

Chiropractic ECONOMICS

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Strengthen your Active Care and Rehab Practice

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Master 5 factors of
a wellness practice
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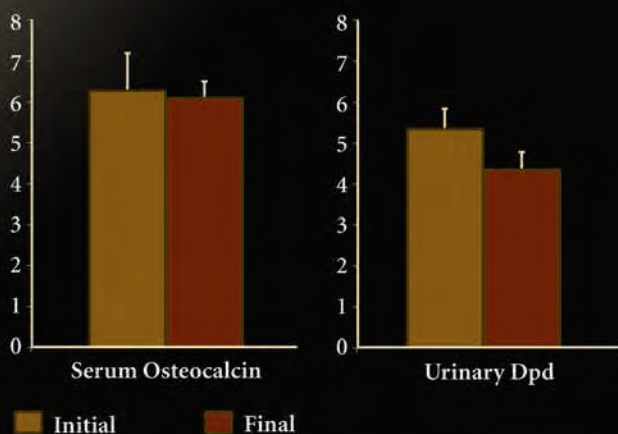
**FREE
X-RAY READS**

By LEE, MD
See page 35

New Research in Bone Regrowth

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Chiropractic ECONOMICS

Chiropractic Economics (ISSN 1087-1985) (USPS 019-178) is published 20 times a year, once every three weeks, by Chiropractic Economics, Inc., 5150 Palm Valley Road, Suite 103, Ponte Vedra Beach, FL 32082, Phone: 904-285-6020, Fax: 904-285-9944, Web contact: www.chiroeco.com (A Florida Corporation).

POSTMASTER: Please send form #3579 to Chiropractic Economics, PO Box 3521, Northbrook, IL 60065-9955. Periodicals class postage paid at Ponte Vedra, Florida and at additional mailing offices. GST #131868416.

Subscription Rates: U.S. and possessions, \$39.95 one year, Canadian subscribers add \$35 per year shipping and handling; overseas subscribers add \$60 per year shipping and handling. Students, \$19.95, Single copy, \$4.

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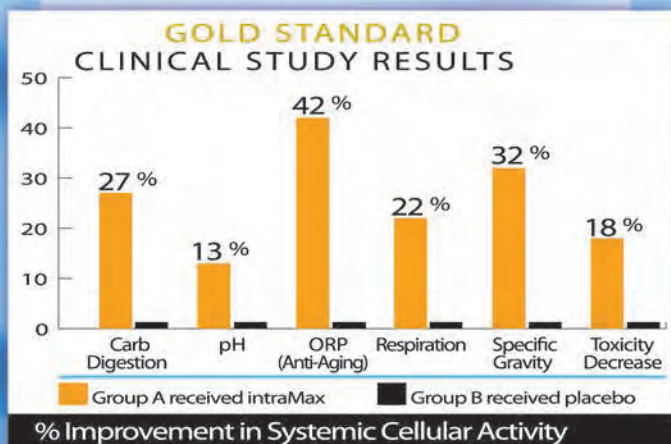
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- Technology and aging population drives growth in medical devices market
- Top 10 ways to develop a pregnancy niche

First Tuesday @ 2 Webinar Series

Chiropractic Economics hosts a free Webinar series on the first Tuesday of each month at 2 p.m. Sign up for our next Webinar or view our archive at www.ChiroEco.com/FirstTuesday

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- Other



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Resources for Canadian DCs

Our Web site section for Canadian DCs features news from schools, organizations, and seminars. The site also includes Canada-specific coding and billing information. Check it out at www.ChiroEco.com/Canada.

Resource Guide and Directory

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

Online Poll

What is the most recent rehabilitation modality you've implemented in your practice?

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

Expert Insights

Blogs by Jean Murray, Perry Nickelston, Michelle Geller-Vino, Kelly Robbins, Kathy Mills Chang, Jasper Sidhu, Paul Varnas, and the *Chiropractic Economics* editorial staff. We have chosen these bloggers from different niches: Practice startup, reimbursement, strategies from the "real world" of chiropractic, and the chiropractic press. We do this to make sure you get the big picture about chiropractic success.



Don't Practice on Your Practice

What you know about hormones can help you to lose weight

By Paul Varnas, DC
www.ChiroEco.com/varnas



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Insurance terms: Have you heard of these?

By K. Jeffrey Miller, DC
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Getting to the core

When eating an apple, you tend to stop once you get to the core.

Whereas in rehabilitation, once you get to the core it's time to keep going — so as to strengthen and develop it.

Our feature story, "Core development" on page 36, discusses how the chiropractic environment is changing with the struggling economy and new ways of doing business. For many, rehab and active care have taken center stage — changing the "core" of chiropractic practice for doctors and patients alike.



Let me know what's on your mind:
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"Motivation, success, and inspiration starts with you" on page 29 shows how you can change your personal "core" through seminars, books, classes, and the like. No matter what the focus — motivational or educational — you can definitely strengthen your core with your pursuit to achieve personal excellence.

In "Improving diagnostic certainty" (page 15), "Mastering 5 factors of a wellness practice" (page 23), and "Maximize your management effectiveness with technology" (page 45), we show you how the core of your practice can also be developed and strengthened when just a few changes make a difference in how your practice runs and operates.

While looking at the overall picture and toward the future is great, getting to the core, or heart of the matter, is what it is all about.

Wishing you success,

Wendy Bautista, Editor

CHIROPRACTIC'S TIMELINE

As part of our celebrating 55 years in the profession, *Chiropractic Economics* will feature a section of the chiropractic historical timeline in each issue leading up to 2009.

- 1981** The *Journal of Manipulative and Physiological Therapies (JMPT)* becomes the first (and still only) chiropractic periodical to be indexed by the National Library of Medicine in *Index Medicus*.
- 1982** Some chiropractors filed a suit against the American Medical Association for its monopoly and campaign over television, radio, and every medium to boycott chiropractic.
- 1987** Federal district Judge Susan Getzendanner rules in favor of DCs in the second trial of *Wilk et al. vs. AMA et al.* Her ruling will be sustained by higher courts.
- 1987** At a World Chiropractic Summit, there was agreement that a Presidents' Committee be formed to enquire into and report upon the formation of a world federation representing national chiropractic associations.
- 1988** The Presidents' Committee reported and the World Federation of Chiropractic was established in Sydney, Australia, Oct. 2, 1988.

Chiropractic ECONOMICS

DEDICATED TO PRACTICE GROWTH AND PROSPERITY SINCE 1954

Volume 55, Number 6

Editorial Director

Stanford Erickson
serickson@chiroeco.com

Editor

Wendy Bautista
wbautista@chiroeco.com

Assistant Editor

Ryan Daley
rdaley@chiroeco.com

Editorial Assistant

Melissa Heyboer
mheyboer@chiroeco.com

Art Director

Christine Wojton
cwojton@chiroeco.com

Vice President, Web Operations/ Audience Development

Manuel Lirio
mlirio@chiroeco.com

Web Developer

Juan Correa
jcorrea@chiroeco.com

Accountant

Joel Thompson
jthompson@chiroeco.com

National Account Executives

Jeff Pruitt, 904-567-1542
jpruitt@chiroeco.com

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

Joel Morris, 904-567-1548
jmorris@chiroeco.com

Charles Zittin, 904-567-1534
czittin@chiroeco.com

Advertising Coordinator

Hustin Wildman, 904-567-1543
hwildman@chiroeco.com

Classifieds Account Executive

Sidney Duncan III, 904-567-1547
sduncan@chiroeco.com

President/CEO

Joseph D. Doyle
jdoyle@chiroeco.com

Vice President, Business Development

Kevin Noonan
knoonan@chiroeco.com

Business & Editorial Offices

5150 Palm Valley Rd., Ste. 103
Ponte Vedra Beach, FL 32082
Phone: 904-285-6020, Fax: 904-285-9944
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TOP NEWS

Federal judge rules in favor of chiropractic in Brazil

On March 3, in the latest step by the Brazilian Chiropractors' Association (ABQ) to defend the chiropractic profession against efforts by the physiotherapy profession to have chiropractic declared a specialty of physiotherapy (PT), Federal Judge Diana Brunstein has ruled strongly in favor of the ABQ.

Chiropractic is a profession not a technique, says Judge Brunstein, and PT authorities should not seek to declare it a specialty of physiotherapy. An appeal by CREFITO, the regulatory body for PT in the State of Sao Paulo, asking to remove an earlier court injunction against CREFITO was denied.

The background to this dispute is that the ABQ, representing less than 400 chiropractors in Brazil, is promoting legislation to regulate the practice of chiropractic. The response of the national regulatory body COFFITO, representing over 90,000 PTs, has been to claim chiropractic is a specialty of PT.

Source: World Federation of Chiropractic, www.wfc.org

F4CP receives unprecedented financial support from chiropractic colleges

The Foundation for Chiropractic Progress (F4CP) announced it has received more than \$127,600 from various chiropractic colleges and universities throughout the United States, Canada, and New Zealand — all members of the Association of Chiropractic Colleges (ACC).

"This support comes not only as a fiscal donation, but also represents the first time that 100 percent of an organization (ACC) and its numerous education institutions are coming together in support of the Foundation," said Kent S. Greenawalt, president of the Foundation.

Every dollar donated to this effort goes directly into the advertising and public relations campaign. This has been made possible by a separate donation by Foot Levelers Inc. to cover overhead costs and by CPR Communications, a public relations firm working pro-bono for the Foundation.

The Foundation has executed the longest, continuous

public relations campaign in the history of the profession. Chiropractors and other professional stakeholders are encouraged to join the Foundation. Pledges and/or contributions to the Foundation can be made at www.f4cp.org or mailed to PO Box 560, Carmichael, CA 95609-0560.

Source: Foundation for Chiropractic Progress, www.F4CP.org

ICPA responds to Nightline

ABC aired a piece on chiropractic care and children titled, "Crack! Kids Head to the Chiropractor," on March 3 where reporter David White interviewed an International Chiropractic Pediatric Association (ICPA) member, Beth Forgosh, DC, and several parents of her patients. He also interviewed Lonnie Zeltzer, MD for her expert opinion on nonallopathic therapies.

According to Dr. Joel Alcantara, ICPA's research director, "Despite the reporting against chiropractic, Forgosh and her patients are to be commended for their honest representation on the benefits and safety of pediatric chiropractic. Despite David White's claim of open mindedness on the part of Zeltzer toward nonallopathic therapies, her comments regarding the safety and effectiveness of pediatric chiropractic are uninformed and demonstrate her ignorance on the topic."

To read Alcantara's entire response, visit www.ChiroEco.com/ICPAresponse.

Source: International Chiropractic Pediatric Association, www.icpa4kids.com



If you would like to view ABC's Nightline program titled "Crack! Kids Head to the Chiropractor," visit www.ChiroEco.com/Nightline.

ACA, NCLAF team to fight BC/BSA policy change

The American Chiropractic Association (ACA), in coordination with the National Chiropractic Legal Action Fund (NCLAF), has initiated an "all fronts" response to the Blue Cross Blue Shield Association's (BC/BSA) Jan. 1 policy change that removed doctors of chiropractic from the classification of "physician" in the Blue Cross Blue Shield Federal Employees Health Benefits Plan (BC/BS FEP).

According to ACA officials, the change in the BC/BS FEP physician status of doctors of chiropractic has potentially devastating effects on the degree to which chiropractic will be included in the final version of any national healthcare reform plan.

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The ACA and NCLAF urge doctors of chiropractic to support the ACA and to contribute to NCLAF in order to provide the resources needed to take on the forces assembled against the profession.

To donate to NCLAF and assist in the efforts to reverse the aforementioned policies, visit www.acatoday.org/nclaf.

Source: American Chiropractic Association, www.acatoday.org

New research journal in chiropractic announced

The *Journal of Pediatric, Maternal & Family Health – Chiropractic* (JPMFH) has been launched to provide a venue and support for the increasing amount of chiropractic research being produced.

With more research being produced the need arises to support the infrastructure that comes along with it and one of those needs involves publication of research findings. *The Journal of Pediatric, Maternal & Family Health – Chiropractic* is expected to help provide a venue for this very important research.

Source: PR.com, www.pr.com

COLLEGE NEWS

Parker opens chiropractic and physical fitness program for seniors only

Parker College of Chiropractic announced plans to establish a Stay Fit Seniors (SFS) facility within the Parker College Wellness Clinics, making Parker the first chiropractic college to embrace this program.

The Stay Fit Seniors program encourages participants to engage in cardiovascular and strength training exercise in a 30-minute, circuit-training format specifically designed for seniors aged 60 and older. SFS addresses the physical, mental, and social aspects of wellness, contributing to overall good health and longevity — with chiropractic care also being an important component.

Founded in 2005, SFS operates in private chiropractic

offices in New York, California, Connecticut, Michigan, Illinois, and Ohio, with plans to open more nationwide.

SFS first gained national attention March 2007 when the 94-year-old legendary fitness icon Jack LaLanne, who graduated from chiropractic school in 1938, endorsed the program.

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

INDUSTRY NEWS

Foot Levelers' Speakers Bureau welcomes 4 chiropractors

Foot Levelers' Educational Division expands the talent and expertise of its Speakers Bureau with the addition of four speakers: Steve Agocs, DC; John Lockenour, DC; Kelle Plotner, DC; and Steve Troyanovich, DC.

Agocs, a 2000 graduate of Palmer College of Chiropractic, currently practices at Kansas City Free Health Clinic — one of the largest multidisciplinary free clinics in the United States.

Lockenour, a 1977 graduate of Palmer College of Chiropractic, is a Diplomate through the American Board of Chiropractic Orthopedists and an assistant professor at Palmer College of Chiropractic Florida.

Plotner started her career as a chiropractor in a chiropractic office as a CA. Learning to manage a home, six kids, chiropractic college, and now finishing up medical school, she has chosen to use her talents by giving back to the chiropractic community.


Troyanovich, a 1987 graduate of Palmer College of Chiropractic, currently serves as a manuscript reviewer for the *Journal of Manipulative and Physiological Therapeutics* and *The Journal of Chiropractic Medicine* and maintains a full-time private practice in Normal, Ill.

Source: Foot Levelers, www.footlevelers.com

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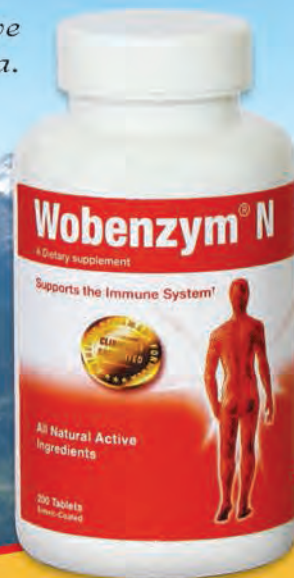



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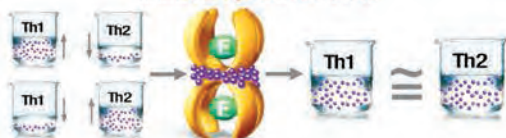
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Improving diagnostic certainty

The key to success in uncertain economic times

By David Marcarian, MA

Perhaps one of the biggest issues facing chiropractic is the ability to objectively establish the need for patient care.

While other professions have many different diagnostic tests to substantiate the need for care, chiropractic has been functioning for the most part at a technological level one would have expected 50 years ago.

Just as patients have come to expect a surgeon to prove the presence of a tumor, you too have to meet or exceed expectations placed on other healthcare professionals. You must objectively document the need for care or essentially face extinction.

So how does one objectively do this? One famous and older doctor once said, "If B.J. Palmer were alive today, he would most likely be performing multiple diagnostic tests on everyone." Those questioning this should visit Palmer's clinic to view the various devices he used, as no one was adjusted prior to testing.

The deck is stacked in your favor prior to even entering the diagnostic testing realm because you understand the simple concept that injury leads to "muscular bracing and

guarding." But, what is sorely lacking is the "objective" aspect of proving injury.

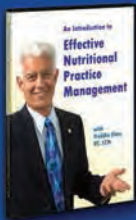
You may be able to see, feel, and sense with your hands that there is a problem, but explaining that to a jury simply does not work in this data-driven society, where evidence-based, outcomes-based healthcare has become a reality.

How do you level the playing field and get attorneys to value your opinion as much or greater than another healthcare practitioner? By providing objective data specifically in the form of advanced simultaneous measurements of dynamic (kinetic) surface EMG and range of motion.

Why? Because objective data wins over opinion 99 percent of the time. Once an attorney sees how quickly cases can settle when you have objective data, you can stand out as the premier doctor and possibly win the respect you deserve as a spine expert.

Until the development of simultaneous measurement of dynamic surface EMG and range of motion, it was nearly impossible to establish the presence of soft tissue injury and expose the symptom magnifier.

Another side benefit of using proper instrumentation is that those who are truly injured are cared for and those who are not are removed from the system.



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Basic principle of operation

The principle is simple: A truly injured patient would demonstrate limited range of motion. In this state, the muscles should brace and guard as a natural defense mechanism to the pain they would experience when range of motion is limited.

Surface EMG effectively measures the muscular bracing and guarding.

If there is little or no muscular bracing and guarding as measured with the surface EMG, it would lead the examiner to conclude the patient may be a symptom magnifier.

Conversely, if muscular bracing and guarding occurred concurrently with limited range of motion, this would support that the patient was putting forth proper effort and support the range of motion findings.

By simultaneously measuring and recording range of motion along with dynamic surface EMG, you can see the anatomical limitations of motion along with the physiological response to this motion.

Dynamic surface EMG adds greater objectivity to range-of-motion measures by assessing effort and the body's natural response to pain in motion, or muscular "bracing and/or guarding." The dynamic surface EMG is a measure of this guarding response.

What makes it a foolproof method of measurement from an attorney's standpoint, is that no one can question the validity of either test.

You can see clearly how far a patient was bending when muscles were firing, and you can further see clearly that the patient's dynamic surface EMG data correlate highly with the findings of the range of motion test. Numerous research studies have shown how combining both tests increase sensitivity and specificity.

Another major benefit of the test is that you are performing two tests in one period of time, allowing for billing two codes in the same period of time.

When you consider that the entire test from start to finish (minus setup) is less than 6 minutes, it becomes clear that the test not only provides better and more data, but that it is financially feasible for any clinic to implement.

To add to this, there is a CPT code for dynamic surface EMG and for range of motion testing.

Getting response

Attorneys have responded very positively to this technique. While there is no way to answer objectively when an attorney asks, "How do you know this patient was truly putting effort into their ROM exam?" All you can say is that with limited range of motion you believe they were putting full effort into the test.

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Even though there are studies which show lack of variability, the studies are valid; however, it is still a possibility that the patient is a symptom magnifier.

In addition, when one finds an abnormal surface EMG dynamic flexion study and the attorney asks, "How do you know the patient was truly bending as far as possible?" — without range of motion, this question cannot be answered.


With a significant increase in

audits as insurers and Medicare attempt to cut healthcare costs, the use of objective data through physiologic measures is crucial to properly document the patient's condition throughout care. Not only does it protect you, it also provides a powerful manner of developing a personal injury-based practice while keeping patients focused on their function instead of symptoms.

There is nothing more powerful to an attorney than a piece of solid

evidence which is objective and not subject to personal bias or skewed by opinion. Due to numerous court cases where dynamic surface EMG data was established — and now allows judges to admit it as evidence and have it considered by the court or jury when making a decision — cases are settling much faster by having this objective data.

In this data-driven society, patients are beginning to demand technology in their healthcare professional's office. Which doctor would you rather see?

The one with the high-tech, objective computer-based tools to show you what is happening inside your body, or the one that palpates your spine and tells you what he believes to be wrong? 



David Marcarian, MA, is the founder of Precision Biometrics and a former NASA researcher who invented the MyoVision

Systems. He won one of the largest personal injury awards in U.S. history, and established the validity of surface EMG in a major State Superior Court Decision in Florida. He can be reached at 800-969-6961, Info@myovision.com, or through www.myovision.com.

REFERENCES

There are two resources for information on the validity of surface EMG:

- Research paper: Geisser et.al. 2005, "A Meta-Analytic Review of Surface Electromyography Among Persons with Low Back Pain and Normal, Healthy Controls" *Journal of Pain*, November 2005, pp 711-726.
- Entire docket including court testimony and judges decision in the Florida case, Merrit vs. Case #04-1149RX (for the lower court decision), and Case #1D05-729 (for the Superior Court Decision).



For an example of normal and abnormal dynamic surface EMG, visit www.ChiroEco.com/sEMGexample.

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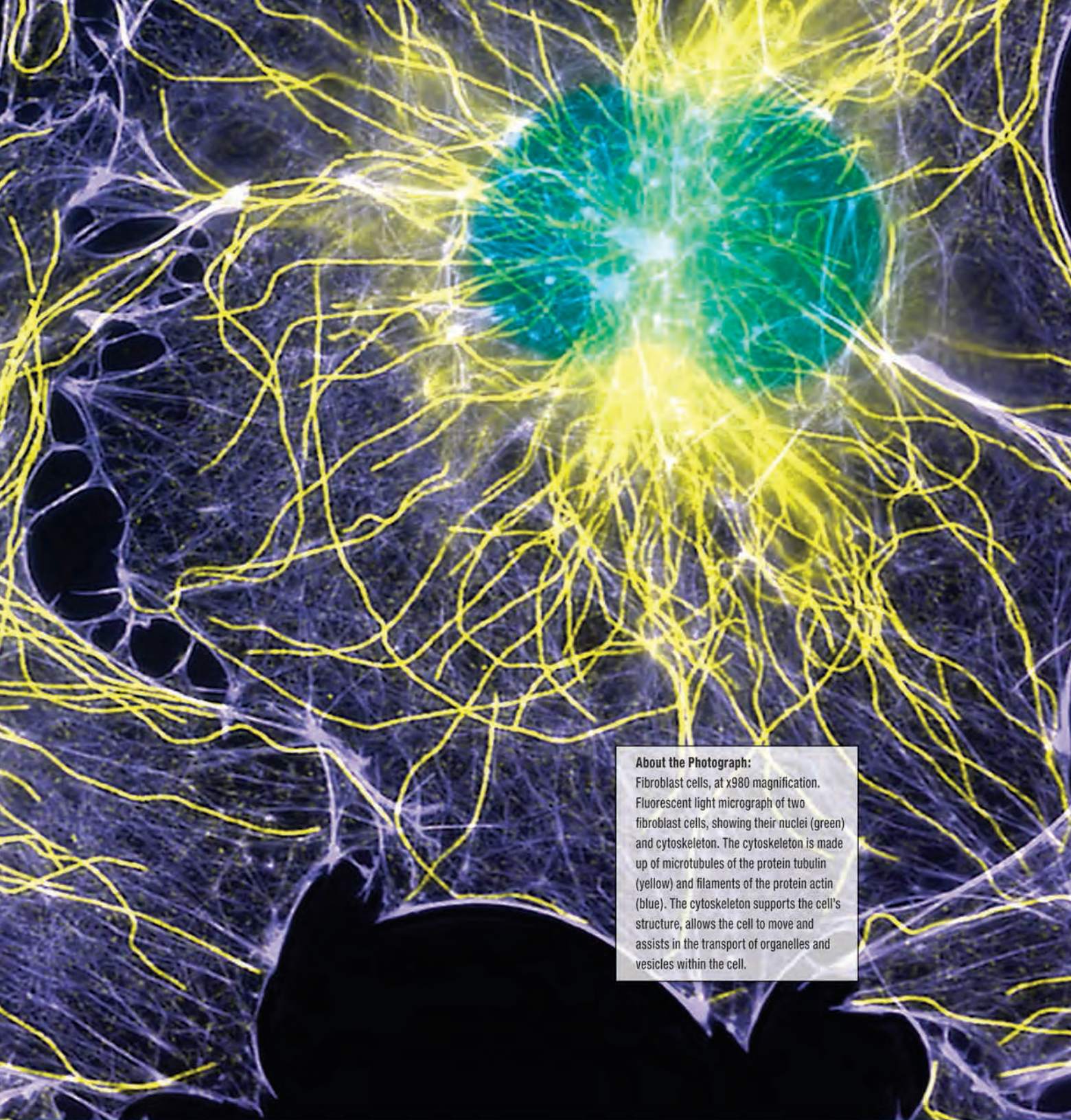
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Fibroblast cells, at x980 magnification. Fluorescent light micrograph of two fibroblast cells, showing their nuclei (green) and cytoskeleton. The cytoskeleton is made up of microtubules of the protein tubulin (yellow) and filaments of the protein actin (blue). The cytoskeleton supports the cell's structure, allows the cell to move and assists in the transport of organelles and vesicles within the cell.

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Mastering the 5 factors of a wellness practice

By Freddie Ulan, DC, CCN

Each year we see the term “wellness” become more and more of a buzzword in chiropractic.

Practitioners everywhere are renaming themselves “wellness experts,” and are attempting to reinvent their practices as “wellness centers” to stay ahead of the curve.

All the buzz aside, questions remain: What exactly is a wellness practice, what does it do, and how does one specialize in it?

Modern, pharmaceutical medicine attempts to define wellness as an absence of symptoms. However, the problem with this definition is that the absence of symptoms can also be equated with death — not exactly an optimum state of health!

Chiropractors who have bought into the contemporary medical model of wellness are missing the boat in a big way. While they are delivering an invaluable service

directed at symptom reduction without drugs and surgery, they have not yet discovered the most rewarding aspect of practice — which is what actually occurs after the patient has already attained the first stage: “relief.”

Essential factors of a true wellness practice

As a chiropractor, whole-body wellness can be viewed as a dynamic concept. If a patient is truly well, they have freedom of motion, boundless energy, and sleep well.

Contagious illnesses leave them markedly unaffected and the day-to-day stresses of living don’t wear them down; and most importantly, this is all attained without reliance on pharmaceuticals, which stimulate energy or suppress symptoms.

When new patients come in with their list of chronic and more acute symptoms, it is easy to become sympathetic to their current state of duress and lose sight of the bigger picture. It is a challenging task to break clients out of their miseducation when they come in demanding a quick fix.

Your job then becomes determining how to routinely convert each patient from a “get me out of pain now” viewpoint to a true “wellness patient” perspective for life.

The ability to cause this shift is what makes the difference between practitioners.

There will be those who will succeed abundantly in the 21st century, and those who will continue their endless battle for survival against insurance companies, government-funded “healthcare” programs, and socialized medicine.

5 key factors

A practice based on the principle of wellness has unlimited potential for growth, just as the patient has virtually unlimited capacity for wellness.

The five key factors modern

chiropractic wellness specialists must implement into their practice in order to fulfill their role in the new healthcare paradigm are:

- A method for rapidly and precisely analyzing a patient’s current situation and what is causing it.
- A system for correcting the underlying cause of the subluxation complex as connected to the patient’s immediate stress and the accurate chiropractic technique to correct it.
- A method for measuring the length of time the body holds the adjustment after each adjustment.
- A system for monitoring progress being made in extending correction viability and stability as a result of correcting underlying causes: The measure of how long a patient can hold an adjustment.
- A technique that allows you to

gradually increase the amount of time needed between each adjustment through fine-tuning of the patient program and gradual sustainable lifestyle corrections — fine-tuning that supports health improvement and brings the patient into a condition of greater responsibility for their own health.

Physiological versus chronological

Educating patients in wellness, and not just “immediate pain reduction,” is vital to determining the patients’ approximate physiological (or functional) age versus their chronological age.

True wellness programs have the ability to reverse the advancement of physiological age that has progressed well beyond an individual’s chronological age.

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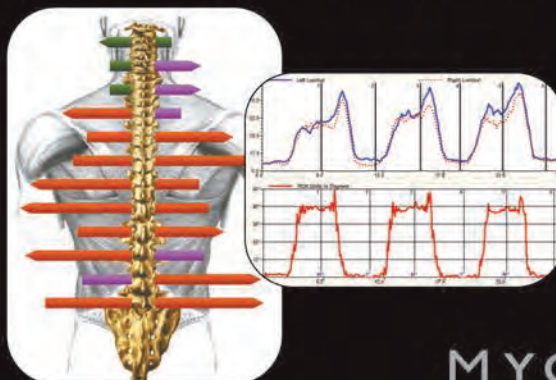


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To do this, you need to restore your expectation for results to the standards established by D.D. Palmer and the earliest chiropractic pioneers.

By doing this, you will fulfill your legacy as the provider of health and wellness, and establish yourself as the messenger of the new health paradigm — one that is not measured by lack of symptoms, but measured by how much vitality each individual has.

Facing today’s challenges


In the face of today’s practice challenges, getting your patients well according to these high standards can seem like a daunting, if not impossible, task. It isn’t. Master the five factors of restoring wellness and they become second nature.

Those who “master” these all-important dynamics through careful training and practice may no longer experience problems with profitability, patient generation, or patient retention.

As the public are looking for alternatives to the continually worsening conventional medical scene, wellness practitioners have the competitive edge.

Harmful drugs, potential lawsuits, and costly insurance are no longer considered the acceptable healthcare “norm” they once were.

A program that enables you to institute a nutritional wellness component into your practice — or improve an already-existing nutritional component — gives you the potential for automatic and unlimited referral generation.

If you give people a viable alternative to something that never really seemed like much of an option in the first place, you can become the agent of a new mainstream for quality healthcare; thus fulfilling your joyful obligation as a health practitioner to improve the quality of life of your patients, family, community, children, and ultimately, yourself. 



Freddie Ulan, DC, CCN, is the founder of Ulan Nutritional Systems Inc. — a company dedicated to introducing and expanding the nutritional component of chiropractic practices. He can be reached at 866-418-4801 or through www.unsinc.info.com.

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Motivation, success, and inspiration starts with you

By Cody Chandler, DC

Are you committed to being the best you can be in your profession?

In order to do so, you must have motivation — the motivation to be committed to something greater than your present existence.

You must also be willing to endure the effort required to achieve the success you dream of. In James Clavell's *Shogun*, Niccolo Machiavelli says, "It is the dreams of today that become the realities of tomorrow."

The reality of your tomorrow will be reflected through the hard work and selfless dedication you must apply to learning, understanding, and using the multitude of resources you have as a chiropractor.

Are you taking steps to see the personal success you desire? You could do so by:

- Educating yourself through online classes or local universities;
- Reading or researching in order to stay informed;
- Hiring a consultant group, coach, or having a mentor; and

- Attending seminars or conferences regularly.

Christopher Fry, a British playwright, once wrote that, "Life is a hypocrite if I cannot live the way it moves me." As a chiropractor, find out what moves you, and use it to improve both your professional and personal life.

For example: If you're moved by the power of education, use it to gain knowledge and become successful as a chiropractor and a business person.

Educate yourself

A great way to garner success is by using local universities or online classes to take your education to its highest level.

Theodore Roosevelt called universities "the flowers of the highest intellectual development." An advanced education to any capacity will last forever and help drive you to succeed.

Start reading

Reading challenges your mind and intrigues the intellect. Anything you read, whether it's educational or for pure entertainment, can provide superfluous



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personal development

information you might need next time you are sitting in front of a patient who's trying to seek help. That is when the selfless hours of studying and reading pay off.

Be proactive

Be proactive in your life and career. Seek success. Searching for chiropractic, business, financial, personal, or spiritual consultants and coaches is a great way to do so.

You may also wish to seek a personal mentor. A mentor is someone you can draw strength from and lean on when you need answers at crucial moments in your personal and professional life.

Obtaining these resources is important in order to gain the necessary focus to achieve your goals. You might run a multimillion dollar practice, but your soul might be poor. Find the right motivation and leadership and use it to your advantage.

In Dr. Stephen R. Covey's, *The 7 Habits of Highly Effective People*, he writes, "You can either be proactive or reactive. Being proactive means taking responsibility for every aspect of your life. Initiative and taking action will then follow."

Take the initiative to stay faithful to your Hippocratic Oath of swearing to pursue a lifetime of study, continuing education, and self improvement.

Attend seminars

What is the last seminar you attended? There are thousands of seminars out there to visit, but make sure you pick the best one for you.

The choices are endless, and more than likely you'll find one that fits your needs.

No matter what the focus — motivational or educational — you will gain something from your pursuit to achieve personal excellence.

There is no end to the resources you have available. It is your choice, and the choice you make will inevitably and directly affect your life, patients, finances, stability, your success, and personal happiness.

The benefits will undoubtedly outweigh the cost or time.

Start small or start slow — either way, just start! 



Cody Chandler, DC, is the director of operations for CareFirst Medical Associates & Pain Rehabilitation PA. He is also a leading consultant with MBA Consultant Group LLC specializing in the advancement of education and training in the field of Medical Business Administration. He can be reached at 903-839-1000, cody@carefirstmed.com, or through www.carefirstmed.com.

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Newsletters can be a great marketing tool

By Susan Hoy

A practice newsletter can be a great marketing tool. It can also, however, be a waste of hard-earned money and energy.

If your office is not sending a newsletter to patients, it's recommended you do so. If you send one and are not getting feedback from patients, you might want to look closer at your newsletter and its format.

One of the recurrent objections to personally-written newsletters is it takes too much time. A newsletter does not have to be long-winded and it doesn't need to be professionally written. The only requirement of a newsletter is it should connect the patient with your office.

unusual condition. It will help educate others as to the broad spectrum of chiropractic care.

2. Educating patients. Write an article about an aspect of your practice that you want patients to learn about, but it should not be technical. They know you are a doctor so don't try and impress them with technical writing and big words.

Write about a particular technique you specialize in, or the need for nutritional supplements. You can also choose a theme or condition of the month, or discuss a nutritional supplement.

3. Being entertaining. If your articles are not interesting or humorous, your newsletter will go unread — wasting time and money. Your newsletter is a good place to introduce yourself and your office staff.

Believe it or not, patients will bond with you through your newsletter.

You can connect to your patients through your newsletter by:

1. Inspiring confidence and belief. Confidence and belief are of utmost importance to the future of your practice. It comes into play in virtually every aspect of your practice. In order to portray this, you can write articles about your patients' recovery. Or, you can print a testimonial letter a patient has written.

A letter from or about a patient not only gives you credibility, it encourages other patients who are having difficulties.

Try including a picture of the patient you are writing about and title it V.I.P. (very important patient) of the month. Maybe even offer that patient special benefits and discounts throughout the month.

Your patient will surely be asking for extra copies to share with family and friends — which in turn will help market your practice.

Most people believe chiropractors treat only back and neck issues. Therefore, try featuring a patient with an

You'd be amazed how many patients don't know anything about you or your staff. Every time you get a new employee, introduce them via your newsletter. You can also write about vacations, special seminars, or any special events you wish to promote.

4. Bonding with patients. Believe it or not, patients will bond with you through your newsletter. Keep your patient informed about any particular points of interest with you or your staff such as weddings, engagements, babies, grandchildren, etc. Suddenly, they will become interested in the outcome. Patients tend to stay with you when they feel personally attached.

5. Selling without selling. Your newsletter should not appear sales-oriented; however, every article *should* be designed to sell. If you print an article about a patient's successful treatment, it is meant to let others know that you treat all kinds of conditions.

If you print an article about a specific condition, make sure you recommend related nutritional supplements. If you print an article thanking everyone for their referrals,

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it is designed to stimulate more referrals.

Believe it or not, patients don't know you're looking for new patients unless you tell them.

6. Having fun. Have a contest in every issue of your newsletter. *For example:* You could have a "name our newsletter" contest for the first one, in which you offer a prize to the winner, and then hold a "find the spelling error" contest in subsequent issues and offer a prize to the first 10 people who call your office.

Patients will be calling your office to provide the answer and while they're on the phone they will make appointments.

Make sure you mail your newsletter to all your active patients, inactive patients, businesses, medical professionals, relatives, and friends. You will be amazed at who calls to participate in your contests.

These days, the temptation is to e-mail your newsletter and marketing information in order to save money.

You'd be surprised, however, that more people actually read newsletters when they have it in hand and see the headlines and pictures.

There is no way to track the success of your newsletter except from the comments you get from patients.

Your newsletter, however, will almost certainly get people talking. Isn't that what marketing is all about, after all? **CE**



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

Chiropractic Economics NEWSFLASH

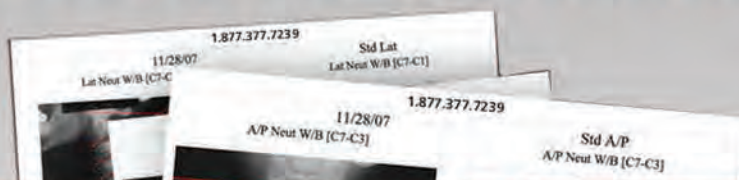
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Core development

A photograph of fitness equipment on a light-colored wooden floor. In the foreground is a large blue exercise ball with a black handle. To its right is a black medicine ball with the words "MEDICINE BALL" visible. A red resistance band with black handles is coiled on the floor.

From the struggling economy to new ways of doing business, the chiropractic environment is changing. For many, rehab and active care have taken center stage — changing the “core” of chiropractic practice for doctors and patients alike.

By Alexis Parian, DC

If you've been feeling like your practice isn't quite what it used to be — you are probably right.

Whether you're an advocate or observer, evidence-based treatment protocols and evolving standards of care are shaping how you practice and manage your business. There's no getting around it: Active care is here to stay. Whether it brings boon or bust to your bottom line, however, is up to you.

For more than 25 years, active care/rehab protocols have been influencing chiropractic patient care concurrent with the increasing demand for better documentation, evidence of improvement, and proof of medical necessity.

Although third parties have played a major role in driving the active-care model, support is growing within the chiropractic profession for treatment protocols that yield better results while engaging patients in their own care. And new systems for in-office and at-home rehab are making these objectives more practical and attainable.

OPPORTUNITY IS KNOCKING

Change can be unsettling, but opportunity knocks for those who creatively and enthusiastically embrace the new era of active care.

“The passive care model is no longer the standard of care within chiropractic,” says Jay Greenstein, DC, CCSP, an advocate of rehab methods since 1992 and a practice consultant and owner of eight chiropractic/rehab offices in Maryland and Virginia. “I learned early in my career that elite-level athletes and elite-level patient care require the integration of rehab methods.”

Well ahead of the current active-care trend, Greenstein has reaped the rewards rehab has to offer through documentary compliance, highly effective patient care, and customer satisfaction.

While some chiropractors debate active care and what to do about it, patients are making their opinions known. Rehab is growing in popularity among chiropractic patients because of its faster recovery, more lasting results,

and overall economy of time and money.

“Active care changes a patient's mentality from ‘I'm here, adjust me,’ to ‘I'm on the team to make me well,’” says Chuck Mancino, CAM strategies consultant to the chiropractic profession. “Passive care really is becoming passé. Patients want more holistic services that yield better results — and active care meets that need.”

If you can remember when rehab was considered a specialty within chiropractic, you can also recall that few chiropractors ever envisioned a day when rehab would become everyone's business. But that time has come.

It's an inescapable fact that the increasing prevalence of active care services in the chiropractic marketplace is changing patients' expectations and how they view providers.

COMPLIANCE CREATES OPPORTUNITY

There's plenty of upside to adding active care, but your success depends on how well you understand the rules — especially with regard to third-party reimbursement. And the pressures to comply are becoming increasingly onerous, according to John Davila, DC, vice president of corporate compliance services and partner in Compliant Services and Solutions Inc. (CSSI).

“Today, if you're treating a patient for more than two to three weeks on a passive-care protocol, you're subject to audit. You're also building a profile with insurers that increases your chances of becoming an audit target in the future,” says Davila, who has worked with chiropractors since 2001 on issues of compliance relative to OSHA, HIPAA, billing profiles, fee schedules, documentation, discounts, and marketing.

“Passive care is a trap doctors really need to avoid,” he says.

Compliance begins with structuring patient care to include active-care/rehab protocols in combination with appropriate documentation, coding, and billing; evidence of progress under care; proof of medical necessity; and outcomes assessments.

These requirements can vary by state and insurer, so do your homework. Medicare regulations, however, typically

set the parameters. “In most cases, medical necessity, coding, and the terms of major medical contracts are fairly standard,” says Davila. “But you need to play by the rules, even if you operate a cash practice. Today, even a noncompliant superbill can get you audited.”

As a specialist in the area of audits, Davila has seen a worrisome rise in the incidence of post-treatment audits as insurance companies have up to seven years (in some cases) to demand repayment of paid claims classified as noncompliant in active care.

Although negative motivation looms large when it comes to compliance, new trends in reimbursement can make the effort worthwhile. According to Davila, over the last eight to 10 years, the

code values have flipped for passive and active care — making carriers’ intentions very clear.

But he sees this is as an opportunity if you are willing to make the transition to active care because, in some cases, active rehabilitation is being compensated at twice the rate of passive modalities.

But even if chiropractors are welcoming of rehab and active care, many are still looking for how to integrate these services into their practices. The good news is that getting started with active care isn’t the project it used to be.

TAKING ON TODAY’S ACTIVE CARE

Today’s active-care methods have taken on a new simplicity, making

most integration painless and economical. Past objections to rehab such as cost, space, utilization, and instructional proficiency have mostly been put to rest by easy-to-use, streamlined set-ups that morph effortlessly into a treatment room or reception area.

For the space-impaired practice, micro-sized active care set-ups offer the benefits of resistance work and strengthening, core development, and balance training in a space as small as 6 feet by 6 feet.

Space-efficient and highly-adaptable resistive tubing, bands, balls, and balance products are putting rehab into practices that would not otherwise be able to offer their patients these services.

These new systems for in-office

TAKE-HOME REHAB CHECKLIST

When prescribing at-home rehab, and before you make any recommendations, ask yourself these questions:

- **Is it professional?** Sending patients with a shopping list and a sheet of exercise instructions isn’t professional — or effective. And sending them to your local discount store does nothing for your brand value. Think of take-home rehab as an extension of your practice into the patient’s home.
- **Is it ready to go?** Take-home rehab equipment should be stocked in your office, ready to leave with your patients. This ensures they have everything they need to begin immediately before your instructions, and their enthusiasm, fade.
- **Is it easy to use?** Basic exercise drawings and confusing written instructions may lose today’s tech-savvy consumers. Different learning styles, spatial skills, and technical expectations make videos more user-friendly and engaging. Likewise for take-home exercise gear.
- **Is it regionally specific?** Rehab isn’t a one-size-fits-all concept. Active-care equipment and methods should be packaged for regional specificity. Asking patients to modify equipment or to tweak illustrated exercises is unprofessional and puts you and your patients at risk.
- **Is it educational?** Providing patients with a comprehensive, well-designed set of supplies and training materials makes learning easy, enjoyable, and effective.
- **Is it standardized?** Inconsistency is counter-productive to successful active-care protocols. Send patients home with standardized sets of rehab instructions and supplies.
- **Is it chiropractic friendly?** Using chiropractic-based equipment and training materials ensures your patients go home to bond with you and chiropractic. Chiropractic-specific materials and supplies are also more reinforcing of your treatment methods and patient care.
- **Can it track patient compliance?** Since “at home” means you’re not watching, your patients need to do their own reporting. The use of a standardized log can help you and your staff measure patient compliance and progress. It also makes your documentation easy and consistent.
- **Is there a pain-management component?** New exercise programs and rehab conducted during subacute phases can be painful for patients, increasing their objections and reducing their compliance. Rehab-to-go should include a quality topical analgesic product that can be safely used at home to mitigate this discomfort.

Would you let this hot dog vendor adjust your spine?



Hi! I'm Dr. Karen Walters, D.C... a 1982 NYCC graduate licensed in FL, NY, NJ, and VA... an Adjunct Professor at a local college here in NJ... and the founder/owner of a 24 year old multi-provider, multi-disciplinary practice.

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— Dr. Richard Geoghean, D.C. **W Falls, NY**

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— Dr. Robert Sylvester, **River Edge, NJ**

"We started as a small practice and now run a multi-specialty group with 24 providers. It's the only program that's ever been able to keep pace with our growing appointment volume."

— Dr. Jeff Catanzarite, **Costa Mesa CA**

active care have made on-site rehab available to any practice, solving many of the issues associated with compliance. But for some, on-site rehab still offers a few challenges, especially where continuing supervision of patient exercise sessions is required.

That's where the inclusion of new take-home rehab protocols — which are now possible because of simplified, user-friendly, and portable active-care methods — can be a benefit.

Rehab-to-go is a proven timesaver for doctors and patients alike while still offering reimbursement to chiropractors for exercise training visits conducted at the doctor's on-site rehab facility.

Getting patients onboard with at-home active care is really the wave of the future in chiropractic. If compensation is any clue, it's clear

that third parties want patients to be increasingly involved in their own care — and to then move into the realm of self-paid maintenance or wellness care.

Whether your fee is paid by a third party or your patient, progress is imperative. And patients respond positively to the empowerment of personal participation in their care.

But not all take-home rehab is effective, or desirable. At worst, "home care" has traditionally consisted of some exercise drawings and a shopping list. At best, doctors may stock an assortment of supplies, but rarely what would be considered patient-specific packages.

Either way, documentation and patient progress are questionable. Vague programs and unsubstantiated results just won't work in today's active-care environment.

Dana Mackison, DC, director of chiropractic education for Performance Health Inc., agrees that successful at-home active care needs to meet the needs of both patients and doctors to be relevant today.

"Doctors should consider factors such as reproducibility and standardization of take-home active care products or systems, and the benefits these provide to documentation and patient training," says Mackison.

"The patient component needs to include ease of use, quality instruction, regionally-specific equipment, and the option for patients to track their participation. When all of these critical requirements are met, you have a highly effective method for ensuring patient participation and improvement under care."



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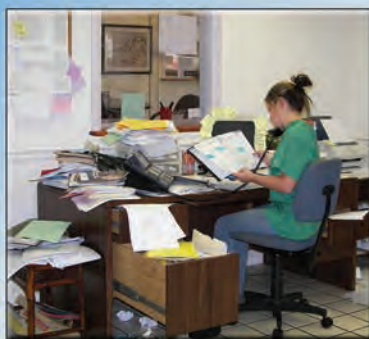
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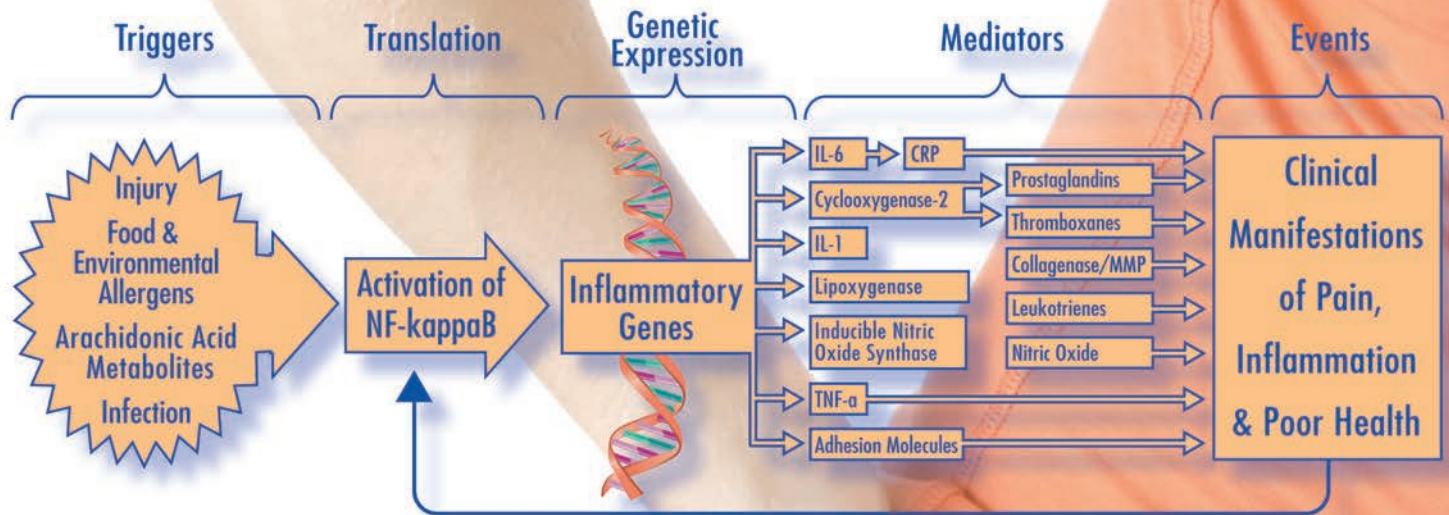


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And if you're not training your patients in at-home active care, "You're not taking full advantage of the available opportunities," he says. "Home rehab is beneficial to your patients and your practice. You should be including it in your patients' care, billing for it, and getting paid for it."

CODING FOR COMPLIANCE

Chiropractic consultant Kathy Mills Chang concurs. For third

parties, justification for care and proper documentation are essential, but "restoration of function" is the operative phrase — and one with which patients can identify.

Although change is never easy, she encourages chiropractors to focus on the benefits of rehab, or risk being left behind.

"If you don't embrace these methods, it will become increasingly difficult to do business or even recruit patients who are now looking


for better, more rounded care," says Mills Chang, who has been helping chiropractors with coding and reimbursement, practice management, and related services for 27 years.

According to Mills Chang, a one-on-one training session that also meets code criteria for improving range of motion, strength, flexibility, or endurance is reimbursable. She cites code 97110 as applicable for certain exercise training visits and instruction on the use of specific exercise equipment such as take-home rehab products, and code A9300 could be used for the exercise supplies sold to the patient for at-home use.

But remember that take-home active care should be supported by in-office rehab equipment, which is used for patient training, follow-up sessions, and sequential program changes.

Change isn't so difficult if you know exactly where you are headed, and the direction for chiropractors seems clear.

Many resources are available to assist you with integration of active-care protocols and with solutions for issues related to compliance and reimbursement.

Consult your professional association or various industry experts for information on billing, coding, compliance, reimbursement, audits, active-care/rehab protocols, and rehab equipment and supplies. 



Alexis Parian, DC, is principal of The Parian Company, a communications consulting firm in Arizona. Specializing in the health and beauty industries, she serves an international clientele. She can be reached at 650-557-0071 or through www.pariancompany.com.

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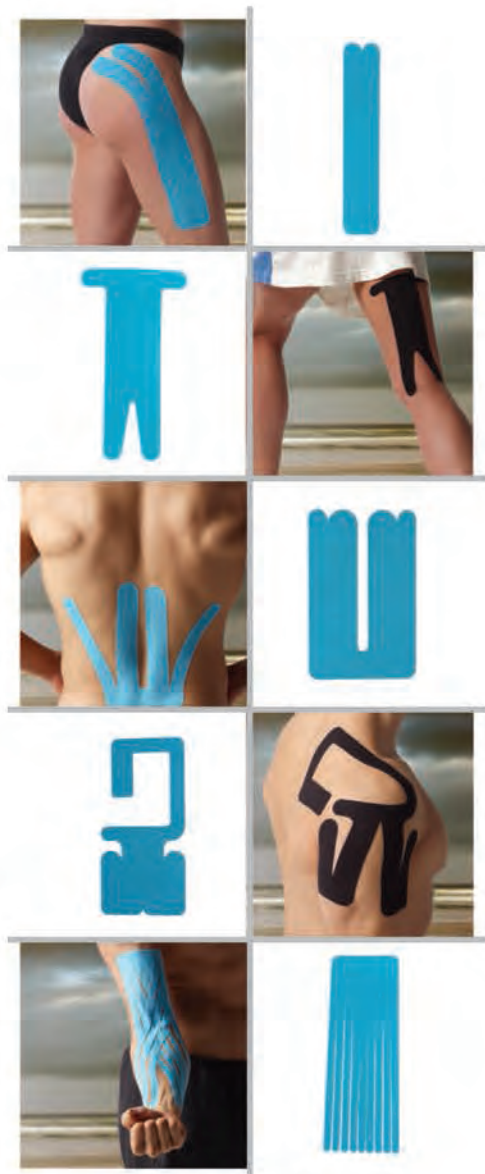
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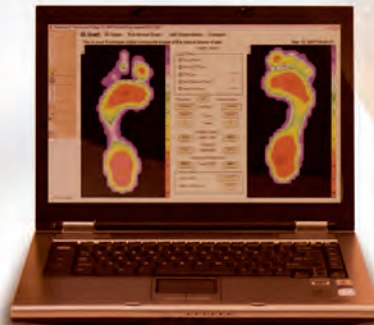
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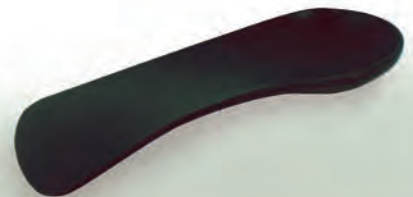
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MANAGING THROUGH SOFTWARE:

Maximize your management effectiveness with technology

By Kevin D. Harkins, PhD



You, as a chiropractor, are primarily in the business of preventive medicine.

You strive to live and teach a life of wellness and balance, and you work hard to treat the cause, not the symptom. But a different aspect of preventive medicine you need to focus on is the wellness of your practice — the business side of it.

You may be the best chiropractor to ever be certified, but if you can't run your business effectively, you are suboptimizing your impact. There is an age-old saying that goes, "If you take care of your people, your people will take care of your business."

The effective management of your staff can produce, support, and reinforce a strong and healthy practice, with many technological aids to help you do so.

Software solutions to assist in managing your staff have matured remarkably in the past five years. There are various

providers of excellent management software available — each being able to help you effectively execute necessary management activities, and keep things simple and organized, as well as ensure you don't forget important tasks. (See "Management software sampling" box on page 46.)

Choosing a software

With each type of software, there is a degree of overlap. You simply have to decide which is best for your practice. Some things to consider when shopping for management software include:

1. Features. Does it do what you need it to do for your practice? Will it work for you now and grow with you for the future?

2. Price. Can you afford it? Is it a one-time purchase, or a monthly fee? Are updates included, or will you incur additional costs for updates and future versions?

3. Ease of use. Does it "feel right"? Is it easy for you to understand and navigate? Is the software Web-based? Can

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Management software sampling

Knowing what you need for your practice is the first step in obtaining a management software system. A few solutions you can look into include:

Authoria Talent Management,

www.athoria.com — For the larger and/or multiple and/or multidisciplinary practices, this solution may be viable. Referred to as a “talent management” solution, Authoria offers modules that streamline recruiting and hiring, set up and monitor compensation, benefits, and succession planning, and gives employees access to benefit and policy information on an easy-to-use portal.

Chiropractic Competency Toolbox,

www.harkcon.com — This Web-based software solution is tailor made for chiropractors, and offers customizable staffing solutions for hiring (includes pre-employment testing, interview questions, and the writing of job advertisements), training (provides specific training interventions based on desired competencies), and performance evaluation.

Manager Assistant,

www.managerassistant.com — This application offers a variety of management modules that can be used to store employee information, facilitate goal setting, develop and track training progress, keep attendance records, conduct and keep performance reviews, track major accomplishments, record incidents, and assist in recruiting.

Success Factors, www.successfactors.com —

Success Factors' software offers modules in goal setting and performance reviews, includes an employee collaboration tool, hosts employee profile information, stores and monitors compensation, and has displays, dashboard indicators, and analytics reflecting key measures set up by your practice.

Workday, www.workday.com —

Workday calls their product a Human Capital Management system. It helps an organization, such as a practice, easily keep timecards and attendance, track leave, monitor and adjust benefits, integrate compensation including pay for performance, and record professional development.

If the success of your practice is threatened by lack of new patients, low collections and doctor burnout, then.....

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— Dr. David Gafken, Auburn, IN

"We doubled our collections this past year, we went from \$300,000 in collections to \$600,000 PLUS we are having fun doing it."

— Dr. Ty Cohoon, Hutchinson, KS

Feeling Alone? If you are feeling alone in chiropractic because you are not able to brainstorm with other doctors to see how they

are doing, I will hook you into the HOTTEST network now operating in our profession that will allow you to tap into insider information. There is a community of chiropractors that I host and all of us are openly sharing our ideas to help you improve your practice on ALL levels..... advertising and marketing, closing cash cases, patient care, billing and coding, business management, spinal decompression, O2 therapy, etc. You name it and it is on our private, mastermind message board, no detail is too small. This insider information is the cutting edge of the profession! It is a brotherhood (sorry, and sisterhood) within chiropractic. Our mastermind message board is LOADED with an uplifting, positive, abundance mentality that will help you to explode your practice!

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Want out of the insurance game If you would like to say "good-bye" to Dr. IME telling you "NO," I can show you how to do case fee cash plans for \$4000 to \$14,000. I help doctors from all over the country go from a total insurance practice where they were getting royally screwed on a daily basis to 90% cash! If you are already "in network", no biggie, I can show you how to increase the cash side of your practice so you are not solely dependent on insurance.

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continued from page 45

you use it from multiple computers or locations?

4. Customization. How easy is it for you to take the product “out of the can” and make it your own?

5. Comfort level with technology. How techno savvy are you? The more comfortable you are, the more you might be willing to take on something a bit more complicated and powerful.

6. Available tech support. Can you get your questions answered when you need to?

Equally important as having the software is actually using it — and allowing your staff the time and training to become proficient with it. Having the nicest car in the neighborhood is great, but if you don't know how to drive, that car becomes a lawn ornament.

The same applies to management software. Buy it and use it!

Keep in mind that any software system you implement is nothing more than a tool to help you do your job as the manager and leader of your practice. When it comes to establishing and nurturing relationships with your employees, setting performance goals, providing performance feedback, and general day-to-day management of your staff, *you* must be present and involved.

Software is the tool you use in addition to — not as a replacement for — you. Being personally involved with your staff provides a two-way opportunity for learning, personal and professional development, and enhanced communication skills. And the benefits of competency in those areas reach well beyond the employer/employee relationship.

Well-managed staffs are more motivated, more loyal, and more productive than staffs left to their own management. They will want to take care of your business because they like where they work and want the practice to be successful. Everyone likes to be associated with a winner. Give your staff that extra advantage by putting some well-invested time, effort, and money into the people aspect.

When properly executed, you will not be disappointed. **CE**



Kevin Harkins, PhD, is the CEO of Harkcon LLC, a human performance consulting firm and developer of the Chiropractic Competency Toolbox. He can be reached at 800-380-5337, kharkins@harkcon.com, or through www.harkcon.com.

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Dig for the cause of staff turnover

By Bob Levoy

A great deal of staff turnover surprisingly occurs during the first few months of employment.

If it's happened in your practice on more than a few occasions, it may be time to investigate the problem. A good way to do so is to ask questions of those who are choosing to leave within 90 days of being hired.

For example: "When you first started, what impressed you most about the practice?" And, "In what way did this change?"

Most people are enthusiastic and excited about starting a new job. Unfortunately, some become disillusioned almost immediately. Their excitement fades, their outlook turns from positive to negative, and soon they begin to think they made a mistake in accepting the job.

Before long, they choose to quit in hopes of finding a more satisfying job. By identifying the factors that cause this disillusionment, corrections can be made to prevent future turnover.

One of the most common complaints from disgruntled employees is, "My job did not turn out the way it was described to me when I was hired."

Solution: Investigate a similar problem by asking, "How fully was your job explained to you before you accepted it?" or "What, if anything, was exaggerated or perhaps left out?"

Many of the causes of discontent stem from a failure to clearly explain the nature of the job — especially less desirable aspects of it. There are several reasons for this, which include:

- The pressures to hire someone;
- An understandable (but shortsighted) reluctance to say anything that might discourage someone from taking the job; and
- Overselling a job in order to entice a highly desirable person to take it.

Solution: The initial step in hiring an employee who is

right for your practice is to have a written job description of duties and responsibilities the position might entail. Profiles like these help simplify the hiring process and ensure employees know what is expected of them. It also provides office managers with a guideline for performance reviews.

Tested tip: Use your current employees as a resource for creating job descriptions. Get their input and have them recommend changes in order to bring the descriptions up-to-date. Then have them check the final version for accuracy.

Another useful question to ask is, "When did you begin to feel you had made a mistake in taking this job?" and "What happened at that time to cause this feeling?"

In many cases, there is a precipitating factor that started the downward slide in an employee's attitude about the job.


It may have been the manner in which the doctor or office manager dealt with the new person or a negative comment by another employee.

It may have been a task the new employee was unprepared or unwilling to do or the overtime that was not discussed during the initial interview.

Reality check: Not all employees will be comfortable answering such questions.

Some may be reluctant to cause problems for their co-workers. Others may be concerned about "burning their bridges" or having their words come back in any way to "haunt" them.

Probe gently and be prepared for what might be some hard-to-face realities.

By pinpointing the cause of short-term employee turnover, you can save the expense, trouble, and disruption of hiring people who will not be happy in their new jobs. 



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



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Protecting yourself during a deposition

By Deborah Green, Esq.

Q *I am being deposed in a personal injury protection (PIP) case as the treating doctor and am really concerned about how to answer the questions.*

My lawyer told me to read the file again right before the deposition, and answer “yes,” “no,” or “I don’t know,” and not to guess.

He also told me to wait a few seconds before answering so he could make an objection if needed. However, I still don’t feel I’m prepared for this deposition.

A Your attorney gave you solid advice, but your hesitation is understandable. These depositions are second nature to your lawyer, but a brand new experience for you.

In order to prepare, think of open-ended questions the defense counsel might ask you, then think how to properly prepare for them.

There was recently a deposition in a PIP case where the defendant, a treating chiropractor, was asked: “Doctor, do you have any philosophical objections to medication?”

Before the lawyer could object to the question, the defendant stated that he did not — so the deposition continued.

The question, however, and its possible repercussions — had it been answered differently — stayed with the lawyer.

Many chiropractors have both philosophical and practical objections to medication. Some believe

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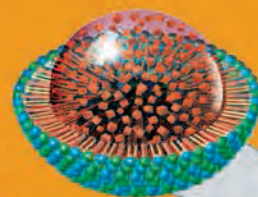
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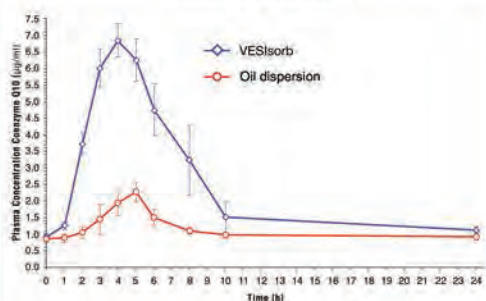
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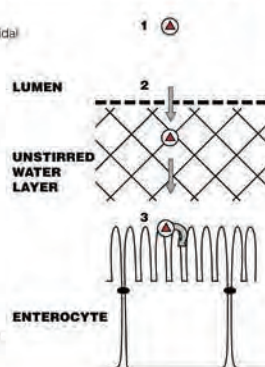
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STEP 2

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STEP 3

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medication causes more problems than it solves, and that every medication has an adverse effect.

Some believe in the event of an emergency, such as a heart attack, nitroglycerin is important and any adverse effect should be dealt with after the crisis.

Some also believe the best way to treat a heart attack is by preventing it from happening in the first place — exercise and proper diet.

As a result, you have the right, in

a deposition and at trial, to qualify your answers. This means you do not have to answer with a “yes” or “no” answer. An “it depends” answer is also acceptable.

Assume you are adamantly opposed to the use of medication for any reason. Ask yourself whether this opposition extends to the use of anesthesia if an organ transplant is necessary to save a life.

If you don’t oppose anesthesia, try answering with: “It depends on the

circumstances” and then explain what those circumstances are.


On the other hand, if your opposition to the use of medication is so deep that you believe people, under no circumstances, should take them, you want to make that clear as well.

Why is your answer to such an open-ended question so important? It is possible that your case could go all the way to jury trial. Only 12 percent of Americans visit chiropractors, while 98 percent visit allopathic doctors.

Your jury will therefore be composed of people with a strong belief in the efficacy of drugs. A jury trial is not the best venue for educating them about the chiropractic philosophy.

You may certainly enlighten them with facts — every drug has an adverse effect — and explain how a simple aspirin taken too often can cause stomach problems.

Don’t try, however, to convince them their heart medication is ineffective; it will only serve to alienate them and destroy your credibility.

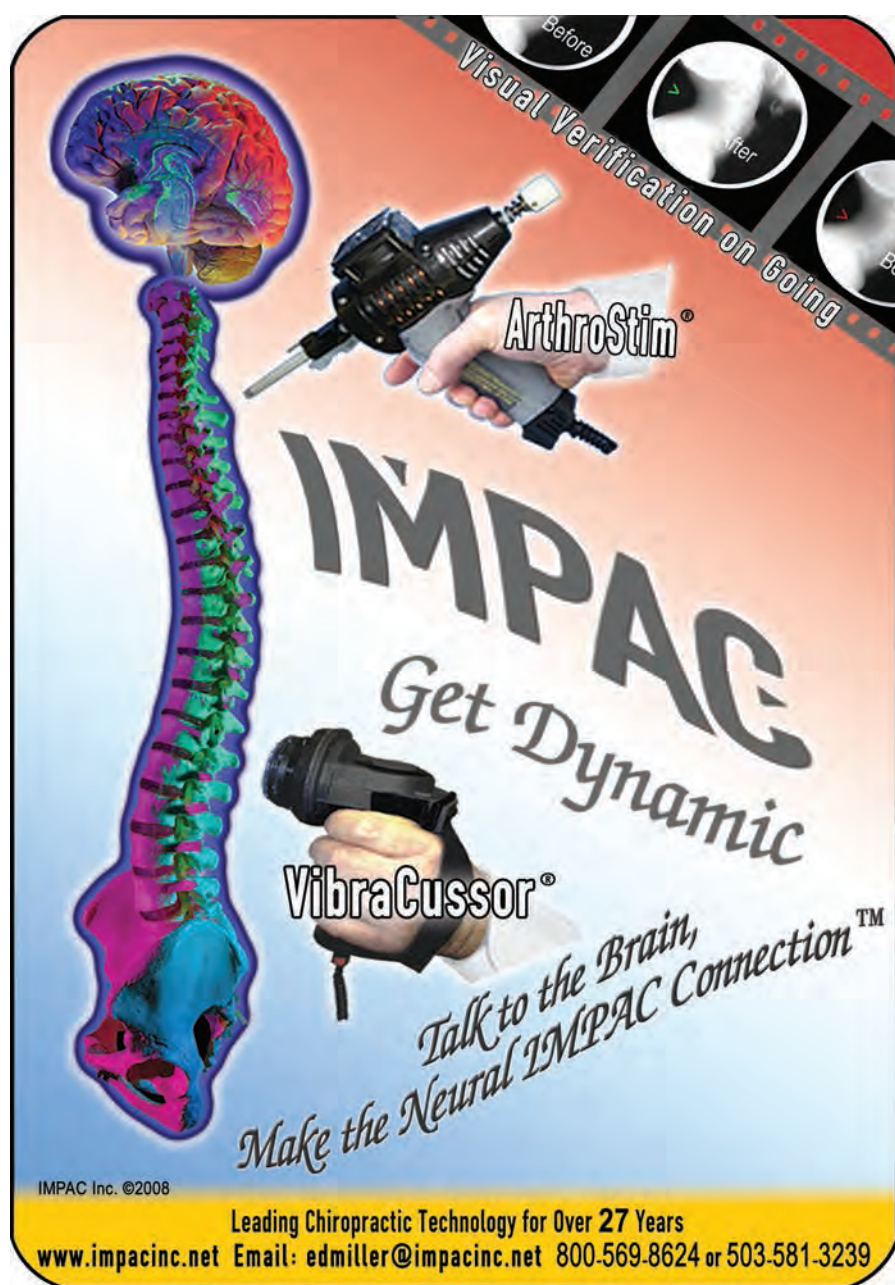
Be aware of these open-ended questions and try not to be too specific with your answers. These questions are not geared to elicit information about your case, but rather to create a red herring that the defense can use to attack you. 



Deborah Green, Esq., practices law in New York and Florida. If you have any questions concerning legal healthcare

issues, e-mail her at healthattorney@aol.com or call 954-923-0923.

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'See' your success

By Gary A. Daniel, DC

Whether we're students, doctors, or patients, we all have dreams.

And we all want to bring those dreams to fruition. Some of us realize our dreams; some never do — at least not to the extent we would've liked. The difference is vision.

Vision is the hallmark of nearly every elite athlete, businessperson, or anyone who has attained that highest level of success untouched by most.

As doctors (and soon-to-be doctors) of chiropractic, we have all felt like we are climbing an overwhelming mountain of mediocrity and disdain. A majority of the population doesn't have any idea what we really do or the benefits of our profession.

Sometimes we expect patients to stand in line to get through our doors so we can become successful by whatever standard we set.

And then when they don't come, we wonder why success and/or fulfillment evade us. The answer usually resides in our vision, or lack thereof.

Students often ask, "Where do you get good patients?" You know the type: compliant, trusting, educated in chiropractic, and those who always pay their bills. These "perfect" patients can be found anywhere. They're not born, but made or trained from the first day you meet them.

Visualize to realize

However, you must have visualized what you want and how you want them to be, first. You have to establish rapport and trust with your words and actions. You want to have seen in your mind's eye the way you should treat them as people first and patients second.

Students are often asked these basic questions about why they are pursuing chiropractic as a discipline:

- Is it money motivated, or do you feel called to serve others?
- Do you want to treat pain/symptoms for the money, or do you want the patient to have a genuine understanding of wellness and health?

It is incumbent upon us as the "new" guard of the healthcare shift currently taking place around the globe to be more than we presently portray. We must visualize our persona and our dreams in 3-D and manifest them step-by-step.

We must be the people we want as patients. That requires being comfortable in our own skin and recognizing our confidence and self-worth in order to progress to each level of our dreams.

Try this: Picture where you want to be in explicit detail, complete with feelings of happiness your chosen surroundings make possible.

After all, have you seen a person — professional or otherwise — ecstatic and content in a place that he or she detests?

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Or vice versa, have you seen people who are happy where they are, but dread every day they have to go to work at a job they hate?

If we can do what we love, love where we do it, *and* have the confidence, self-worth, and vision to show us the way, then we will reach a high level of satisfaction and contentment. At that point, success is almost assured.

Create a blueprint

Why is success almost guaranteed and failure all but impossible? That's because when we "see" how we want things or how they look in the future, we have created a blueprint to follow — a blueprint for success, not only in a chosen profession, but in life.

We've seen not only the end results, but the way to get there. When we put the patient first in our vision and hone our intent, success will seem to follow. It's not a coincidence.

To new and aspiring doctors of chiropractic, make your dreams real. See them in action before you even begin the journey. It will make all the difference in your life and your practice.

Be proud to be serving others with the right intent, be proud of a profession that has endured and continues to help so many, and be happy in what you do and where you do it.

Develop a keen sense of confidence and self-worth, but most of all have vision. ☺

Gary A. Daniel, DC, is a graduate of and an assistant professor at Parker College of Chiropractic in Dallas.

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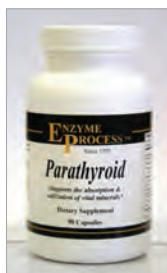
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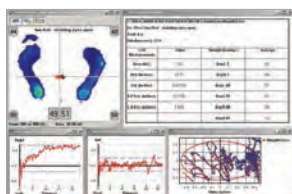
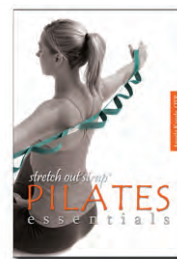
Call 800-521-8669 or visit www.enzymeprocess.com.



Exercise book

Stretch Out Strap Pilates Essentials by OTP is a book by Angela Kneale written to help you target dynamic exercises that both lengthen and strengthen the body. During exercise, this product provides sensory feedback that helps develop better posture, flexibility, muscular balance, and body symmetry, as well as core strength and shoulder stability.

Call 800-367-7393 or visit www.optp.com.



Posture tool

SAM (Sway Analysis Module) by Tekscan Inc. is a tool developed to analyze sway and assess balance and posture by detecting and measuring

parameters that would otherwise be unseen by the naked eye. SAM assesses the role of key posture, balance, and sway proprioception control elements such as vision, head position, occlusion, plantar foot contact, pressure, and weight-bearing patterns.

Call 800-248-3669 or visit www.tekscan.com.



Billing software program

Clinic Doctor Billing Service by Clinic Doctor Inc. is a free billing software program based entirely on the insurance claim collections your clinic receives. The software posts all the explanation of benefits, handles denial management, and sends invoices to your patients. ERAs will post to the accounting system and funds are deposited into your bank account.

Call 866-999-5859 or visit www.ClinicDr.com.

Instructional diagram

Thoracic Spine Diagnosis by Chiro-Manis Inc. is an easy-to-understand poster from James M. Cox, DC, DACBR, that is designed to depict thoracic spine conditions in order to easily explain to patients the source of their pain conditions. The poster contains large images and is in full color.

Call 800-441-5571 or visit www.chiromanis.com.



Web site development

Decompression Web site Development by Seaside Data Systems Inc. is a service offering an original practice Web site featuring streaming video, 3-D animation, search engine optimization, and an automated patient-intake system. The product also facilitates video marketing, lead-generation forms, and a spinal decompression directory.

Call 813-477-5352 or visit www.seasidedata.com.



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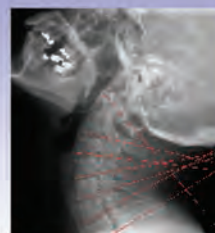
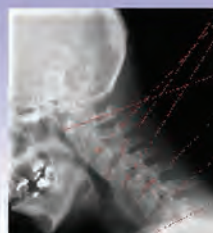
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