your case. Wherever you find yourself within the conversation, steer it in the correct direction by building trust with your fellow conversationalist first. This means listening to them closely. Hear their story and ask pertinent questions about their habits and health. This can help you uncover specific needs to target when choosing to offer your services.

After all, building your practice is closely entwined with building relationships. Keep these three practices in mind when gearing up to make your pitch:

► Share the conversation. Don't

interrogate with too many questions or dominate the discussion.

- ▶ Keep your discussions about you and your business short, and pause to allow them the opportunity to ask further questions (or change the discussion if they do not show interest).
- ▶ Think of all the reasons that your listener might object to your offer and be ready with answers before


you need them so that you can work together to find solutions.

Perfect the pitch

Marketing yourself through a quick and effective pitch is a vital part of making yourself your most effective advertisement. Throwing in a quick pitch that is short, to the point, and applicable to the discussion can turn a simple conversation with a new

acquaintance into your first discussion with a lifelong patient. The following best practices can help you construct the perfect pitch:

- ▶ Identify your objective. Focus on how your services can help a prospective patient, and think about exactly what you want them to remember after the conversation ends.
- ▶ Limit your pitch to 20 or 30 seconds. Restricting your available time requires you to craft your pitch so that it is memorable and engaging, while remaining succinct enough to hold the listener's attention.
- ▶ Outline what makes you unique and memorable. Focus on not just what you do, but how you do it and what makes your practice special.
- ▶ Engage your listener with questions such as "Have you experienced the benefits of chiropractic before?" Or "Do you currently experience any chronic pain?"
- ▶ Add in compelling statistics to establish relevance and clout. Refer when possible to other patients or community members who might bring authenticity to your practice. And tell success stories about your patients that might relate to the current conversation. (Maintaining patient confidentiality, of course.)
- ▶ Avoid jargon, acronyms, or industry-specific terms to make sure your pitch appeals to a broad audience.
- ▶ Practice, practice, practice. You must be comfortable with yourself and what you can offer if you expect others to be comfortable as well. Pitch to your friends and family members first and ask for constructive feedback.

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Connect with confidence

How to effectively craft your story and make it relevant.

BY JOHN BENNETT, DC

IMAGINE IT: YOU STEP INTO THE SPOTLIGHT AND FEEL A BUZZ FROM the crowd. You focus your mind in preparation for the words to flow. You begin to speak with obvious confidence. You finish and applause fills the room. Afterward, you mingle with your audience, answer thought-provoking questions, and pose for a quick photo or two to post to social media. People tell you how much your message resonated with them and how they feel it has the potential to change their lives.

Isn't that every public speaker's dream?

Before you can share in the glitz and glamour that a tenured, well-established speaker commands, you have to start by working in the trenches. One of the

best ways to do this and amplify your game is to become proficient at telling your story.

5 ways to connect

You cannot succeed in life without communicating effectively. It's not enough to work hard. It's not enough to do a great job. To be successful, learn how to really communicate with others.¹ Consider the five connecting principles that leadership trainer and best-selling author John Maxwell shares in his book, *Everyone Communicates, Few Connect: What the Most Effective People Do Differently*. According to Maxwell, connecting

1. Increases your influence in every situation,

2. Is all about others,
3. Goes beyond words,
4. Always requires energy, and
5. Is more skill than natural talent.

To connect with your audience, focus on sharing the experiences of your life through storytelling. Sitting around a campfire and listening to people speak isn't much different from sitting around in offices, university classrooms, and at conferences. People love to listen, and they want to feel and understand your story. It's a powerful medium to carry your message.

Storytelling in healthcare is a valuable and vital skill to refine. It can help you to build relationships, be relevant to your audience, and

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understand your vision and values.

Through a well-crafted story, your audience begins to feel that they know, understand, and trust you. So how can you craft a story that will capture your audience's attention?

Begin at the end

"Leadership requires two things: a vision of the world that does not yet exist and the ability to communicate it," says

Simon Sinek, a leadership author and speaker.

Great stories engage the audience with a purpose and a point. What's yours? This is where you should start. Telling your story is largely introspective, so look at yourself and listen to the lessons you've learned.

Ask yourself such questions as

- ▶ How did you get where you are?
- ▶ What are some of your inspirations?

- ▶ What are the values that lead you through life?
- ▶ What are you offering and how is it different?
- ▶ How do you set yourself apart?
- ▶ How do you describe what you do for a living?
- ▶ Who would your ideal customers, consumers, clients, and audience members be?

Begin by collecting stories that showcase how you behave as a person or leader, and the times you stood for your values. This will bring purpose to your presentation and reveal your vision to the audience.

Your stories help teach and challenge your audience. Developing your storyline becomes easier as you get better at answering the above questions. It's OK to share someone else's story if you're having a difficult time developing your own.

But do attribute it to another person, or qualify that it is a story you've heard. For example, you could tell an audience, "I want to share a story with you that I heard..."

Creating a plan of action or a "goal list" will help you achieve what you want from your speeches. As a speaker, you want to share your knowledge and advice, and desire to bill yourself as someone who is in demand and moving forward.

Perform an honest evaluation on yourself:

Begin with your goals and you can get there faster. Write these goals out; if you think it then you can ink it.

- ▶ Where are you at right now?
- ▶ What are your strengths and opportunities?
- ▶ What are your weaknesses and threats?

Set yourself apart

"In a world where people have a lot of choices, the story may be the deciding factor," says Nick Morgan, a speaking coach and author.

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What makes you stand out?

You have something that makes you different from other people. Recognize and develop your strengths to connect with your audience. Use them to tell your story. Take into account how others may view those strengths when interacting with you.

Focus on sharing your strengths through storytelling. Consider using different storytelling structures:

Figure out your mono-myth. A classic storytelling structure, this is your hero's journey. Use it to explain what has brought you to the wisdom you want to share.

A story within a story. Nested loops place your most important story at the center of your message and use other stories to elaborate or explain that core idea.

Map out your presentation with spark lines. With spark lines you can contrast the ordinary world with an ideal, improved version. You compare what is with what could be. Martin Luther King's "I have a dream" speech is a great example.

Start with the action. Using a technique called *in medias res*, you start your story at the most exciting place. Then you start over to explain the beginning and end. It grabs an audience's attention immediately, but it works best for shorter presentations.

Using one of the above-named structures will help you craft your story into a format that will help your audience to understand both your content and its context.

Crafting the story

Once you establish your goals and know how to stand out, it's time to create your content.

Each story has to start somewhere, and it's best to begin with an outline.

First, think of what you're hoping the audience will take away. Don't dive right into the first paragraph without mapping out the story. What are the main points and sub-points you want to hit? What's your story arc? Create your outline based on those points, and then expand it from there.

Technology can deliver visual and audio stimuli that build emotion and engagement into the content you're

presenting. Its purpose is to enhance your presentation. Never use it as a substitute for an engaging message. A great storyteller doesn't need PowerPoint, and PowerPoint won't save a bad storyteller.

One of the most important things to do before a speaking event is to learn about the audience. Stories don't need to be 100-percent rewritten for different audiences; however, you



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should customize at least 10 to 20 percent of your presentation to reflect the nature of each particular group you address.

Practice, practice, and practice more. To really engage your audience, make them feel emotion when you tell your story. Your goal is not to memorize your content word for word. By the time you've put the work into preparing, you may only need to go through the entire presentation a few times.² If you can practice your presentation six to eight times, you'll likely have it down pat.

Practice to perfection

"Practice doesn't make perfect. Perfect practice makes perfect," said Vince Lombardi, NFL Hall of Fame coach.

Storytelling isn't something that comes easy to everyone, but it is a skill that can be learned and refined. Stories need to be engaging and telling them

takes practice. Once you begin to think about your experiences and how to share them in an interesting way, you'll be well on your way to crafting stories that will keep your audiences and organizers asking for more. 



JOHN BENNETT, DC, is a chiropractor with extensive training in clinical nutrition. He started his clinic, Body Workz Wellness, to serve people by restoring and supporting optimal function and health. He is a frequent keynote speaker and coach of continuing education seminars for doctors and other healthcare professionals. He can be reached through drjohnbennett.com.

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Quick Tip

Benefits of red wine

According to *The Journal of Clinical Nutrition*, red wine is a rich source of digestive probiotics. A small study asked participants to avoid alcohol for two weeks. Then, for the next 20 days, they drank a cup of red wine daily. Following that, they drank non-alcoholic red wine for 20 days. When the subjects drank red wine, either with or without alcohol, they gained a number of advantages, including increased levels of gut probiotics including bifidobacteria, enterococcus, prevotella, and bacteroides.

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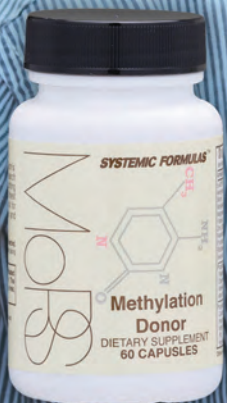
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Evolving knowledge

Recent technology enhances new research on instrument adjusting.

BY ARLAN W. FUHR, DC

TECHNOLOGY GETS BETTER AND BETTER AND, ACCORDINGLY, research continues to evolve.

There was recently an article published in which a scientist stated that 50 years ago, there were 100 scientific truths that were set in stone. Since then, all 100 of them have been disproven.

But that doesn't mean research shouldn't be trusted. It does mean that research methods advance, and that is why it is important to keep up to date on the literature.

Old results

As an example, for many years we thought that our instruments generated a certain amount of force and therefore that was how much force went into the body, based on research conducted in the 1990s. But current thinking shows that the prior data wasn't quite accurate.

Back then, the first mechanical engineer had to start from scratch because no one else was doing this

type of instrument research at the time. He designed a simplified test structure to measure the forces by attaching a force-measuring device to the instrument, and then firing the instrument into a steel beam.

His idea was that a steel beam was consistent in structure and thus the readings would be reproducible. This was correct insofar as the data thereby generated *was* reproducible, but there were some problems because the technology of that period had limitations that have only recently been overcome.

New thoughts

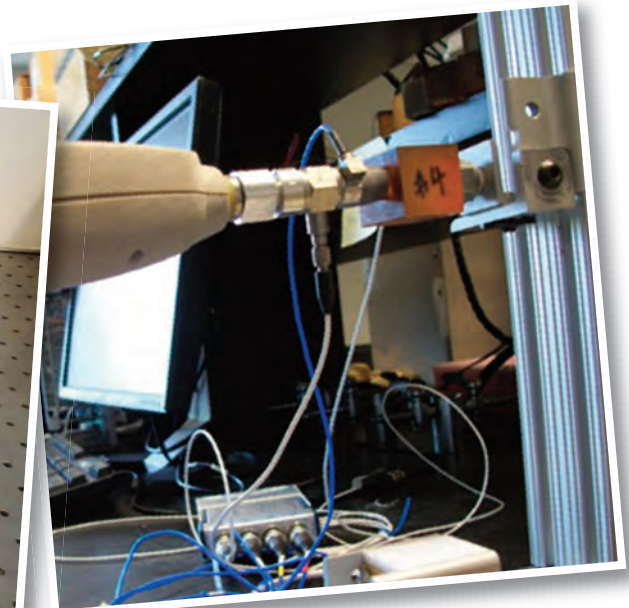
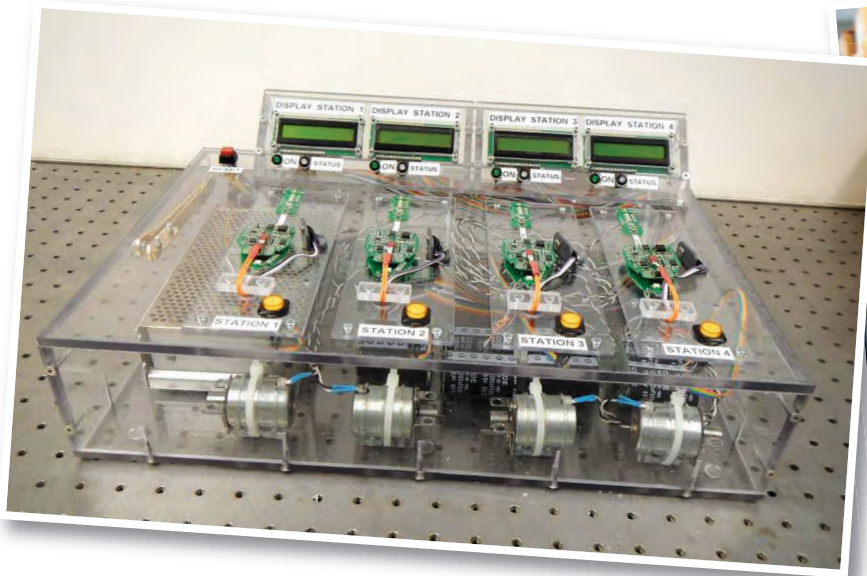
Years later, Michael Liebschner, PhD, another engineer and director of the Bio-Innovations Laboratory at Baylor College of Medicine, reevaluated the earlier research mentioned above in light of how technology has evolved. He took one look at the test setup and determined that the forces measured earlier were incorrect for two reasons: First, the steel beam was nothing like

biological tissue; therefore it was poor test material. Second, the force-measuring device needed to be attached *behind* the testing material to measure how much force was actually being transmitted into the body.

With his ongoing research at Baylor, Liebschner was already testing and measuring forces put into the body. He had access to improved technology, including a new testing material made from homogenous polymer blocks. These blocks, called tissue analogs, more accurately mimic the pliability of biological tissue than the steel beam used previously.

Liebschner designed a new testing setup that more accurately measures the force transmitted into the body.¹ He did this by placing one force measuring device on the instrument itself, and a second measuring device behind the test material (see picture).

He also used several different tissue analogs as testing material to represent both flexible and rigid human spines.¹ As you can surmise, better technology



Better technology and research methods allow for more accurate measurements of the force of adjusting instruments.

and research methods allow for more accurate measurements of the force of adjusting instruments.

Continued innovation


Another example of technology getting better and research methods evolving recently came out of the Palmer Center for Chiropractic Research. Joel Pickar, DC, PhD; William Reed, DC, PhD; and their colleagues have developed a way to measure the neural responses to different preloaded forces during a manipulation.

Their first hypothesis was that increasing the preload force magnitude would increase the neural response. However, they found that was not supported. Instead, a smaller preload force unexpectedly evoked a

significantly greater neural response than a larger one. Now, with better technology and research methods, there are answers as to why. That's what makes better technology so promising in this area of research.

Interestingly, this finding regarding preload force applies to both manual-thrust and instrument-assisted manipulation. In fact, in the article, the authors conclude that, "Preload characteristics should be taken into consideration when judging this intervention's therapeutic benefit in both clinical efficacy studies and in clinical practice."²

In the clinical world, chiropractors all want definite answers, but you must remember that research and scientific instrumentation are always evolving.

Watch for trends in the literature and let good research inform your clinical decision-making. 



ARLAN W. FUHR, DC, is the co-founder and CEO of Activator Methods International. A practitioner and researcher for more than 40 years, Fuhr is widely acknowledged for bringing instrument adjusting to the chiropractic profession. He can be contacted through activator.com.

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Uncommon knowledge

Debunking 6 common investing myths.

BY WILLIAM J. LYNOTT

Americans have been investing in stocks for more than 200 years, and some of the stubborn investing myths of today probably go back that far. Given all those years to learn our lessons, one would think that the costliest investing myths have long since been put to rest. Unfortunately, human nature being what it is, many of them are still hanging around to make life difficult for the unwary.

The following six lurking investing myths could put a major dent in your portfolio.

1. It's easier for a low-price stock to double in value. On the surface, it makes sense. A stock that is selling for \$50 would have to gain \$50 in order to double in value, while a stock selling for \$2 only needs to gain \$2 to double in value. Perhaps this over-simplified arithmetic explains why so-called penny stocks lure many unsuspecting investors.

In truth, investors have to believe an entire company is worth twice as much as its current value in order for a stock's price to double. A stock selling for \$2 or less is trading that low because most investors sense a lot of risk and aren't willing to pay more.

Also, stocks selling that low usually aren't listed on stock exchanges, making it difficult to obtain reliable information about the company.

2. Past performance is a good indicator of future results.

Debunking this myth should be easy—the evidence is everywhere. You won't have to look hard to find a mutual fund or an individual stock that performed beautifully two years ago, only to fall off miserably last year.

That's not to say an investment that has performed well in the past won't continue to do so; it very well may. However, any investment is influenced by changing conditions and other

factors will affect future performance. Good performance in the past may be a good place to start, but sticking with sound fundamentals and good research is still the best (though far from perfect) predictor of future results.

3. What goes down must go back up (with apologies to Newton).

Back in elementary school you learned Isaac Newton's summary of his gravitational law: "What goes up must come down." Perhaps that's why some investors assume a reverse relationship of that law in the world of investing. If such a relationship existed, a stock trading at or near its 52-week low would present an unbeatable profit opportunity. Usually, though, it will not rebound.

When the market relentlessly beats a stock price down to abysmal lows, there's something going on that may not be visible at first glance. Unless careful research tells you that the cause

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for that company's troubles has been or is about to be resolved, it's best that you look elsewhere for your next buy.

The most dependable investing goal is to buy good companies at reasonable prices. Buying companies solely because their market price has fallen is a losing philosophy.

But don't confuse that mistake with value investing, which is buying high-quality companies that currently are undervalued by the market.

4. Paper losses don't matter. When a stock's price falls below what you paid for it, it's easy to fall prey to the myth that paper losses don't matter. The rationalization is that because you haven't sold the stock, you haven't lost anything. That's not true.

Stocks are liquid assets that can be sold quickly and are traded throughout the day at changing prices. In short, a stock is only worth its current trading value.

So, when a stock falls below what you paid for it, you have lost purchasing power. If you paid \$10,000 for a stock and it falls by 20 percent, your \$10,000 investment is now worth only \$8,000. You now have 20 percent less to spend or invest elsewhere than you had before.

This is not to suggest that you should sell a stock whenever its price drops. Stock prices rise and fall and some of your stock prices are bound to fall. What it does mean is that you should never hold on to a stock solely for the purpose of trying to break even. Instead, use the opportunity to take another look at the company's prospects and its fundamentals.

Ask yourself if you would buy the stock now. Your answer should help you to decide whether to hold on to the stock or sell it.


5. If everyone is buying a hot investment, you should jump on the bandwagon too. The "follow-the-

herd" mentality is one of the biggest mistakes made by amateur investors. By the time you hear about a red-hot company, its best days as an investment are probably behind it. Prices may have soared thanks to the hype, but by the time you hear about it, it's time for reality to set in.

Don't be like the mythological lemmings following the crowd off a cliff.

6. Beating the market is easy when you know how. Chances are you've received more than one direct-mail promotion from someone who will tell you how to beat the market if only you'll subscribe to their newsletter. Forget it. Remind yourself that if someone really did have a secret formula for beating the market they wouldn't be earning a living selling newsletters. They would keep the secret all to themselves and retire to a sunny locale while the dollars roll in.

The language in those promotions will be skillful and persuasive, and many gullible people will succumb to the temptation. Don't be one of them yourself.

These half-dozen myths are only a fraction of the many other financial fairy tales out there. Remember that while most of the myths sound compelling, and even logical, they aren't. 



WILLIAM J. LYNOTT is a freelance writer whose work appears regularly in leading trade publications and newspapers as well as consumer magazines including *Reader's Digest* and *Family Circle*. He can be reached at lynott@verizon.net or through blynott.com.

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All hands on deck

Phase 2 HIPAA audits are here — are you ready?

BY GENE FRY

ALMOST TWO YEARS HAVE PASSED SINCE THE U.S. Department of Health and Human Services' (HHS) Office for Civil Rights (OCR) first announced that Phase 2 HIPAA audits would be happening, and for those who have been selected as part of the audit process, the wait is almost over. It is vital to understand the purpose of the Phase 2 audits, how they differ with respect to the Phase 1 (pilot) audits, and what key steps your practice should be taking in way of preparation.

Associated risks

Unlike the Phase 1 audits that were completed in 2011 and 2012, which focused solely on covered entities, the Phase 2 audits will also assess the *business associates* of those covered

entities. HIPAA defines a business associate as “a person or entity that performs certain functions or activities that involve the use or disclosure of protected health information on behalf of, or provides services to, a covered entity”; these include—but are not limited to—accountants, health plan providers, and medical supply companies.

Furthermore, the Phase 2 audits will focus largely on the high-risk problem areas identified by the Phase 1 audits, which include the following:

- ▶ Risk analysis and risk management
- ▶ Content and timelines of breach notifications
- ▶ Notice of privacy practices
- ▶ Individual access
- ▶ Privacy standards reasonable safeguards requirement

- ▶ Training on HIPAA policies and breach notification procedures
- ▶ Device and media controls
- ▶ PHI transmission security

Preparing for examination

If you are one of the 224 covered entities who have been selected as part of the Phase 2 audits, here are five things you can do to prepare.

1. Compile details of your organization's HIPAA compliance program. It is essential that your organization maintains and operates a comprehensive HIPAA compliance program that addresses the HIPAA privacy, security, and breach notification rules. HIPAA compliance should not be a one-time project, and the OCR will be looking for evidence of an ongoing compliance

It is essential that your organization maintains and operates a comprehensive HIPAA compliance program.

program, including proof that policies are reviewed periodically, by way of dated documentation.

2. Provide proof of a current risk assessment analysis. Ensure a thorough security risk assessment is undertaken by your organization and that a risk management plan exists, including details regarding any security deficiencies, ranked in order of priority.

HHS states: "The administrative safeguard provisions in the Security Rule require covered entities to perform risk analysis as part of their security management processes." And: "Risk analysis should be an ongoing process, in which a covered entity regularly reviews its records to track

access to e-PHI and detect security incidents, periodically evaluates the effectiveness of security measures put in place, and regularly reevaluates potential risks to e-PHI."

If you need help conducting a risk assessment, the Office of the National Coordinator (ONC) for Health Information Technology, in collaboration with the OCR and the HHS Office of the General Counsel (OGC) has developed a tool to help guide you through the process.¹

3. Make a list of all business associates. It should be expected that the OCR will request a list of all business associates, and their corresponding signed agreements. So you should have this

information, as well as the services they provide and their contact information, documented in advance.

4. Train your staff on their responsibilities. HIPAA compliance starts with people: Your organization should operate and document a robust training policy that aims at educating all staff members on the HIPAA security and privacy rules, as well as the procedures they should follow in event of a potential data breach.

In addition to having your staff trained, you should appoint someone within the organization whose responsibility it is to collect all necessary documentation and act as the primary point of contact for the OCR. Entities selected for auditing will have just two weeks to respond to the OCR's request, so it is crucial that the response lands on the right person's desk and it is acted upon immediately.

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5. Provide exact documentation. The Phase 2 audits will primarily be “desk audits” that focus on documents only, meaning there will be no room for verbal clarification. This makes the need for proper documentation particularly important. Once documents are submitted to the OCR, there is no going back; anything that is put forward must comprehensively demonstrate your organization's commitment to

HIPAA compliance per the audit requirements.


Conversely, you should avoid oversharing any documentation that hasn't specifically been requested. Any issues identified in extraneous documentation will also be noted and acted upon, so by providing more information than requested you could be putting your organization under unnecessary scrutiny.


The danger of noncompliance

The implications of failing an audit are one thing, but the real-world consequences associated with noncompliance can be far more significant. A data breach can result in civil penalties, which are enforced by the OCR and vary from \$100 to \$1.5 million, as well as criminal penalties, which are enforced by the U.S. Department of Justice and can, in severe cases, lead to imprisonment.

There are also reputational consequences to consider; how might a data breach at your organization affect business if it went public? These are worrying thoughts, but serve as a stark reminder of just how crucial it is to ensure your organization is HIPAA compliant.

Bottom line

Findings from the Phase 1 audits pointed to the HIPAA Security Rule as the biggest problem area, and in most cases, this was due to the entity being unaware of the requirements surrounding this rule.² The bottom line is: Ignorance of the law is not a viable defense, so in order to ensure a successful audit and ultimately minimize the risk of a data breach within your organization, ensure you have a solid understanding of the HIPAA rules. 

 **GENE FRY** has been the compliance officer and vice president of technology at Scrypt since 2001 and has 25 years of IT experience working in industries such as healthcare and for companies in the U.S. and abroad. He is a Certified HIPAA Professional (CHP) through the Management and Strategy Institute, and he is certified in HIPAA privacy and security. He can be contacted through scrypt.com.

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It's time to meet MACRA

Medicare's Quality Payment Program has arrived.

BY SCOTT MUNSTERMAN, DC

FOR YEARS YOU HAVE BEEN HEARING OF PAY FOR PERFORMANCE, reimbursement based on outcomes, value-based reimbursement, and similar frameworks. However, in April 2015, President Obama signed into law the Medicare Access and CHIP Reauthorization Act (MACRA).

This act amends Title XVIII of the Social Security Act to repeal the Medicare sustainable growth rate, strengthen Medicare access by improving physician payments, and make other improvements such as reauthorizing the Children's Health Insurance Program (CHIP). While the MACRA law sets a framework for payment reform, the Centers for Medicare and Medicaid Services (CMS) is currently writing regulations to fill in the details. A final ruling will be released later this year.

Now called the Quality Payment Program, within the MACRA law there are two different payment options: one is the Merit-Based Incentive Payment System (MIPS) and the other is the Alternative Payment Model (APM). This is the blueprint for two options of pay for performance by Medicare. If you are not involved in an APM, then you will by default be subject to the requirements of the MIPS program, unless you meet the "low-volume threshold" (to be further defined) or are in your first year of seeing Medicare beneficiaries.

Making sense of MIPS

MIPS is a federal quality program that combines three quality incentive payment programs, the Physician Quality Reporting System (PQRS), Value-Based Payment Modifier

(VBPM), and Meaningful Use (MU) of Certified Electronic Health Records Technology (CEHRT), into a single quality incentive payment program. The current incentive programs will be combined and a composite threshold performance score (scale of 0 to 100) established aimed at informing providers of the levels of reimbursement based on four key performance measures: Advancing Care Information (formerly Meaningful Use), Quality (formerly Physician Quality Reporting System—PQRS), Resource Use (formerly Value-based Payment Modifier—VBPM) and a new category called Clinical Practice Improvement Activities (CPIAs). This new performance area focuses on what you are doing in your practice to improve your care. There are 90 activities that have been identified and providers are given



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an opportunity to select those that are most appropriate for the services they provide. Note that the law allows certified patient-centered medical homes (PCMHs) and, more recently, patient-centered specialty practices to receive pre-validation for all 15 points assigned in the CPIA category.

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Those who score above the performance threshold may receive up to three times the standard payment adjustment, depending on their score. Physicians with scores in the top 25 percent may also be eligible for an additional payment adjustment of up to 10 percent between 2019 and 2024 for exceptional performance.

Upward or downward payment adjustments will be made on individual claims. But MIPS has to be budget-neutral, so CMS will pay for all of the positive payment adjustments with money it gains from negative payment adjustments.

The alternative payment model

By March 3, 2016, HHS had already met its 2016 goal of moving 30 percent of Medicare payments into alternative payment models. Medicare's goal is to have 85 percent of their payments tied to quality and value by 2016. An APM is defined in the MACRA law as including any of the following: A model under section 1115A (other than a healthcare innovation award), the shared savings program under section 1899, a demonstration under section 1866C, or a demonstration required by federal law.

There are a number of requirements


to qualify as an APM entity, such as:

1. Use quality measures comparable to MIPS,
2. Use a certified electronic health record (EHR) system,
3. Bear financial risk for monetary losses under an alternative payment model that are in excess of a nominal amount, or
4. Be in a medical home expanded under 1115A(c).

Current qualified APMs that meet these requirements are the Medicare Shared Savings Program Accountable Care Organization, a medical home model expanded under the Center for Medicare and Medicaid Innovation (CMMI), a project under the Medicare Healthcare Quality Demonstration program, or a demonstration required by federal law.

If you meet the APM requirements you will receive a 5 percent lump-sum bonus annually between 2019 and 2024, based on your Medicare Part B claims payments. If you qualify as an APM participant, you will not be subject to MIPS bonuses and penalties.

A new playing field

The time is now to understand the new payment environment that is quickly approaching. Rules emerging in 2016 are setting the stage for the MIPS program going into effect January 2017. The final rule is scheduled for release by November of 2016. The more you prepare for these changes in advance, the better you will be positioned to take advantage of them. 



SCOTT MUNSTERMAN, DC, FICC, is founder and CEO of Best Practices Academy (BPA) and is an expert on the transforming model of healthcare delivery with

a commitment to the promotion and advancement of the chiropractic profession. BPA assists chiropractic physicians to focus on growth, risk management, technology, and quality improvement. Munsterman can be contacted through bestpracticesacademy.com.

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For additional information, please contact Sherry McAllister, DC, executive vice president, F4CP at dr.mcallister@f4cp.com.


As of June 30th, 2016, the following State Associations and Vendors have enrolled in F4CP Group Membership:

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Slowing the hands of time

A wellness-aging practice isn't for everyone, but it could be right for you.

BY MARC H. SENCER, MD

ARE YOU FED UP WITH THE TREND TOWARD LOWER INSURANCE reimbursements? Tired of waiting weeks or months to get paid for your services? There are alternatives. One strong option is to offer wellness-aging (sometimes called “anti-aging”) services with point-of-service payments.

Wellness-aging is a good choice from a business standpoint for several reasons:

1. The field is broad and encompasses a number of disciplines with an opportunity to add many new procedures to your office.
2. These services are not covered by insurance, so all payments are point-of-service payments.
3. Many services work well as packages for which the patient pays up front for the service. For example, you might offer long-acting testosterone pellet therapy. Implanted pellets provide up to six months of testosterone replacement treatment and

the patient pays in advance.

4. There is substantial demand for many of these services, and while in some markets the competition is fierce and growing, the field still offers opportunity for those offering the right mix.

5. You do not have to be present in your office to offer wellness-aging services because most are performed by physician extenders.

Staffing matters

But wellness-aging medicine is not for every practice. You will definitely need to have an MD onboard, either in a supervisory role or providing direct patient care, depending on the procedure and the rules in your state that pertain to services performed by non-physicians such as nurse practitioners, medical assistants, and estheticians.

The patient demographic is important, too; wellness-aging services are not cheap nor are they covered by insurance. You need to have a popula-

tion who can afford what you are offering. Middle- to upper-income patients will not go to an office in a downscale location. You will be far more likely to succeed if you start a practice from scratch in the right place.

For this type of practice, first impressions are probably more important than for other types. Start with the building: Is parking convenient? Is valet parking available? Are the valets polite and helpful? The building itself should be in good repair and preferably be a high-end professional facility. The landscaping should be well-kept. Even before a patient steps foot in your office, he or she should already have a good first impression of your practice.

Accordingly, your office should reflect the professionalism of your practice, as should your staff. For aesthetic practices, you will have to go even further. Granite countertops and water features are not unusual for this type of establishment. Go online and

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visit some of these medical spas and plastic surgery practices or go in person to get an idea of what your office should look like.

The right mix

Wellness-aging medicine is broadly defined and can include any procedure or discipline that seeks to slow, stop, or reverse the aging process. This can involve treating internal processes, such as food allergies, sexual dysfunction, and hormonal changes. Or it can apply to external processes, such as wrinkling of the skin, sagging of the breasts, etc.

Hormone balancing is an important component of wellness-aging medicine. If hormone levels in the thyroid or adrenal glands are incorrect, then it will be impossible to slow or reverse the aging process. Testosterone therapy for men is a big part of the business of hormone replacement.

Implantable pellets for long-term use are convenient for patients, less unpleasant than injections, and profitable for the practice. The same is true for women who may have an estrogen imbalance.

Most doctors can learn to do these procedures by observing a few. Courses are available online and through live seminars. Different states have different rules regarding dispensing and storing testosterone, which is a Schedule II controlled substance. Be sure to check with the appropriate authorities before initiating treatment with testosterone.

Human growth hormone (HGH) replacement therapy is controversial because it is considered a controlled substance and is only to be used if there is a true deficiency. Wellness-aging doctors contend that this is not correct and, as with testosterone, it is good practice to aim for HGH levels that would be normal for a younger person.

If you are planning to incorporate HGH therapy, be sure to speak with a knowledgeable attorney to see if that is a viable option. There are substances called secretagogues that stimulate the pituitary to produce HGH. Not only are they legal but anecdotal evidence supports their use. Probably the best known of these is Sermorelin.

Nutrition is a substantial component of this type of practice. Treatment begins with extensive testing of nutrients and micronutrients to determine if there are imbalances or deficiencies. Should there be any, these are corrected with supplements. Treatment progress is monitored by repeat testing. Nutritional supplementation is one part of the whole-body wellness approach to aging that seeks to return one to a more youthful state of health.

Nutrition is a profitable add-on to any practice. The profit centers are the testing and the sale of supplements. As with most wellness-aging modalities, you do not have to be



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present in the office when these procedures are being done.

Many chiropractors, however, are experts at treating nutritional imbalances and enjoy this type of practice tremendously. If this is the case, you can order and interpret the tests and follow the patients through the treatment instead of delegating these functions.

Food-allergy testing is an important


part of nutrition. If patients are constantly bombarding an overtaxed immune system with substances they are allergic to, they will never achieve the optimum levels of energy, even after correcting any hormonal imbalances.

Blood tests are available for testing food allergies. These tests can also be used to follow treatment progress.

Allergy testing represents another

significant profit center that you can add to your practice.

While the above treatments can make patients feel better, wellness-aging treatments can also address patients who wish to look younger, too. These types of treatments include facials and peels, skin tightening, microdermabrasion, varicose and spider-vein removal, Botox and skin fillers to eliminate wrinkles, phototherapy, and others. These are extremely profitable and can be incorporated with or without med-spa facilities. It is important to check with the appropriate boards as different states have different requirements as to who may perform these procedures and what levels of supervision are required.

Wellness-aging medicine offers a tremendous opportunity for you to add cash-based services to your practice and reduce your exposure to the whims of third-party payers. 



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 mdsfordcs.com.

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Test yourself

Test your knowledge of wellness-aging practices with this true and false quiz.

1. It is difficult to sell wellness-aging services in packages.
2. Patients pay for several months of testosterone-pellet therapy in advance.
3. You will need an MD to offer most wellness-aging procedures, even if you use physician extenders.
4. Sermorelin is a controlled substance.

Answers: Nos. 2 and 3 are true. Nos. 1 and 4 are false. Anti-aging services are typically sold in packages. Unlike HGH, Sermorelin is not a controlled substance.

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You can't make this stuff up

COMPILED BY MICHELE WOJCIECHOWSKI

Dear readers,

Your work as a doctor involves interacting with people all day, and as much as you steer the conversation toward clinical concerns, sometimes there's no controlling the moments of pure, unpredictable humanity. We've compiled some of those instances here for your reading pleasure. But if you want the good times to keep on rolling, then we'll need some help from you. Contact Michele Wojciechowski at mwojowrites@comcast.net to share your hilarious story from the field. — eds.

Laugh it off

An elderly lady (with a great sense of humor) I've seen intermittently for a decade was lying down prone for her treatment, and she realized her pants were a little low. As she reached to pull up her pants a bit, she said, "You probably don't want to see any crack today."

I instantly replied, "I've been a chiropractor for 14 years; I've seen more crack than a drug dealer."

We both started laughing so hard we ended up crying, and we continued to chuckle throughout the treatment. Even as she left, I could hear her giggling as she checked out at the front desk.

Makes me smile every time I think about it.

— T.J.S., DC

A hairy situation

I was adjusting the lower neck of an older woman whom I'd seen many times prior. She was lying face down, and as I delivered a short sweet thrust,

her wig flew off into the corner of the room.

I let out a shriek, as it seemed for a split second that it was her head. I realized quickly what had actually happened, as she was laughing hysterically.

Turns out, she had deliberately loosened the wig, just hoping that this would happen. I had no idea that was not her hair. While it wasn't exactly funny to me then, today I find it hilarious.

— B.D., DC, CCSP

Inhale!

I treat two male patients, we'll call them Bobby and Jeff, who are friends and both paraplegics. As best friends, they tease each other mercilessly. They usually come in at the same time to get adjusted, and I adjust one while the other gets electric stimulation. Being paraplegics, both have no motor control nor feeling from the waist down.

As Bobby was lying face down on my adjusting table, I told him to inhale deeply as I got ready to adjust him. As he took a deep breath in, he had outward, loud gas.

We all laughed, and Jeff exclaimed, "She said, *inhale*, dammit! *Inhale!*"

— J.H., DC

The present

A fairly shy patient of mine came in one afternoon, and from the time she walked in, I knew something was up. She was in obvious discomfort, so I asked her what had occurred to get her this way.



"It was my birthday yesterday," she began. "My husband and I were going to, um, have relations."

She began to blush. "I really wanted to enjoy myself," she said.

After a heavy sigh, she finished her story: "And so here I am ..."

— B.L., DC

Not quite Chanel No. 5

I had an elderly patient with an ear infection. I told her to try some oil of garlic for its antiseptic properties.

The next week, she came back, and I asked her how the garlic had worked.

"I put that garlic in my ears and that night I went dancing," she said. "The first guy I danced with started to nibble on my ear and got a whiff of the garlic and asked what that smell was. I told him what my chiropractor had me doing. He told three of his buddies—and they all wanted to dance with me just to see if it was true.

"I got rid of my ear infection, and they all got rid of their sinus problems."

You can't make this stuff up!

— A.U., DC

MICHELE WOJCIECHOWSKI is author of the award-winning humor book *Next Time I Move, They'll Carry Me Out in a Box*.

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Patients for life

BY TODD G. SINGLETON, DC

IF YOU'RE NEW TO THE FIELD OF CHIROPRACTIC—WHETHER AS A student, a recent graduate, or a doctor in your first few years of practice—you probably haven't figured out all of the ins and outs of practice success. That's OK. It can take a little trial and error to master the right systems and build a practice to be proud of.

As you're getting started, you'll put a lot of effort into attracting new patients and increasing traffic to your office. However, if you're like most doctors, you probably haven't put a lot of thought into retaining patients after they finish their initial care in your office. And that's a big mistake.

If you learn how to incorporate maintenance programs and systems, you'll find that your most loyal customers provide you with your largest source of income. So you need to learn how to retain these patients for life.

A good first impression

Your reception area is the first and last area your patients see when they visit your practice. Many of your patients' opinions about you and your service are formed while they're waiting in this room, so make every impression count.

Ensure that your reception area is clean and welcoming. When a patient first walks in, they should receive a friendly and genuine acknowledgement from a staff member. To entertain patients while they wait, you can provide a selection of educational

reading materials, such as articles, current editions of relevant magazines, and brochures.

A personalized experience

In every interaction with a patient, refer to them by name. Try using the "rule of twos," so that every team member tries to say each patient's name at least twice during each visit. Studies show that endorphins are released when someone hears their name; if you have four staff members, a patient will hear their name eight times. This can enhance each patient's visit.

Beyond this basic rule, also try to remember important details about your patients (about their lives, goals, and dreams). When you bring these details up later on, it helps to solidify your relationship.

A focus on education

If you haven't created flyers or brochures that promote your products and services, you're missing out on an incredible opportunity to boost sales. When you display flyers and brochures, your patients can peruse them to learn more about what you do.

At a minimum, you should have one brochure that outlines who you are as a practice and what services you have to offer. Beyond this basic information, you can also create specialized brochures and flyers that promote individual services you provide, such as laser therapy, nutrition counseling, or custom shoe orthotics.

A monthly newsletter

One of the most important ways that you can strengthen your bond with patients is through a monthly email newsletter. Through this outlet, you can provide information about the treatments available in your practice, make special announcements, offer limited-time promotions, and engage your patients with informative articles.

Make sure your content is enjoyable and creative. You can always add recipes, puzzles, testimonials, or other features that your patients will look forward to each month. If you send this newsletter out to all of your patients, you'll help to cultivate these relationships and set yourself up as an authority in the world of natural health.

A maintenance model

As you go out into the world as a chiropractor, you'll find that just about every doctor devotes resources (especially their time) on finding brand-new patients. However, few doctors devote the same amount of resources to starting patients on a maintenance program—which is a big mistake, because maintenance programs bring in far more income in the long run.

In light of how vital this is, regularly schedule your patients for consultations where you'll discuss their maintenance options. Though a maintenance plan can include just about anything—treatments, supplements, one-on-one consultations—and can involve different

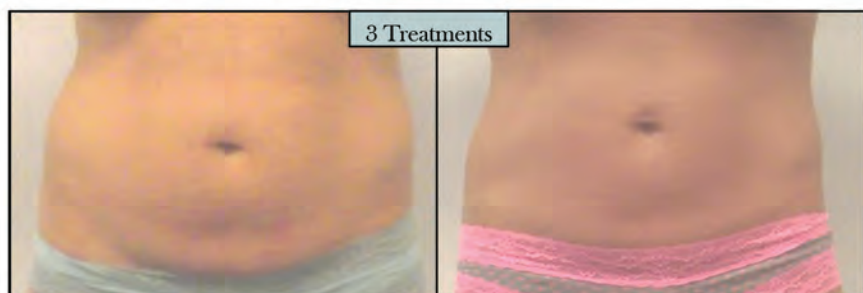
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tiers of service, the most important thing is that you take it seriously.

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Your goal should be to serve as each patient's primary care provider. If you're doing this right, your patients won't just turn to you to resolve acute conditions, but they'll turn to you for help with general wellness in all areas of their life.

If you implement the tips outlined above, you'll find yourself with a loyal group of repeat customers who keep coming back again and again. 



TODD G. SINGLETON, DC, is an author, speaker, and consultant in practice for more than 25 years.

He has an all-cash nutrition practice in Utah specializing in weight loss, neuropathy, spinal decompression, knee pain, and other nutritional deficiencies. He teaches fellow chiropractors how to add these modalities to their practices. He can be contacted at 801-903-7141 or through singletonsystems.com

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Cluster booking is the booking of appointments *within* these blocked areas. It's like a magnet, attracting each appointment to one already there. So, if the DC adjusts three clients in 15 minutes, the CA schedules three adjustments at 10 a.m. before scheduling adjustments at 9:45 a.m. or 10:15 a.m.

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Sept. 10-11	Shoulder Assessment and Treatment Level 1	Toronto, ON	Trigenics Institute	416-481-1936
Sept. 10-11	Posture, Balance, and Motion	Portland, OR	BodyZone LLC	770-922-0700
Sept. 10-11	Case Management for Motor Vehicle Injuries	Phoenix	American Academy of Motor Vehicle Injuries	480-664-6644
Sept. 17-18	Cox Seminar - Cervical Spine Certification Course	Chicago	Cox Technic	260-637-6609
Sept. 22	The Secrets of Shin Splints Webinar	Online	Foot Levelers	800-553-4860
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. 24-25	Fall 2016 Activator Seminar	Minneapolis	Activator	800-598-0224
Sept. 24-25	Fall 2016 Activator Seminar	Seattle	Activator	800-598-0224
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. 1-2	Fall 2016 Activator Seminar	San Jose, CA	Activator	800-598-0224
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Oct. 7-9	Strengthening Posture for Rehab, Wellness, and Active Aging	Anchorage, AK	BodyZone LLC	770-922-0700
Oct. 7-9	Chiro-X-Travaganza	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. 15-16	Fall 2016 Activator Seminar	St. Louis	Activator	800-598-0224
Oct. 20	Acute, Chronic, and Never Before Injured High School Athlete Webinar	Online	Foot Levelers	800-553-4860
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. 22-23	RTP Course Knee and Hip Level 1	Toronto, ON	Trigenics Institute	416-481-1936
Oct. 22-23	Fall 2016 Activator Seminar	Atlanta	Activator	800-598-0224
Oct. 22-23	Fall 2016 Activator Seminar	Newark, NJ	Activator	800-598-0224
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. 3	Chronic Pain Syndrome: What Can Chiropractic Do to Help Webinar	Online	Foot Levelers	800-553-4860
Nov. 4-5	CEAS I: Ergonomics Assessment Certification Workshop	Orlando, FL	Back School of Atlanta	800-783-7536
Nov. 4-6	KST Seminar	Philadelphia	Tedd Koren Seminars	800-537-3001
Nov. 5-6	Fall 2016 Activator Seminar	Boston	Activator	800-598-0224
Nov. 5-6	Fall 2016 Activator Seminar	Chicago	Activator	800-598-0224
Nov. 12-13	Whole Person Permanent Impairment Rating for Motor Vehicle Injuries	Phoenix	American Academy of Motor Vehicle Injuries	480-664-6644

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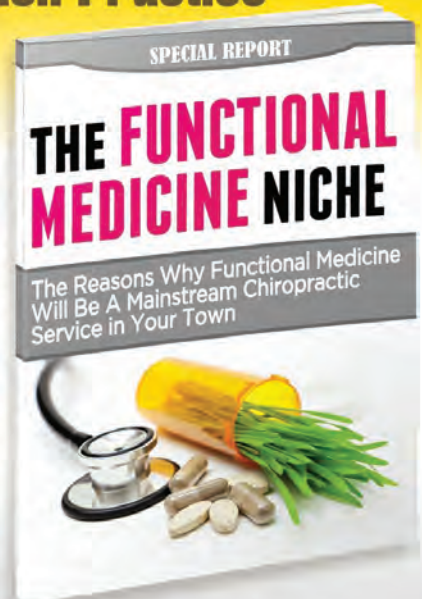
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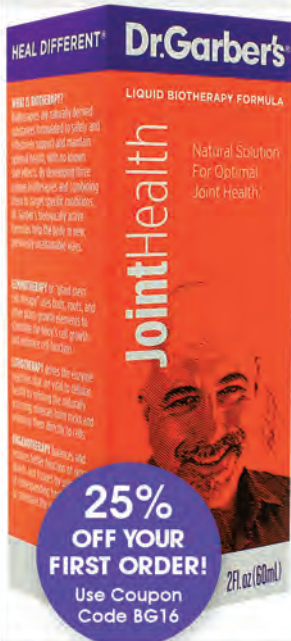
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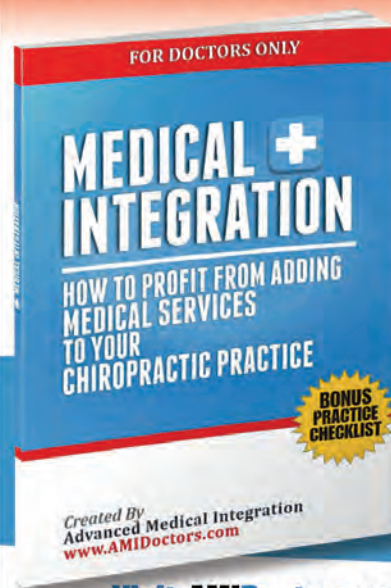
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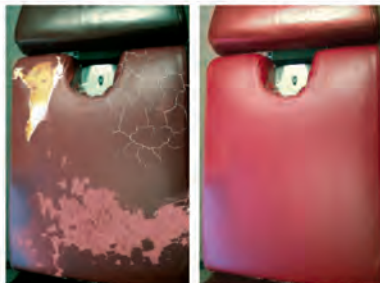


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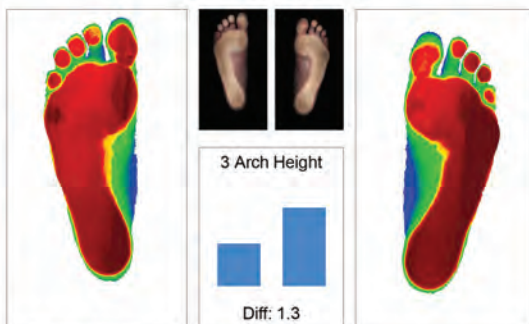

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FREE Practice Building Report

Patient Information		Patient Findings	Results	Optimal
Patient Name:	Frank N. Stein	Pronation/Stability Index	106	0-34
Date of Birth:	1/1/1931	Arch Height Difference	1.3	≤ 1
Examination Date:	3/9/2016	Left to Right Balance	5.7%	<1%
Examiner:	LEVELERS	Recommendation for Orthotics	Required	

Frank N.'s Assessment



Moderate Pronation – Left Foot

Moderate pronation on the left side — the loss of arch height can cause flattening and rolling of the left foot.

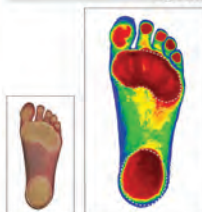
When pronation is more prevalent on the left side it can:

- Travel up your body — affecting other joints like the knee, hip and spine
- Cause your left leg to rotate inward
- Develop stress and discomfort in your knees
- Cause an imbalance in your pelvis and spine

Untreated pronation and the imbalances it can cause, may eventually lead to chronic problems throughout your body. Proper care along with individually designed stabilizing orthotics can help to correct and align your body.



Optimal Readings



Optimal feet should not have pressure outside of the big toe, forefoot and heel zones.

Optimal feet provide a **balanced foundation** which supports proper spinal alignment.



A **properly aligned body** will have balanced symmetrical feet, level knees, pelvis and shoulders.

The contents of this report, such as text, graphics and images, are for informational purposes only. The contents are not intended to replace your health care professional's diagnosis. Go to FootLevelers.com/footscan for more information.

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