ISSUE #8: MAY 22, 2009

Chiropractic ECONOMICS

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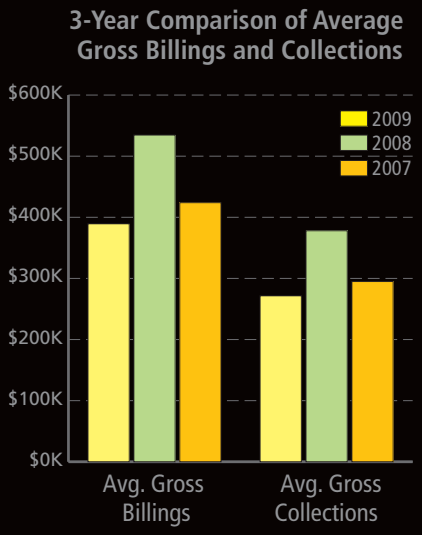
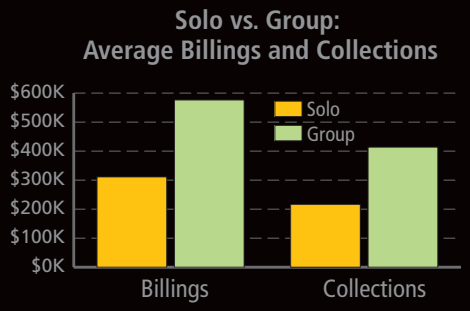
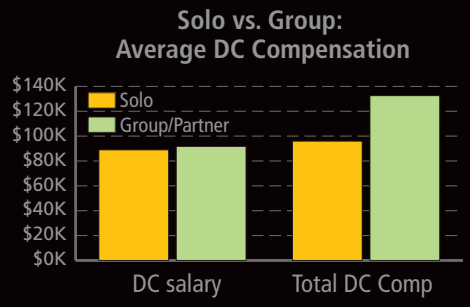






Survey Says...

RESULTS FROM OUR 12th ANNUAL SALARY & EXPENSE SURVEY

PAGE 32

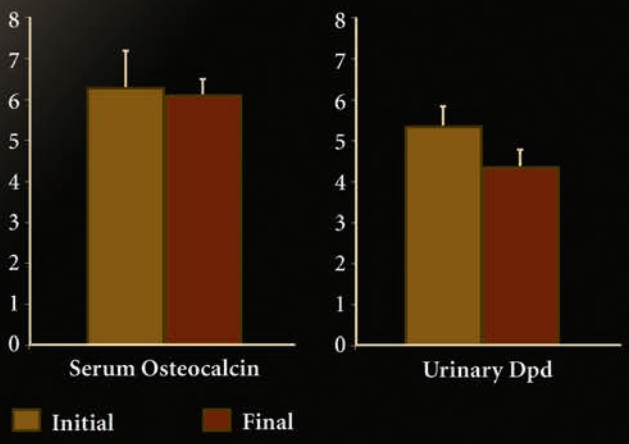
PLUS
Electrotherapy Directory
PAGE 56

Celebrating Our 55th Year!

New Research in Bone Regrowth

Calcifood®, Ostrophin PMG®, and Cataplex® D, used together, were found to decrease urinary deoxypyridinoline (Dpd), while maintaining osteocalcin levels (see chart).

These bone health supplements are unique because they provide readily absorbed nutrients from bone tissues to support the process of rebuilding and maintaining bone.*



During a three-month trial, patients with osteopenia were given Calcifood®, Ostrophin PMG®, and Cataplex® D at the regular dosage. Osteocalcin was unchanged while urinary Dpd, a marker used to assess relative rates of bone loss secretion, decreased 18%. Decreased Dpd suggests that less bone was lost over the three months. No change in osteocalcin further suggests a positive environment for bone formation.

*These statements have not been evaluated by the Food and Drug Administration. These products are not intended to diagnose, treat, cure, or prevent any disease.

To find out more about these and other Standard Process products, call 800-558-8740 and ask for our Bone Health Literature Packet (L6213) or visit standardprocess.com.

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IN EVERY ISSUE

Chiropractic ECONOMICS

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US PAT. 6,013,096; 6,746,473 PAT Pending: All PCT Countries 102866 [WO 03/015869], NR 202 20 925.3, JP 2004.538108 A 2004 12.24, GB 2394671, 535159, 2002320106

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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.**

Job Board

Visit **www.ChiroEco.com/jobboard** for employment opportunity listings for:

- Associates
- Billing
- Chiropractic Assistants
- Doctors of Chiropractic
- Faculty
- Front Office/ Reception/Scheduling
- Independent Contractors
- Marketing
- Massage Therapists
- Multidisciplinary Practice Opportunities
- Office Management
- Temporary Positions
- Other

More from this issue

After reading our annual salary survey, use our search engine to compare this years' survey to previous years. Available on the home page at **www.ChiroEco.com.**

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.**

Online Poll

How much has the recent economic situation affected your practice?

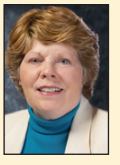
To enter your response and view the results of our last poll, visit **www.ChiroEco.com.**

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.

The Marketing Mentor
New Patients, New Patients...Where are you?
By Michelle Geller-Vino
www.ChiroEco.com/gellervino

Don't Practice on Your Practice
Practice 911-Thrive not just survive during the recession
By Dr. Paul Varnas
www.ChiroEco.com/varnas



StudentDC Interactive
Looking for a short-term position?
By Jean Murray, PhD
www.ChiroEco.com/murray

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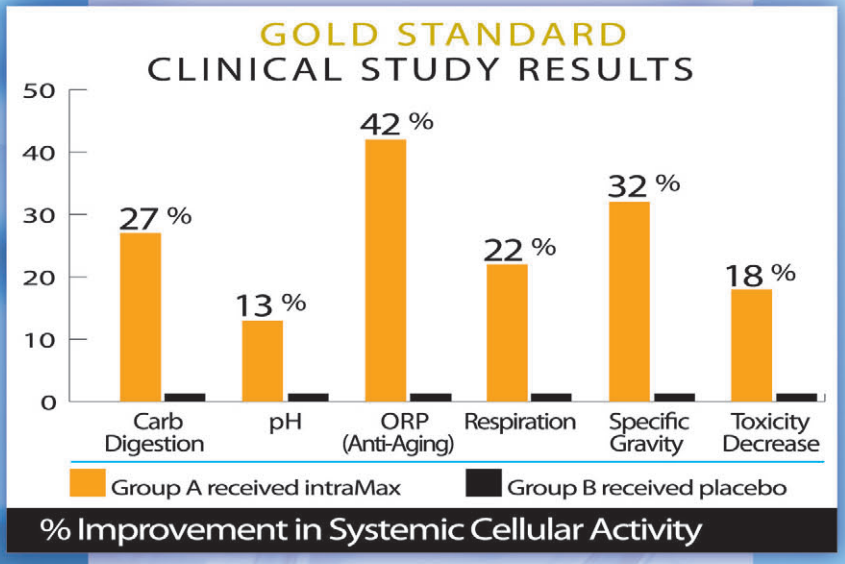

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Think of it like a game show

What is a DC's average total compensation for the year 2008? You have all of your lifelines including the 50:50, phone-a-friend, and ask the audience.

Not sure you know the correct answer? Then consider *Chiropractic Economics* as your phone-a-friend! Our feature story on page 32 has the results of our 12th Annual Salary & Expense Survey and it has the answers to that and other questions regarding salaries, compensation, and expenses. It also shows how this year's results compare to the last few years.

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

While the main focus of this issue is the survey results, you can also achieve better results in your practice by learning the levels of listening. The article, "Three levels of listening: Communicating to advance wellness," on page 23 will show you that when you learn to listen — really listen — you will be rewarded with a loyal following of patients who are genuinely interested in optimal health.

And having loyal patients and revenue for years to come is, ultimately, the goal with any practice. "Tell it to me straight, Doc" on page 28 shows how building relationships with your patients and having them understand the value of what you do and the care you provide are two elements that, when combined, will fill your office with loyal patients and revenue.

With all that this issue, and all our other issues as well, has to offer, when you are asked where you get your chiropractic practice questions answered, your choice should be *Chiropractic Economics*.

Is that your final answer? Yes.

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.

1995 *Chiropractic Economics* gets a new look and a new publisher, the Doyle Group.

1995 Chiropractic celebrates its 100th birthday in celebrations around the world.

1997 *Chiropractic Economics* launches its annual Salary & Expense and Fees & Reimbursements Surveys.

1998 American Chiropractic Association (ACA) files suit against the federal government to protect patients' rights to receive chiropractic care under Medicare.

2000 ACA files Trigon lawsuit for discrimination reimbursement policies.

Chiropractic ECONOMICS
DEDICATED TO PRACTICE GROWTH AND PROSPERITY SINCE 1954

Volume 55, Number 8

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TOP NEWS

Red Flags Rule enforcement delayed 3 months

Due to Congressional pressure supported by ACA, the Federal Trade Commission announced it will delay enforcement of the new "Red Flags Rule" until Aug. 1, 2009. This will give creditors and financial institutions more time to develop and implement written identity theft prevention programs.

Enforcement of the regulations was initially set to start May 1, 2009. According to ACA, they will continue to monitor this important policy and support members in compliance.

Source: American Chiropractic Association, www.acatoday.org

Need to know more about Red Flags Rule? Visit www.ChiroEco.com/FTCredflag to view the press release from the Federal Trade Commission, and then visit www.ChiroEco.com/redflag for information on how to comply and how it applies to you.

Chiropractic services discontinued in Alberta, Canada

The Alberta government's proposed 2009-2010 budget includes discontinuing coverage of chiropractic services, and it isn't sitting well with the more than 900 licensed chiropractors in Alberta providing care to almost one million patients per year — nor is it sitting well with the Alberta College and Association of Chiropractors (ACAC).

The ACAC is speaking out against the government's plan saying, "We are very unhappy with the decision to discontinue funding," said Dr. Clark Mills, ACAC president. "The inclusion of chiropractic services does far more to support a sustainable health system than to burden it."

The Minister's own comments indicating the importance of funding services that save the system money, improve health outcomes, decrease visits to the emergency rooms, and free up much-needed medical resources contradict the decision to discontinue chiropractic funding. In fact, these stated objectives would be best met by continuing funding, as chiropractic can deliver on each of them.

The ACAC made several attempts to contact the Health Minister to explore the rationale behind his decision and received no response.

Source: Alberta College and Association of Chiropractors, www.albertachiro.com

VCA, VSC form unification committee

The Virginia Chiropractic Association (VCA) and the Virginia Society of Chiropractic (VSC) announced their intent to unite into a single entity and the formation of a unification committee.

The unification will create a single, more influential association in the Commonwealth of Virginia that will better serve chiropractic doctors, patients, and the profession as a whole.

The goal is to reduce duplication, allowing the profession to devote more

Names in the News

Broughton reintroduces VDP to DCs

Dr. Bruce Broughton, inventor of the Vertebral Distraction Pump (VDP) Instruments, has formed a new partnership with field doctor, Gregg Anderson, DC, of Sacramento, Calif. and a new corporation, Bray International Inc. to better serve the chiropractic profession.

After 27 years of private practice He has now retired from and is devoted full time to continued research, marketing, and promotion of the VDP instruments and technique.

The VDP was patented and FDA registered in the late 1990s.

Source: Bray International Inc., www.vdpump.com

Kraus receives award from ICS

The Iowa Chiropractic Society (ICS) awarded the Iowa Board of Chiropractic (IBC) Service Award to Steven Kraus, DC, of Carroll, at its 2009 Annual Convention, in Des Moines.

Kraus was reciognized for serving on this board for nine years, and most recently as the chair for the past four years. He practices chiropractic at the Family and Specialty Medical Center in Carroll, and is CEO of Future Health Inc., a company that partners with chiropractors to deliver a comprehensive clinic management solution.

Source: Future Health Inc., www.futurehealthsoftware.com

Russell named Texas chiropractor of the year

Eric G. Russell, DC, of Commerce, Texas, was awarded

NAMES CONTINUED ON PAGE 12

Convenient Locations Near You!

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San Francisco • May 30-31
Drs. John Hyland and Margaret Seron
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Dr. Mitch Mally
Techniques for "The Magnificent 7"

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Dr. Dick Versendaal ‡
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Dr. Mitch Mally
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Dr. Manuel Duarte
Low Back Stabilization

MARYLAND
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Dr. Mitch Mally
Techniques for "The Magnificent 7"

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Dr. Kurt Larsen
Advanced Diagnostics and Treatment Protocols

NEW HAMPSHIRE
Portsmouth • October 10-11
Dr. Mitch Mally
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NORTH CAROLINA
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Dr. K. Jeffrey Miller
Practical Assessment of the Chiropractic Patient

OHIO
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Dr. Darwin Griffeth
Common Patterns of Postural Abnormalities

OREGON
Portland • May 30-31
Dr. Michelle Binkowski
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The Unification Committee is charged with fleshing out the myriad of organizational, operational, and legal details and considerations involved in bringing the two groups together.

Source: Virginia Chiropractic Association, www.virginiachiropractic.org

COLLEGE NEWS

CCC celebrates NPHW

In an effort to promote the benefits of a healthy lifestyle, Cleveland Chiropractic College's (CCC) Kansas City and Los Angeles campuses conducted several educational activities in recognition of National Public Health Week (NPHW), April 6-12.

Presentations and activities based around this year's theme, "Building the Foundation for a Healthy America," included a smoking cessation presentation; a discussion of public health and the legislative process; a presentation on the value of a healthy diet; a "Biggest Loser" weight-loss contest, and a luncheon hosted by the Student American Chiropractic Association (SACA).

Source: Cleveland Chiropractic College, www.cleveland.edu

INDUSTRY NEWS

ChiroTouch and Davlen Design join forces

ChiroTouch and Davlen Design have joined forces to bring complete, tailored solutions to their clientele.

By integrating advanced technology with superior design, ChiroTouch and Davlen have gone a long way in controlling the all-important patient perception. With only one opportunity to make a great first impression, chiropractors can now outfit their offices with both warm, inviting furniture and the premier software solution that instills confidence in every patient — a key aspect in increasing patient referrals.

Source: ChiroTouch, www.ChiroTouch.com

NAMES CONTINUED FROM PAGE 10

2009 Texas Chiropractor of the Year by the Chiropractic Society of Texas, an association of Texas chiropractors dedicated to leading the citizens of the state of Texas to a better understanding of the chiropractic lifestyle, thereby allowing them the ability to pursue a greater quality of life, health and wellness through chiropractic.

Russell currently owns and operates Beacon Chiropractic and is also an associate professor at Parker College of Chiropractic. Russell also served as past president for the Chiropractic Society of Texas and the Loyal Legion of Chiropractic Philosophers, and is a former board of director for the International Chiropractors Association (ICA).

Source: Beacon Chiropractic, www.beaconchiro.com

Rubinstein receives Memorial Research Fund

The NCMIC Foundation awarded the Jerome F. McAndrews, DC, Memorial Research Fund, to Sidney Rubinstein, DC, PhD, a 1992 graduate of the Los Angeles College of Chiropractic.

Sidney Rubinstein was selected for his long-standing efforts to advance research. Specifically, he was cited for contributing to practical applications for chiropractic practice, maintaining high ethical standards, and working collaboratively with professional interdisciplinary teams to enhance better understanding of patient treatments.

Source: NCMIC Foundation, www.ncmicfoundation.com

CCCKC student named to KPHA post

Rich King, a student at Cleveland Chiropractic College of Kansas City (CCCKC), has been named Student Section Chair by the Kansas Public Health Association. King, who is president of CCCKC's Public Health Club, will serve a one-year term.

In his position King hopes to consistently promote the chiropractic perspective, emphasizing healthy living through lifestyle, diet, and exercise. He also plans to help raise awareness of how chiropractic care can help with biomechanics, balance, injury prevention and recovery, and overall health.

Source: Cleveland Chiropractic College, www.cleveland.edu

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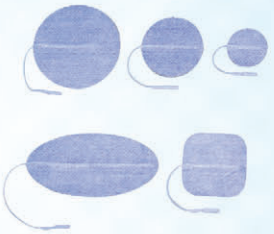

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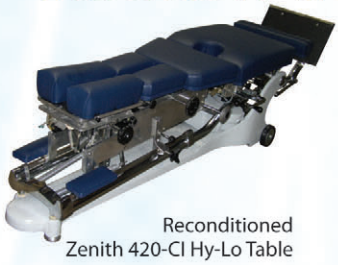

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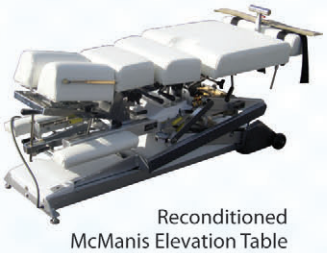

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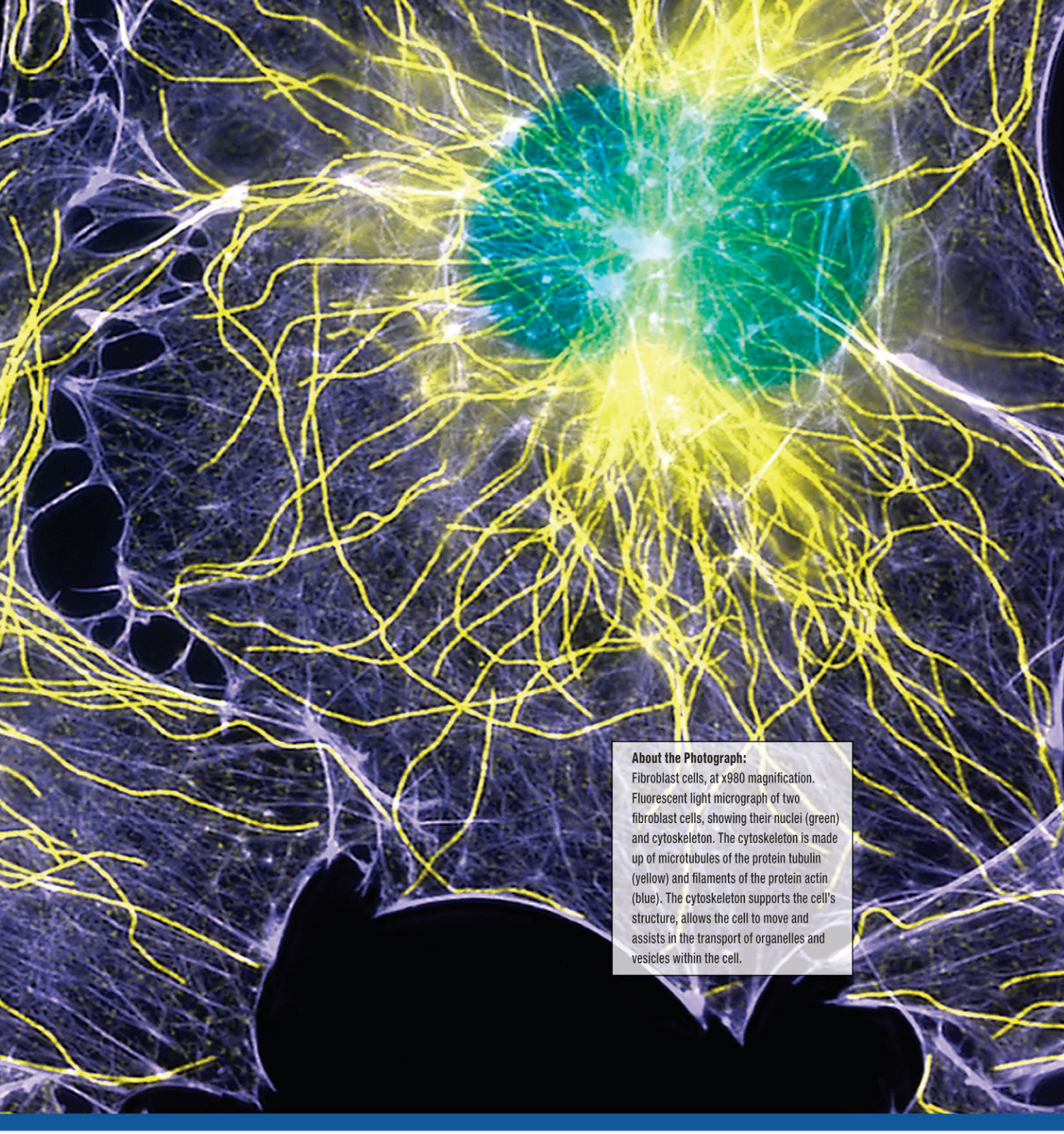

About the Photograph:
Fibroblast cells, at x980 magnification. Fluorescent light micrograph of two fibroblast cells, showing their nuclei (green) and cytoskeleton. The cytoskeleton is made up of microtubules of the protein tubulin (yellow) and filaments of the protein actin (blue). The cytoskeleton supports 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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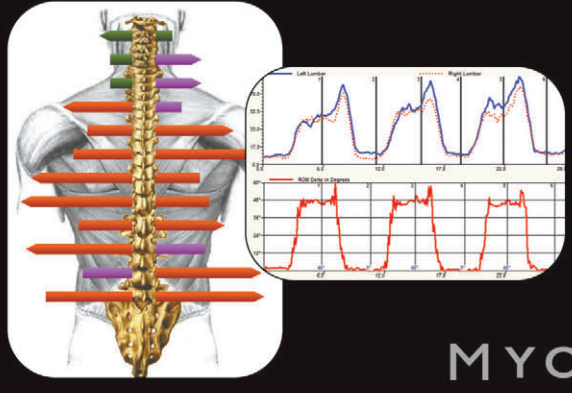

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MYOVISION

The e-mod effect

Impacting workers' compensation costs without compromising benefits

By John A. Godfrey, CPCU

Workers' compensation coverage is a necessary cost of doing business in America — and for good reason.

The needs of employees injured on the job must be addressed.

Fortunately, there are more opportunities to manage your workers' compensation insurance costs than you might think.

One way is to control the areas of risk that influence your experience modification factor, also known as your "experience mod" or "e-mod." An e-mod is used to adjust your premium based on your actual claims and expense experience.

It is not surprising that confusion surrounds the e-mod; it is complex. Risk managers often know that the e-mod impacts the amount of premium paid, but are rarely certain as to how.

In all circumstances, but especially in a declining economy and competitive pricing environment, understanding and monitoring factors that influence your practice's e-mod can make a real impact on its bottom line.

In business, everyone strives to be above average. This same principle applies to e-mods, which compare your company's workers' compensation claims and losses to other businesses within the same industry.

In other words, this factor indicates whether your losses are better or worse than expected for your industry.

So where does your organization's e-mod fall?

If your losses are lower than anticipated, your e-mod rating should be less than 1.00. Simply put, this lower rating, also known as a credit modifier, will lower your premium (most employers enjoy experience rating modification credits).

If your losses are higher than anticipated, your e-mod should be greater than 1.00. This higher rating, also known as a debit modifier, will raise your premium.

The e-mod calculation

Understanding how your e-mod is calculated is critical and can help manage costs as well as improve safety. Effectively managing the factors that influence your e-mod may deliver better outcomes by creating safer workplaces and, often, employees that are more engaged in their own safety.

Interestingly, these improvements may also positively

impact your bottom line by increasing productivity and lowering workers' compensation premiums. With the exception of a few states, the National Council on Compensation Insurance (NCCI) calculates e-mods. These "exception" states generally have their own rating bureaus separate from NCCI.[1]

The e-mod calculation is the comparison of your actual losses during an experience period with the expected losses for your actual payrolls and classification code(s).

The experience period usually includes three years of data, excluding the most recent year. Company size and unpredicted large losses are also considered in the calculation.

Metrics and contributing data used to calculate your e-mod include:

• **Class codes and payroll.** Understand the definitions of the classification codes assigned to your policy. Incorrect codes can lead to errors in the calculation of your e-mod. If you have questions, ask for clarifications on which rating class is applied to a specific employee or job.

• **Claims history.** Losses are categorized as primary or excess.

Primary losses are the first $5,000 of any loss. These losses carry the heaviest weight in determining the e-mod factor because claim frequency is more predictable than claim severity.

Excess losses are amounts more than $5,000. These losses carry increased weight in determining the e-mod factor for larger employers. They are capped at maximum values that vary by state.

Most underwriters believe that increased frequency indicates increased potential for a large loss. If you can reduce your frequency of claims, you may reduce your chances of having a large loss and potentially reduce your e-mod factor.

The e-mod "stickiness" factor

It is important to note that an e-mod is maintained through change of insurance carriers and most changes of ownership.

Focusing on prevention of losses can reduce your e-mod making your business more efficient, as well as more attractive to insurance carriers. Additional ways to manage your e-mod include:

• **Auditing reports.** Your e-mod is determined from data reported to the rating bureau by your workers' compensation insurance carrier.

Inaccurate information given to the rating organization by any insurer who provided coverage during the experience-rating period may lead to an inaccurate e-mod.

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• **Claim reports and loss control programs.** Discuss with your insurer the fastest, most-efficient way for you to report claims and how to take advantage of programs that deliver the best outcomes and cost savings.

For example: Most insurers have preferred provider networks and pharmaceutical discount programs. The quality of these programs and the savings they deliver can vary considerably. Ask questions.

• **Return to work programs.** Provide transitional duty programs for injured employees. These programs ensure that all parties are working toward a common goal of returning an injured employee to a productive position as soon as medically approved.

If the injured worker can return to work in less than seven days (the waiting period for loss wage payments in most states), the medical loss included in the experience rating formula is discounted by 70 percent in many states including Florida, Kentucky, Maryland, North Carolina, South Carolina, Tennessee, and Virginia.

The transitional duty program allows your business to achieve:

1. Productivity while an employee recovers from an injury or illness;

2. Accelerated reintegration of the employee into full productive status; and

3. Recognition by the employee that his or her presence at work, even in a limited capacity, has a positive value to your organization.

The cost of workers' compensation injuries, particularly medical costs, which represent more than half the total claim payments in most states, has been consistently rising.

Effective management of the factors that influence your e-mod can help deliver better outcomes and lower your premium. The employer has significant ability to control these variables.

What to look for

Finding the right carrier is crucial to ensuring cost control, and the carrier should have resources to help you create safer work environments.

Choosing a carrier with local knowledge enables them to better understand the particular economic drivers in your region, as well as the competitive factors impacting your business.

Understanding how your workers' compensation insurance premium is calculated should motivate you to look at safety factors impacting your workplace. Improving these safety factors may save you money and keep your workforce as free of injury as possible.

Take a few extra moments to identify a workers' compensation insurance carrier that will work with your company and take an active role in managing factors that influence your e-mod. It will payoff in the long run. CE

John Godfrey is the senior vice president of underwriting, loss control, premium audit, and business services for Key Risk Insurance Company, a member company of W. R. Berkley Corporation — an insurance holding company among the largest commercial lines writers in the United States. He can be reached at 800-942-0225 or through www.keyrisk.com.

REFERENCE

[1]States that have their own rating bureaus separate from NCCI include California, Delaware, Indiana, Massachusetts, Michigan, Minnesota, New Jersey, North Carolina, Pennsylvania, Texas, and Wisconsin.

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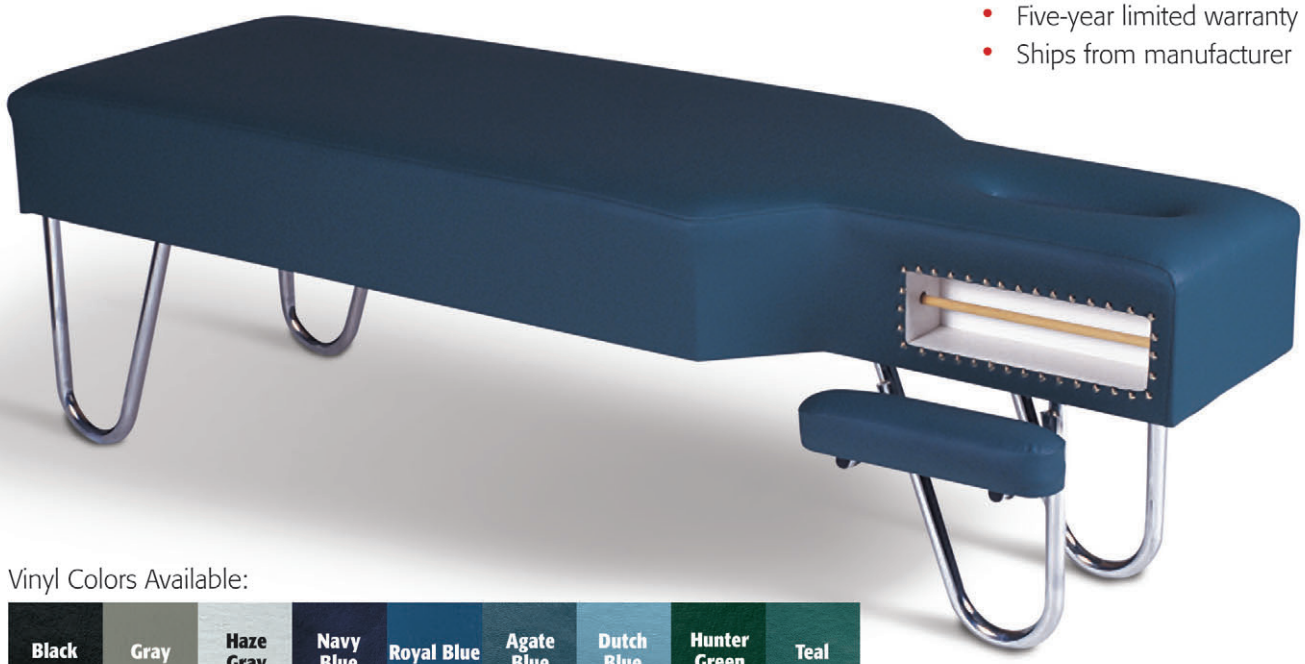

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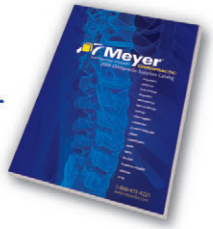

THREE LEVELS OF LISTENING:

Communicating to advance wellness

By Shelley Simon, BSN, DC, MPH, EdD

Many of you have a strong belief in wellness care and envision your practice with a foundational emphasis on it.

You market yourself as being focused on health rather than illness, hone your skills in using scripts designed to enroll patients in comprehensive wellness programs, and offer products and services intended to brand your practice and draw patients who are attracted to staying fit, active, and vital.

This is a lot of work which often pays off; however, too many well-intentioned, wellness-focused chiropractors overlook the most important investment they can make toward a sustainable practice — developing themselves as sophisticated listeners.

Three levels of listening

Remember a time someone "leaned in" to listen to you and how you felt heard, understood, and known? Patients feel safe and valued when they are listened to as well.

There are three distinct levels of listening, the second and third of which are more likely to stimulate positive feelings and reactions in others.

• **Internal listening.** The first level of listening is internal. Attention is turned inward as the person tries to figure out "what does this mean to me?" or "what's in it for me?" Patients, appropriately, listen to you at this level most of the time as they try to determine if you have what they need, if you can help them, or if they should trust you.

However, this level of listening for you, the doctor, is inappropriate and ineffective, particularly in a wellness practice where you and your patient are purportedly working in partnership — mostly because you begin thinking about how to get the patient to agree with you and follow your plan.

• **Patient-focused listening.** The second level is more patient-focused and requires paying attention to body language as well as words. You listen for clues about what the patient envisions for his or her health and what might be a motivator for lifestyle changes.

During this level, you also need to analyze tone, feelings, and expression while demonstrating empathy and engaging in an ongoing clarification process. Stay focused on the patient's agenda while offering information,

guidance, and recommendations that will help them take appropriate steps toward his or her health goals.

At this level, you are relaxed because you know that listening deeply (even when it takes more time) will yield useful information and help you assess the patient's readiness for wellness care. This, in turn, will result in a more appropriate plan and a better outcome.

• **Global listening.** The third level is called environmental or global listening. You are open, softly focused, and listen using level two skills, plus you access your own intuition while in conversation, read nuances, and hear what's not being said.

You ask more defining, deeper questions because you are energetically tuned into the patient. A successful practitioner will move seamlessly between level two and level three, and, in doing so, is better able to influence and motivate patients toward optimal health and wellness.

What are you listening for?

Because you serve patients and want to make a difference in their lives, you naturally have opinions, perspectives, and philosophies about what is in their best interest.

Yet, the key to improving health outcomes is to stay focused on the patients' needs and selectively using your skills and knowledge to coach them toward wellness as they become ready.

To help you become more skillful in listening to understand and respond to the needs and readiness of your patients, there are five suggestions to consider.

1. Listen for the patient's agenda. Too often, people listen with the focus on themselves. Astute patients pick up on this and factor it into their healthcare decision making.

Train yourself to stay with patients' agendas, meet them where they are in the moment, and provide care based on what they need and want.

2. Listen to build trust. When you listen with interest and curiosity, you're engaging in an authentic, shared experience — which builds trust. Active listening demonstrates that you value the patients' perspective and respect their depth of knowledge and intuition about their own health.

It's not easy to listen well — how often do you hear yourself asking "leading" questions or trying to indoctrinate a patient toward your

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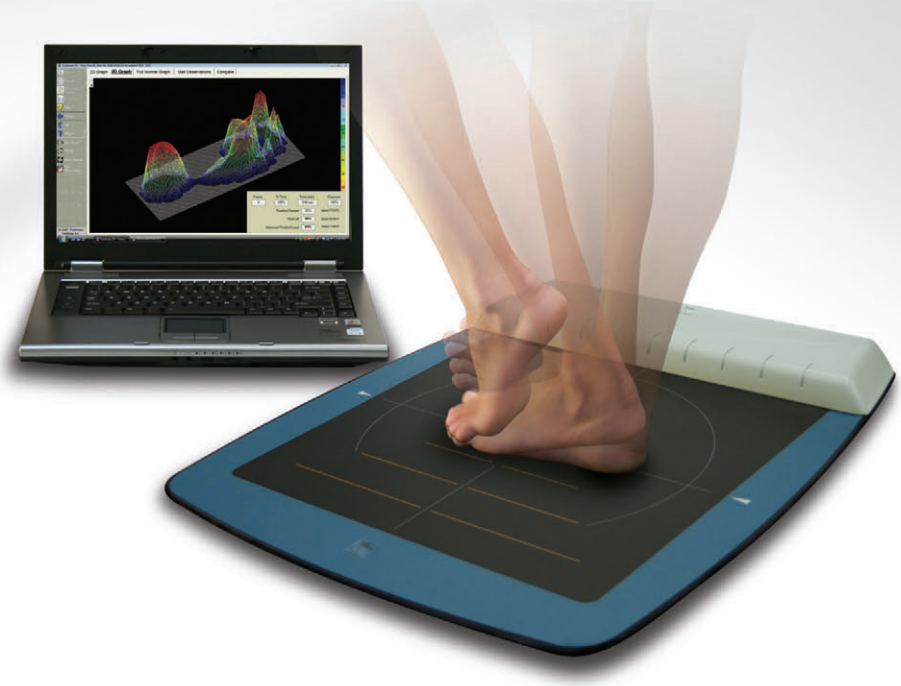

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way to thinking? Resist that temptation. Trust the patient and the patient will trust you.

3. Listen to ask the correct questions. Posing good questions is a powerful tool that must be used wisely — with an honorable intention, attitude, and regard for the patient.

Ask questions that require patients to reflect on their choices related to behavior, lifestyle, and self-care, and listen for clues about how you can support them with suggestions to make changes that improve their quality of life.

4. Listen for unspoken biases or concerns. Sometimes you have to ask "risky" questions to uncover concerns even the patient may not be aware of.

For example: The gentleman who is in your office at the urging of his wife, but he doesn't really believe you can help him.

Or the patient who wants to follow your treatment plan, but is wondering how she'll pay for it.

Ask questions you're afraid to hear answers to, but listen intently to the responses. Make sure you pay close attention to tone and body language.

5. Listen for commitment. When you sense readiness on the patient's part or pick up on language that suggests motivation or a willingness to change, you may be hearing commitment.

Take that opportunity to offer suggestions and advice, provide resources, review the benefits of positive lifestyle changes, discuss potential challenges, and help develop a plan for enhancing health and wellness.

While you are fully committed to your patients' well-being and healthy lifestyle choices, it is essential to recognize that each patient is an individual with his or her own specific needs and level of readiness.

When you listen, keep in mind the three levels of listening and try to operate mostly at levels two and three. Always remember to meet your patients where they are, focus on their agenda, and respond to what will move them forward and help them achieve their wellness goals.

When you lean in and listen — really listen — you will be rewarded with a loyal following of patients who are genuinely interested in optimal health.

Shelley Simon, BSN, DC, MPH, EdD, is the founder of Beyond Practice Management. Her customized services and innovative programs help chiropractors develop high-functioning teams, improve interpersonal and communication skills, increase patient retention, and enjoy profitable practices. She can be reached at 503-504-5585 or through www.beyondpracticemanagement.com.

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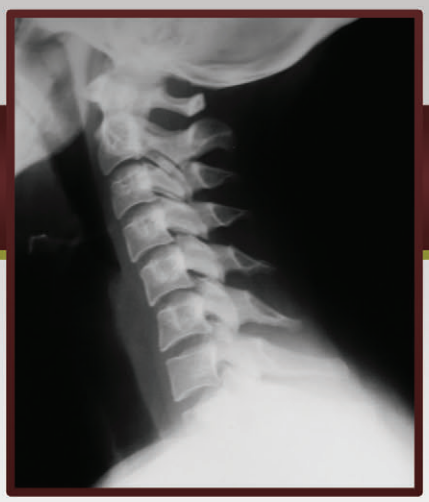

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Tell it to me straight, Doc

How to improve patient communications

By Monica Wofford, CSP

Communication is key — in fact, it's everything. So often, however, people are not taught how to do it well.

Most of your patients lack a chiropractic degree, yet some of you talk to them as if they speak the lingo of a veteran colleague.

You are so wrapped up in the day-to-day knowledge you use that you assume patients share this understanding. Or, you do not use the lingo, but fail to understand how your words land on others.

You want to tell it to them straight because it's not what you say, but how you say it — but exactly how *do* you say it?

How you communicate with patients will determine how well they understand the benefits of chiropractic, the value of what you do, and how easily they can convey this to other potential patients.

Communication occurs whether you like it or not, and how you do it will vary based on your personality and style, but there are a few good rules to keep in mind.

Rule #1: Ask for recall, confirm understanding. Anytime you ask someone if they understand, the automatic response will be yes — even if they weren't even sure you were talking to them.

Most people don't want to look silly, foolish, or as if they don't know. When you confirm whether or not they understood what you said, ask them to repeat or recall what you said and how they heard it.

Don't look for a carbon copy of what you said, but rather a confirmation that the message was heard.

Rule #2: Watch body language. Generations have been taught that arms crossed in front of one's body indicate a negative or closed thought process.

Much like this is not always true, there is very little in body language that is definitively one thing.

The key is to pay attention to changes, tension in the muscles, and indications that in context would give you the impression that the words are not aligned with thoughts.

When a patient says she's fine, but you can visibly see tension in the neck and the facial expression gives the impression that all is "not fine," pay attention.

Note: There is a distinct difference between paying attention and making notes, and prying.

Rule #3: Note the tone. Adults want you to "get them," but are not always comfortable telling you the truth or information that may create a conflict or disagreement.

For example: You tell a patient to sleep on a pillow they recently bought and when you ask how it went or if there were changes, they stammer and sputter and tell you in an all too enthusiastic response that the new pillow is great. It's as if they suddenly were promoted to head cheerleader and whipped pom-poms out from under the exam table.

> Communication is the most important element of relationship building.

This is an obvious exaggeration that, even if you weren't paying attention, could be spotted from across the office. However, the challenge in some communication encounters is that you are not always paying attention to the cues or how your words land on others.

Rule #4: Keep personal professional. When working in public service, or rather serving the public, there will be misunderstandings and misinterpretations and people who bring you their bad day. The key is to not take things personally.

Usually, those who make critical comments to you or about a staff member are sharing well-intentioned feedback in a less-than-friendly way. After all, if they didn't want you or the situation to improve, why would

Do your patients suffer from

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- ❑ Headaches
- ❑ High Blood Pressure
- ❑ Arthritis
- ❑ Fibromyalgia
- ❑ Joint Pain
- ❑ Constipation
- ❑ Back Pain
- ❑ Diabetes
- ❑ Neuropathy
- ❑ Edema
- ❑ Restless Legs Syndrome
- ❑ Poor Circulation
- ❑ Insomnia
- ❑ Sleep Apnea

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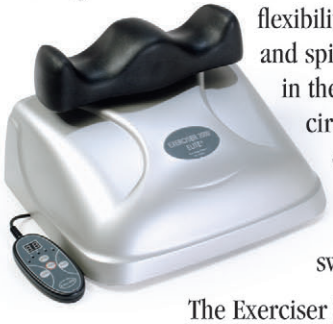
Using the Exerciser 2000 Elite™ can help promote flexibility in the ankles, knees, hips and spine, relaxation of the muscles in the back, and increase circulation in the lower extremities. Increasing the circulation in the lower extremities can help relieve swelling in the ankles and legs.



The Exerciser 2000 Elite™ is engineered and manufactured to the highest standards to ensure reliability and many years of service. It can be used for commercial use in pain clinics, health and exercise clubs, or it can be used at home.

A Brief Explanation from a Chiropractor

The Exerciser 2000 Elite™ stimulates the spinal column through a rhythmic serpentine motion. While the spine is moving, the surrounding soft tissue is also moving. This musculature and ligamentous tissue is also being stretched, in which increased flexibility is gained. There is also a benefit of motion within all the tissues of the body, including the myofascial tissues of the abdomen and chest. As these tissues are moved, we find that the circulation has increased and especially in the lymphatic tissues we see circulation that is increased dramatically. These tissues require motion to function, as they are not under pressure like the arterial and venous systems. The use of the Exerciser 2000 Elite™, in the office, can be billed to insurance providers under several billing reimbursement codes such as: 97112 for neuromuscular reeducation, 97250 for myofascial release, 97110 for therapeutic passive exercise, 97265 for joint mobilization, 97140 mechanical therapy techniques and 97530 for therapeutic activities. E0935 can be used for selling a machine to a patient under Durable Medical Equipment (DME) as a Passive Motion Exercise Device. In conclusion, the Exerciser 2000 Elite™ fits very well into the vitalistic philosophy. It enables people to benefit themselves at home. It is a valuable asset in moving lymph fluid, oxygenating the blood, increasing immune system function, maintaining mobility in the spine, and additionally freeing up a spine that has become stiff and arthritic. This machine assists and helps people maintain health and function throughout their lifetime. *—Garry G., D.C.*

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they bother telling you how to make things better?

Rule #5: Stress changes everything. Anything you do well in normal circumstances can become a negative behavior when the stress hits the fan.

If you are normally a direct communicator who shares information in a "straight talk" format, this might become a dictatorial and controlling kind of communication when you are stressed.

Pay attention to your own stress level and remind yourself that delicate conversations might well wait to be had when the stress is less.

The same is true for your patients who arrive in an already stressed out state. They may not realize how they sound or what they are saying entirely, just as you don't always realize the stress you are experiencing until it is incredibly obvious.

Communication is the most important element of relationship building.

Building relationships with your patients and having them understand the value of what you do and the care you provide are two elements that when combined will fill your office with loyal patients and revenue for years to come.

All it takes is dutiful attention paid to the art of communicating your intention.

It can be simple if you focus and, in this case, follow the straight talk, Doc.

Monica Wofford, CSP is the CEO of Contagious Companies and a nationally known trainer, speaker, coach, and author of *Contagious Leadership* and *Contagious Chiropractic Customer Service.* She can be reached at 866-382-0121 or info@monicawofford.com.

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Survey Says...

How did the responses add up in our 12th Annual Salary & Expense Survey?

Surveys are funny things. Hundreds get sent out, thousands of questions get answered, and the answers get analyzed — pretty basic, right? Yet there is a lot that goes on "behind the scenes."

Chiropractic Economics has conducted this same salary and expense survey for the past 12 years with a few minor tweaks and question changes as the times change, and yet the results are different every time.

Granted, that is to be expected with a salary and expense survey as fees, prices and the like change; however, when it is so different from the previous year, you have to wonder why or how.

While we know the results can only reflect those who make the effort to complete it, perhaps the tough economic times of this past year had an effect on the numbers, or maybe there were overachiever respondents the previous year.

With that being said, the overall results of our 12th Annual Salary & Expense Survey show a decrease in numbers from last year, but more in line with the survey from two years ago.

This year's survey was completed by more respondents (435) than in 2008 (341), but not as many as in 2007 (575).

SIGNIFICANT FINDINGS

• **Billings and collections.** Last year, the average gross billings was $534,596, and in 2007, it was $423,919. This year's survey reported average gross billings of 389,387 — a 27.1 percent decrease from last year, but only an 8.1

About this survey

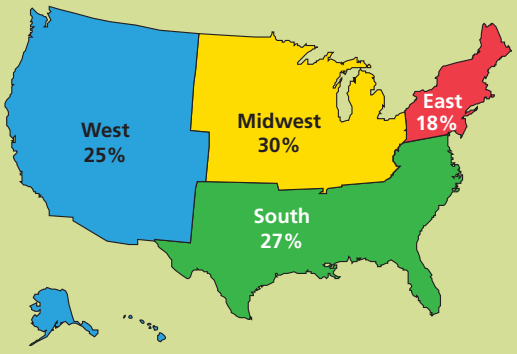
Throughout March and April 2009, we here at *Chiropractic Economics* invited both readers and nonreaders to participate in our 12th Annual Salary & Expense Survey, a confidential Web-based questionnaire.

We extended the invitation by e-mail and through announcements in our e-newsletter and Newsflash. Additionally, we invited a number of state associations to encourage their members to participate in the survey.

We thank all that participated for their help.

• **Respondents.** A total of 435 individuals completed the survey.

• **Regional representation.** Respondents came from all areas of the United States — East, 18 percent; Midwest, 30 percent; South, 27 percent; and West, 25 percent. A number of states were not represented in the survey: New Mexico, Vermont, New Hampshire, and Montana.



• **Statistics.** You will find reference to only averages (or means) in this year's survey. After your feedback about previous years' surveys, we made it simpler by only stating averages.

The average is the number calculated by dividing the total by the number in the set — an arithmetic average.

decrease from the previous year.

Collections saw a similar fate. Last year, the average gross collections was $377,983, and in 2007, it was $294,909. This year's survey reported average gross collections of 271,543 — a 28.1 percent decrease from last year, but only a 7.9 percent decrease from the previous year.

Perhaps both of these decreases are due to the recession.

• **Salary.** Respondents reported their average DC salary in 2008 to be $111,263, and in 2007 it was $94,116. This year the results revealed the average DC salary was $94,454 — a decrease of 15.1 percent from last year, but a slight increase from 2007.

• **Average DC total compensation.** For unincorporated DCs, total compensation is earnings *after* tax-deductible expenses but *before* income taxes.

For DCs in a professional corporation, it is the sum of salary, bonuses, and retirement/profit-sharing contributions made on their behalf.

In 2008, respondents said they had an average total compensation of $165,686, and in 2007, the average total compensation was $118,709. This year, that figure was $145,791 — a 12.0 percent decrease from last year, but a 22.8 percent increase from 2007.

3-Year Comparison of Respondent Information

PERSONAL CHARACTERISTICS	2009	2008	2007
Average age	44.9	41.9	42.0
Male	83.6%	82.1%	80.4%
Female	16.4%	17.7%	19.6%
Years in practice	16.2	13.2	13.1
Solo practitioner	70.9%	70.4%	70.5%
Group practitioner/partner	23.8%	24.9%	25.8%
Associate	3.9%	4.7%	3.7%
Franchise owner	1.4%	3.9%	2.3%
PRACTICE CHARACTERISTICS			
Suburban	59.0%	59.7%	61.8%
Urban	28.3%	26.7%	23.1%
Rural	12.7%	13.6%	15.1%
No. of employees	2.9	3.2	3.0
Hours/week in patient care	32.2	31-35	31-35
Average PVA	36.4	33.7	30.3
Average patient visits/week	110.0	120.0	100.0
Average new patients/week	5.7	5.0	4.0
INCOME COMPARISONS			
Average gross billings	$389,387	$534,596	$423,919
Average gross collections	$271,543	$377,983	$294,909
Average DC salary	$94,454	$111,263	$94,116
Average DC total comp.	$145,791	$165,686	$118,709
EXPENSES			
Advertising	$12,604	$14,072	$11,015
Malpractice insurance	$2,335	$2,686	$2,373
Office lease or mortgage (yr)	$23,692	$23,232	$22,594

Our 'typical' respondent

Our survey appealed to a wide range of individuals, from 25 years old to 72 years old, who have been in practice for approximately one year to more than 49 years. By looking at averages, we can paint a picture of a "typical" respondent, who is:

- Male. Only 16.4 percent of respondents were female;
- 44.9 years old;
- A solo practitioner (70.9 percent); and
- Licensed in 1.5 states;

Our average respondent:

- Owns 1.1 clinics;
- Prefers to practice in the suburbs (59.0 percent);
- Employs 2.9 individuals in the clinic (1.8 of whom work full time);
- Sees 110.0 patients each week;
- Has a patient-visit average (PVA) of 36.4;
- Attracts 5.7 new patients each week; and
- Sees patients 32.2 hours a week.

This respondent:

- Has average billings of $389,387 and collections of $271,543 for a reimbursement rate of 69.7 percent;
- Sells products to patients for 4.07 percent of gross revenues;
- Pays his CAs $24,430 and himself $94,454; and
- Enjoys average total compensation of $145,791.

Finally, this typical respondent spends $23,692 on office leases or mortgages, $12,605 on advertising, and $2,335 on malpractice insurance.

Overview of 2009 Respondents

PERSONAL CHARACTERISTICS

Average age	44.9
Male	83.6%
Female	16.4%
Years in practice	16.2
Solo DC	70.9%
In a group/partnership	23.8%
Associate	3.9%
Franchise owner	1.4%
No. of state licenses	1.5

CLINIC CHARACTERISTICS

Clinics	1.1
Urban	28.3%
Suburban	59.0%
Rural	12.7%
Employees	2.9
Avg. PVA	36.4
Avg. patients/week	110.0
Avg. new patients/week	5.7
Cash practice	22.8%

SPECIALTY

General	61.6%
Family	22.7%
Sports/Rehab	8.5%
Pediatrics	1.2%
Other	6.0%

SPECIALISTS IN CLINIC

LMT	81.3%
Acupuncturist	24.5%
PT	5.8%
Nutritionist	7.7%
Trainer	3.2%
MD/DO	7.1%
Other	9.7%

INCOME

Avg. billings	$389,387
Range	$10K-$3M
Avg. collections	$271,543
Range	$9.1K-$2.1M
% income from retail	4.07%

AVERAGE SALARIES

Associate	$61,719
MD/DO	$128,666
CA	$24,430
LMT	$22,044
PT	$55,000
DC	$94,454
Total DC comp.	$145,791

AVERAGE EXPENSES

Advertising	$12,605
Malpractice insurance	$2,335
Office lease/ mortgage (yr)	$23,692

MODALITIES PROVIDED

Nutrition	59.4%
PT	61.4%
Exercise	61.4%
Massage	53.8%
Weight Loss	21.8%
Acupuncture	21.8%
Homeopathy	7.9%

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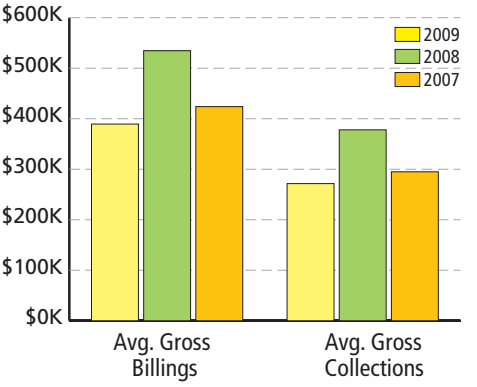
Average billings and collections

Both billings and collections decreased significantly from 2008, but is more on par as to what was reported the year before. In 2007, respondents reported average gross billings of $423,919. In 2008, that number rose to $534,596 — but decreased to $389,387 in this year's survey.

Collections also saw a decrease compared to last year. Similar to the billings' scenario, average collections decreased from last year's numbers only to be more in line with the year before. In 2007, average gross collections were $294,909. They increased to $377,983 in 2008, only to decrease in 2009 to $271,543.

3-Year Comparison of Average Gross Billings and Collections



DCs to MDs: How do you compare?

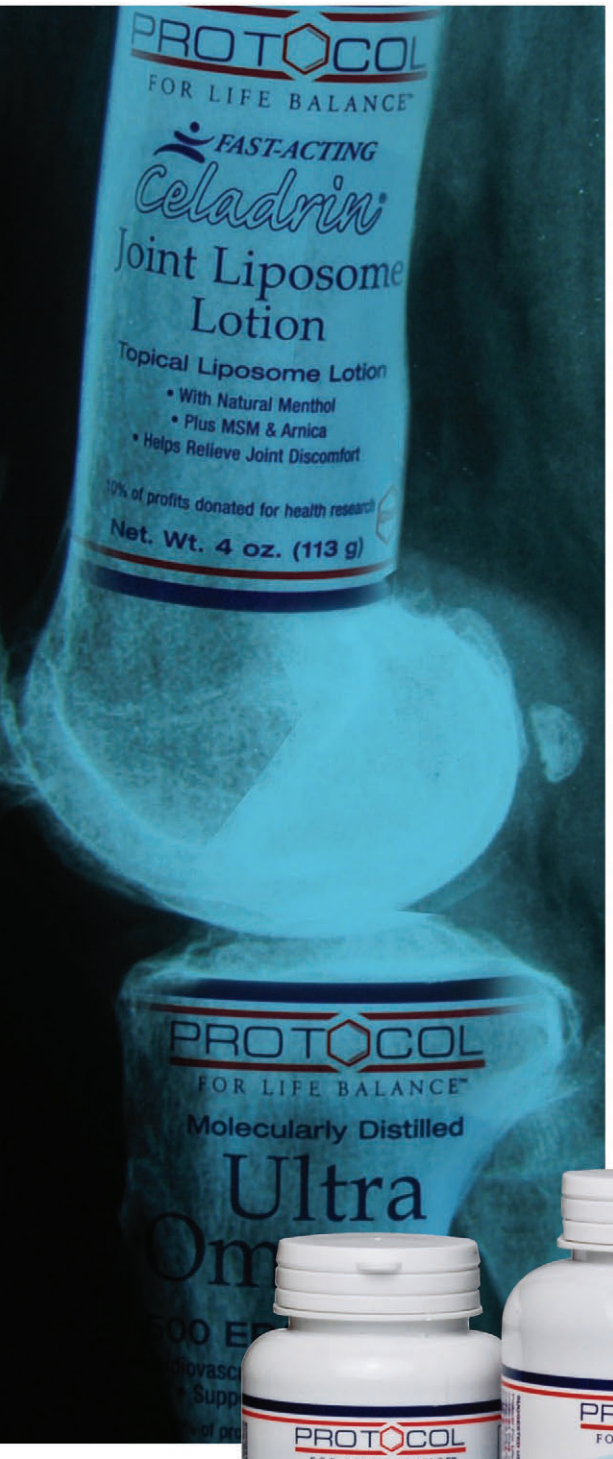
Are you curious to see how you compare to MDs in compensation, patient hours, and malpractice insurance premiums? Our survey found that mean average total compensation of respondents was $145,791.

According to *Medical Economics* magazine (www.memag.com), the median total compensation of all primary-care physicians was $187,500. (Average figures were not reported.) *Medical Economics* magazine, which conducts a survey similar to ours each year, reported its latest survey findings in its Aug. 1, 2008, issue.

To earn this median total compensation, primary-care physicians worked 46 hours per week (down from 50 hours last year) to see an average of 94 patients (also down from last year, which was 100 patients).

Although the total compensation of DCs is lower, our survey found that DCs see an average of 110 patients while working 32.2 hours per week.

In addition to working fewer hours per week, DCs also have something their MD colleagues do not — lower malpractice insurance premiums. Primary-care medical doctors pay on average $17,500 for malpractice insurance, while DCs, on the other hand, pay only $2,335 on average.



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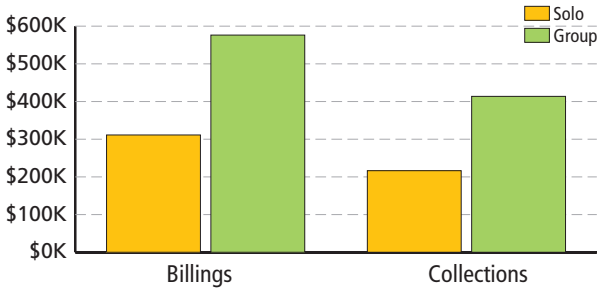
Group versus solo

One way to grow your practice is to take in partners or associates. This year's survey shows that groups or partnerships have more billings and collections than solo practices.

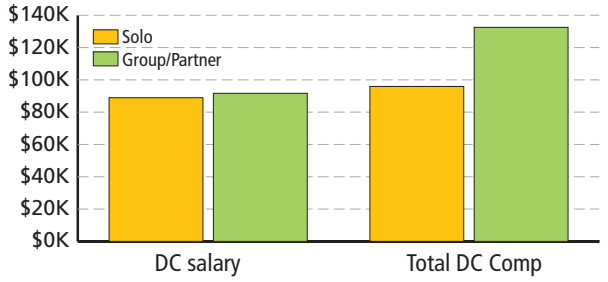
- Reported average billings for groups was $576,349 — whereas solo practices saw average billings of $311,277.
- Average collections for groups was $413,701 — significantly higher than solo practices, $216,493.

As expected, expenses for groups were higher than those for solo practices. This year we asked respondents to tell us how much they spent on advertising, on malpractice insurance, and their office lease or mortgage per year.

Solo vs. Group: Average Billings and Collections



Solo vs. Group: Average DC Compensation



Groups spent on average $51,915 on these three major areas of business expenses, with the majority of dollars ($37,500) spent on the office lease or mortgage. Solo practices spent $33,791 on these three major areas of business expenses, with $22,478 spent on the office lease or mortgage.

The average total compensation for group practitioners was reported at $132,523, compared to $95,924 average total compensation for solo practitioners. *(Note: Total compensation for unincorporated DCs is defined as earnings after tax-deductible expenses, but before income taxes. For DCs in a professional corporation, it is the sum of salary, bonuses, and retirement/profit-sharing contributions made on their behalf.)*

Comparison of Solo and Group Practices

CLINIC LABEL	SOLO	GROUP
Clinic	68.4%	56.8%
Wellness center	27.5%	32.4%
Medical spa	0.7%	0.0%
Rehab center	3.4%	10.8%
Franchisee	0.0%	0.0%
CLINIC STATISTICS		
No. of employees	2.4	4.3
No. of FT employees	1.4	2.9
PVA	37.8	37.7
No. of patients/week	90.9	147.4
New patients/week	4.4	9.3
Cash only	23.4%	24.3%
Average billings	$311,277	$576,349
Average collections	$216,493	$413,701
COMPENSATION AND BENEFITS		
Retirement	14.8%	32.6%
Healthcare benefits	35.3%	31.3%
Incentives or bonuses	46.1%	76.7%
Profit sharing	8.4%	15.5%
Paid time off	61.9%	75.3%
Average CA salary	$23,733	$24,093
Average LMT salary	$21,277	$25,545
Average DC salary	$88,963	$91,671
Average total DC comp.	$95,924	$132,523
SERVICES PROVIDED		
LMT	25.4%	36.8%
Acupuncturist	6.8%	13.5%
PT	0.1%	1.9%
Other	3.2%	4.8%
Nutritionist	2.2%	4.8%
Trainer	0.1%	1.9%
MD/DO	1.3%	6.7%
EXPENSES		
Advertising	$9,242	$11,378
Malpractice insurance	$2,071	$3,037
Office lease/mortgage (yr)	$22,478	$37,500

According to last year's survey, 40.7 percent of group DCs worked 36 or more hours per week, compared to 32.3 percent of solo practitioners.

This year's survey revealed a change. Only 31.3 percent of group DCs reported working 36 or more hours per week, while solo DCs reported 32.5 percent.

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DC vs. Integrated Healthcare Clinics: Significant Comparisons

PRACTICE TYPE	INTEGRATED HEALTHCARE CLINIC	DC ONLY
Solo	68.2%	72.6%
Group/partnership	26.5%	21.9%
Franchisee	0.5%	1.9%
CLINIC LABEL		
Clinic	64.3%	66.1%
Wellness center	26.3%	28.8%
Medical spa	0.5%	0.7%
Rehab center	8.1%	4.2%
LOCATION		
Urban	29.1%	27.6%
Suburban	62.5%	56.9%
Rural	6.6%	15.3%
SPECIALTY		
General	61.3%	61.4%
Family	13.3%	25.2%
Sports/Rehab	13.3%	7.0%
Pediatrics	0.0%	1.1%
Other	9.3%	5.0%
CLINIC STATISTICS		
No. of employees	3.7	3.1
No. of FT employees	3.1	2.1
PVA	38.1	35.1
Patients per week	130.9	96.7
New patients/week	6.5	5.4
Cash only	17.9%	24.1%
EXPENSES		
Advertising	$32,689	$9,374
Malpractice insurance	$2,898	$2,276
Office lease/mortgage (yr)	$34,260	$25,596
COMPENSATION AND BENEFITS		
Offers retirement plan	28.9%	21.9%
Healthcare benefits	26.0%	22.6%
Offers incentives or bonuses	56.3%	40.3%
Profit sharing	7.2%	7.6%
Paid time off	72.4%	64.5%
Average CA	$28,158	$24,166
Average LMT	$32,300	$26,578
Average DC	$114,689	$81,069
Average total DC comp.	$137,891	$99,925

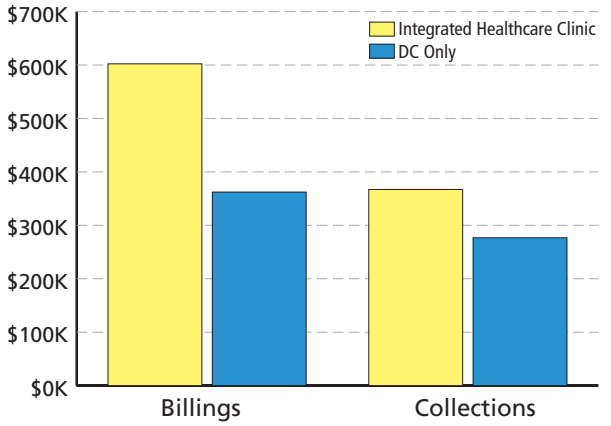
Integrated healthcare clinics earn more

Practices with a chiropractor and a medical doctor (MD) and/or a physical therapist (PT) are considered integrated healthcare practices or multidisciplinary practices.

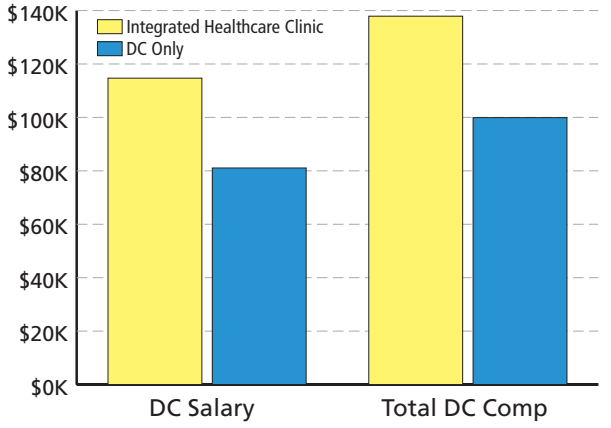
Respondents reported extraordinary billings, collections, and total compensation packages.

- **Billings.** Integrated practices had billings of $602,260, compared to $362,236 for solo DCs.
- **Collections.** Practices having an MD or PT on staff had collections of $367,102, compared to $276,789 for solo clinics.
- **Salaries and total compensation.** DCs in multidisciplinary (or integrated) practices were paid an average salary of $114,689, while those in DC-only clinics were paid an average of $81,069.

DC vs. Integrated Healthcare Clinics: Comparison of Financials



A Look at Average DC Compensation



Salary is not the only measure of compensation.

Total compensation for unincorporated DCs is defined as earnings after tax-deductible expenses but before income taxes.

For DCs in a professional corporation, it is the sum of salary, bonuses, and retirement/profit-sharing contributions made on their behalf.

DCs in integrated healthcare clinics reported average total compensation packages worth $137,891, while solo DCs had average total compensations of $99,925.

MORE DATA OF INTEREST

The survey uncovered some other interesting data concerning integrated healthcare practices:

• **Name change.** According to last year's survey, 40.5 percent of integrated healthcare practices labeled themselves as clinics, 18.5 percent were wellness centers, and 37.8 percent were rehab centers.

This year's survey reveals a shift in names.

Of those responding, 64.3 percent call themselves a clinic, 26.3 percent are wellness centers, and only 8.1 percent are calling themselves a rehab center.

• **Better bonuses.** More multidisciplinary practices (56.3 percent) tend to offer incentives or bonuses than DC-only practices (40.3 percent).

Likewise, more (72.4 percent, compared to 64.5 percent) offer paid time off.

• **Better pay.** Pay and benefits generally go together. Consequently, integrated healthcare practices pay CAs and licensed massage therapists (LMTs) better than DC-only practices.

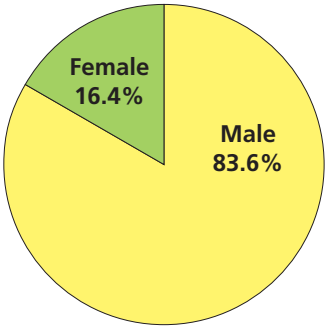
Battle of the sexes

It is the age-old fight — male versus female. But how do female chiropractors really compare to male chiropractors? This year, 16.4 percent of our survey takers were female, and according to past surveys, that number has remained fairly consistent over the past few years. In 2008, 17.7 percent were female; in 2007, 19.6 percent; and in 2006 and 2005, 15.6 percent.

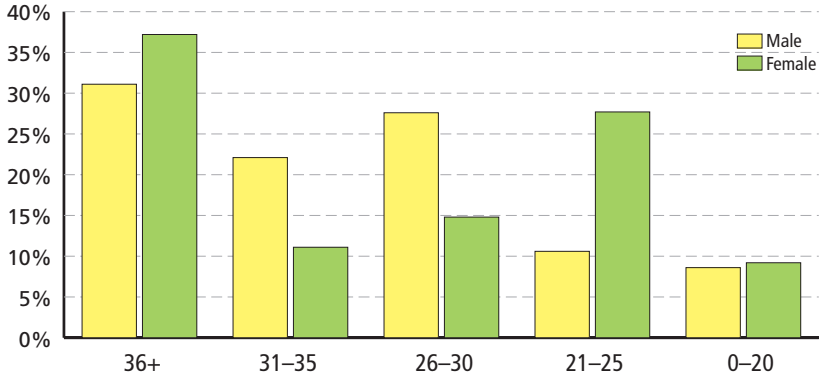
Women have lower average salaries ($74,478, compared to $93,159 for men) and lower average total compensation ($81,288, compared to $116,761 for men).

A look at other statistics may indicate why:

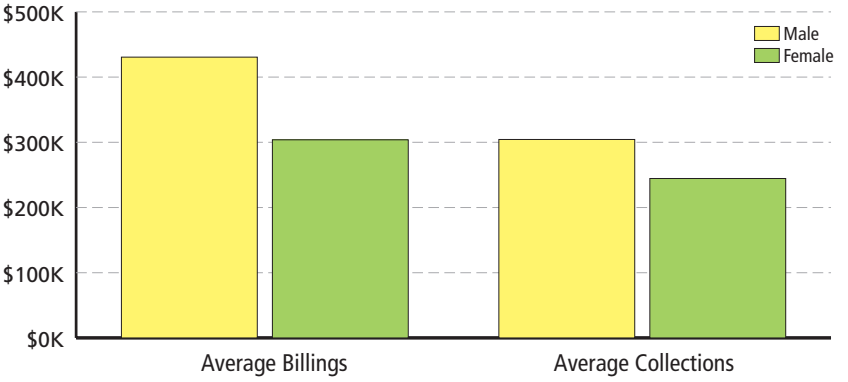
Male vs. Female Respondents



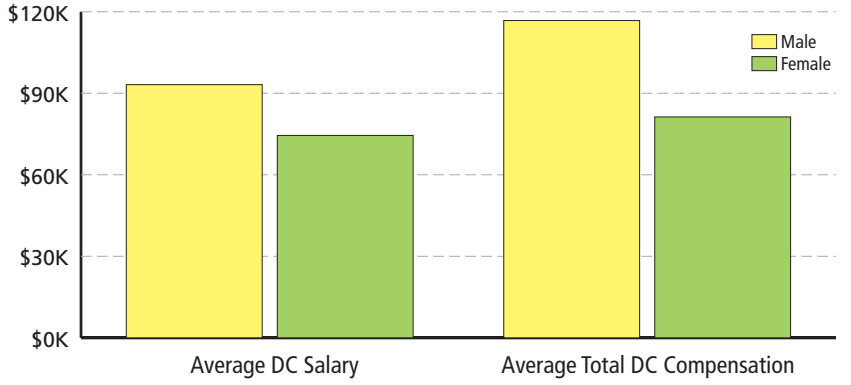
Gender Differences: Hours Spent in Patient Care



Gender Differences: Billings and Collections



Male vs. Female: Average Salary and Total Compensation



• **Hours spent with patients.** Female chiropractors spend fewer hours overall in patient care than their male counterparts. Only 48.3 percent of female DCs spend more than 30 hours a week with patients, compared to 53.2 percent of the males; however, more females (37.2 percent) than males (31.1 percent) reported working more than 36 hours per week with patients.

• **Patients.** Females have a lower patient-visit average (PVA) than males (24.3 vs. 33.2) and they see fewer patients per week (90.8, compared to 112 for males). They also acquire fewer new patients each week than their male counterparts (5.32, compared to 5.83).

• **Groups or partnerships.** Group practices, which tend to be more lucrative than solo practices, also see a smaller percentage of women than men — 17.4 percent, compared to 82.5 percent.

• **Advertising.** Women spend less on advertising than men. According to the survey, the average advertising costs for female DCs were $9,092. Male DCs spent on average $10,279.

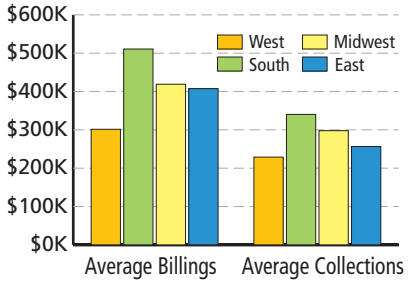
South's at the top — again

For the last few years, the South has boasted the best earnings — and this year is no exception. Respondents in southern states had an average of $510,902 in billings, an average of $340,399 in collections, and an average total compensation of $139,236.

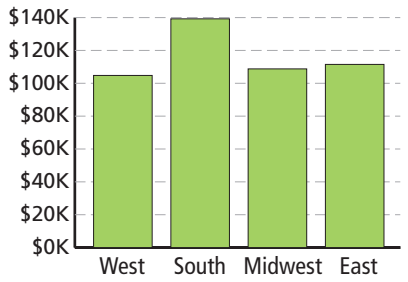
Respondents in the Midwest came in second when it came to average billings ($419,028) and average collections ($297,886); however, came in third in average total compensation ($108,771).

DCs in the West had the lowest average billings ($301,493) as well as the lowest collections ($228,947), but the highest average salary paid to the chiropractor ($91,540) and the chiropractic assistant ($25,981). The average total compensation for DCs in the West, however, was the lowest at $104,776.

Regional Comparisons of Average Billings and Collections



How Average Total DC Compensation Compares Among the Regions



Comparing the Regions

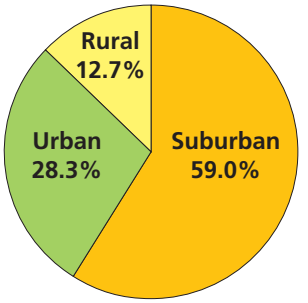
PERSONAL CHARACTERISTICS	WEST	SOUTH	MIDWEST	EAST
Average age	45.8	44.5	42.8	45.1
Male	83.9%	89.2%	81.4%	85.1%
Female	16.1%	10.8%	18.6%	14.9%
Solo	65.9%	67.6%	72.6%	74.7%
Group/partnership	30.8%	28.5%	19.4%	20.9%
Associate	2.2%	2.9%	6.2%	2.9%
Franchisee	1.1%	1.0%	1.8%	1.5%
Years in practice	16.7	15.6	15.2	16.0
Licenses	1.3	1.5	1.3	1.5
Clinics owned	1.0	1.0	1.1	1.1
LOCATION				
Urban	43.6%	25.4%	23.1%	20.8%
Suburban	43.6%	61.8%	62.8%	68.7%
Rural	12.7%	12.8%	14.1%	10.5%
CLINIC STATISTICS				
No. of employees	3.2	3.7	3.2	2.9
No. of FT employees	2.0	2.7	2.3	1.6
PVA	37.7	34.8	37.7	36.9
Patients per week	93.4	107.2	113.4	126.5
New patients/week	5.2	6.5	4.9	4.0
Cash only	35.4%	21.4%	15.2%	19.3%
Average billings	$301,493	$510,902	$419,028	$407,539
Average collections	$228,947	$340,399	$297,886	$256,545
EXPENSES				
Advertising	$10,111	$12,426	$9,790	$10,014
Malpractice insurance	$2,084	$2,673	$2,221	$2,611
Office lease/mortgage (yr)	$25,166	$26,611	$22,196	$20,393
SALARIES				
Average associate	$61,000	$64,600	$58,818	$62,625
Average CA	$25,981	$25,502	$25,818	$25,470
Average LMT	$28,333	$28,833	$26,142	$26,000
Average DC	$91,540	$89,346	$87,345	$90,611
Average total DC comp.	$104,776	$139,236	$108,771	$111,492

Suburbia is where it's at

Are you a city mouse, suburbanite, or country mouse? Which type of location has the most payoff — an urban, suburban, or rural setting?

This year's survey revealed that the suburbs are where 59.0 percent of respondents prefer to practice, followed by the city (28.3 percent) and 12.7 percent responded that a country locale appeals to them.

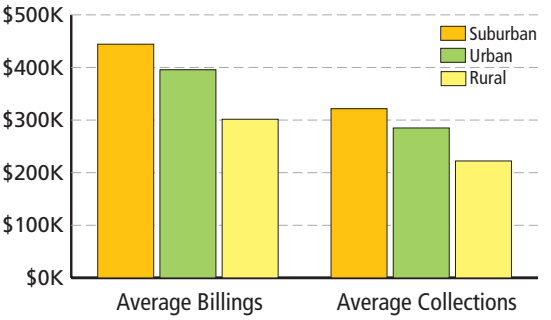
Location Preferences



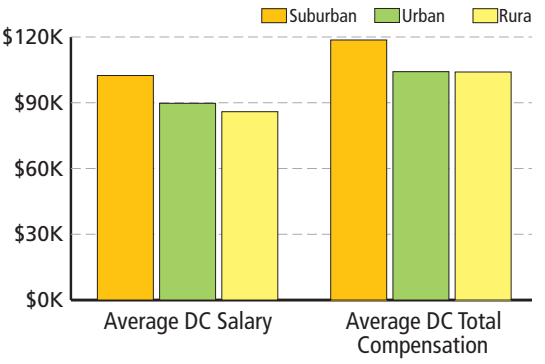
Suburban doctors have higher average collections ($321,610) than those in the city ($285,005) or the country ($222,270), and they also take home a higher average salary — $102,424 — compared to $89,744 earned by urban DCs and $85,913 earned by rural DCs.

According to our survey, suburban DCs also come out ahead with an average total compensation of $118,629. Rural DCs enjoy an average total compensation of $104,025, while urban practitioners reported a slightly higher average total compensation of $104,173.

Suburban, City, and Rural Comparisons



Average DC Compensation by Locality



Young ones are go-getters

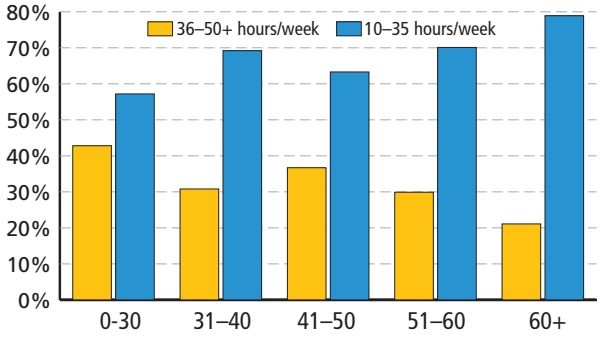
Wonder if you are working more than your fellow DCs? The answer may be listed here. We asked respondents, who ranged in age from 25 years old to 72 years old, to indicate how much time they spent in patient care each week.

The "under 30" respondents are the go-getters of all the age groups — with 42.8 percent reporting they spend 36 or more hours per week with patients. Although, the 41 to 50 year old age group was not too far behind with 36.7 percent of them saying they worked 36 or more hours per week with patients.

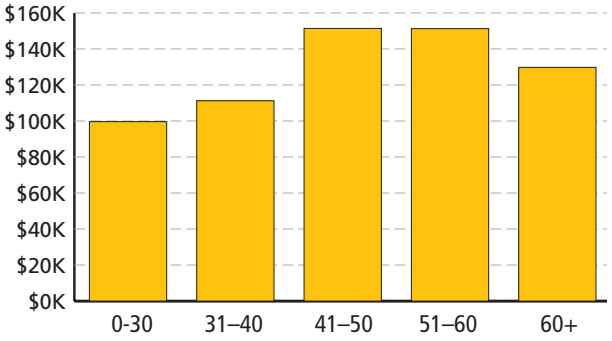
The group that spent the least amount of time with patients was the "over 60" age group, with only 21.1 percent disclosing that they spend 36 or more hours with patients.

Age and compensation seemed to be correlated, with older, more experienced DCs having higher average total compensations. The 41 to 50 year old age group and the 51 to 60 year old age group were about even in average total compensations — $151,425 and $151,290, respectfully. The "over 60" group, however, saw the third largest average compensation at $129,800.

Hours Worked by Age Group



Income by Age Group (Total DC Compensation)



Comparing salaries and benefits

Do you offer your employees retirement? How about healthcare benefits? Perhaps you prefer to offer bonuses or paid time off? Compensation and benefits are important to employees. Some practices face staff turnover regularly because they don't pay fairly or competitively, and don't offer any benefits to compensate.

On the past two years' surveys, we asked for salary information on full-time employees only — not part time — to try and get a better understanding of salaries. We defined "full time" as employees who work 30 hours or more a week.

We found that practices employ, on average, 3.1 employees, but only 2.1 are full time under our definition.

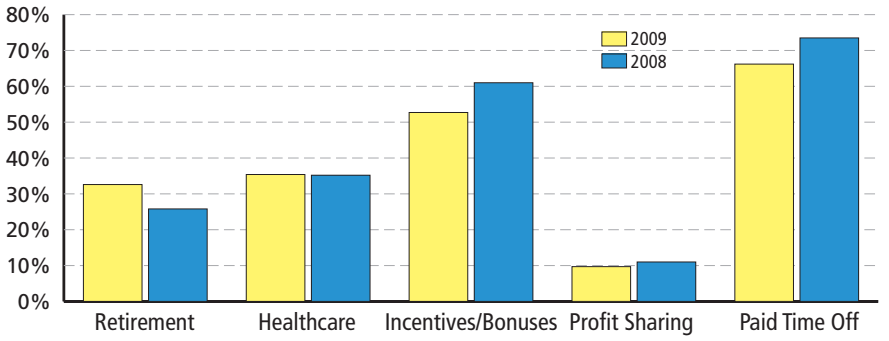
The average salary paid to those full-time employees was:

- CA — $24,430;
- Licensed massage therapist (LMT) — $22,044;
- Physical therapist (PT) — $55,000;
- Associate — $61,719; and
- DCs paid themselves $94,454.

Benefits are also important for good employee relations and are important for retention. This year's survey saw an increase in retirement programs (32.6 percent, compared to 25.8 percent in 2008) and slightly more offered some type of healthcare plan (35.4 percent, compared to 35.2 percent in 2008).

Other benefits, however, saw a decline. Paid time off — a combination of vacation and/or sick days — dropped to 66.2 percent this year (compared to 73.5 percent in 2008 and 67.5 percent in 2007), and incentives and bonuses fell to 52.7 percent, compared to 61.0 percent the year before.

2-year Comparison of Employee Benefits



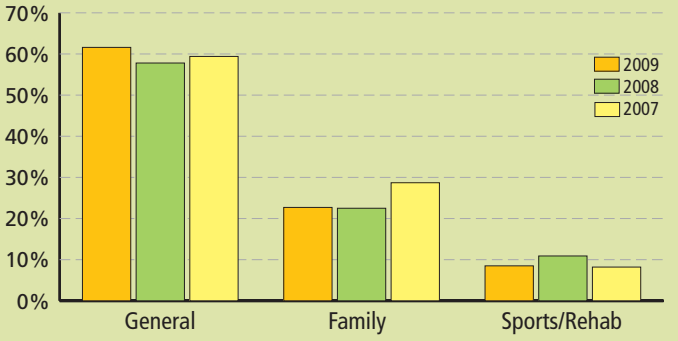
What's in a name?

Whether you specialize for a certain patient base or consider yourself a general practice, what you call your clinic can be a crucial part to your success.

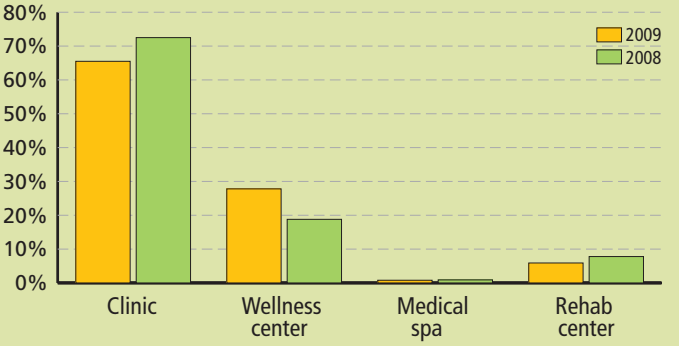
Generalists accounted for 61.6 percent of the respondents this year — which is an increase compared to the last two years, but closer to how it was in 2006. In 2006, 62.8 percent of respondents said they were generalists, compared to 59.4 percent in 2007 and 57.8 percent in 2008.

Clinics, however, continue to be a popular label, with 65.5 percent of respondents saying "clinic" most closely matches the name of their practice. Wellness center came in second at 27.8 percent — a nice increase from the less than 20 percent (18.8 percent) in 2008. Rehab center takes third place with 5.9 percent of the respondents, down from 7.8 percent a year ago.

Chiropractic Specialties



2-Year Comparison of Practice Labels



Money, money, money

While there are many sources of revenue for your practice, we only asked about insurance reimbursement, cash payments for treatments, auto insurance, Medicare, workers' compensation reimbursements, retail, diagnostics, Medicaid, and consulting.

The amount of revenues generated from the various sources remained approximately the same as the previous year, with insurance accounting for 42.1 percent of all revenues.

The revenue source with the largest increase in this year's survey was cash, with a 2.3 percent increase (34.3 percent in 2009, compared to 32.0 percent in 2008).

Sources of Income

	2009	2008
Insurance	42.1%	42.5%
Cash	34.3%	32.0%
Auto Insurance	11.8%	12.8%
Medicare	11.5%	11.0%
Workers' comp	4.4%	4.4%
Retail	4.1%	3.9%
Diagnostics	2.8%	1.6%
Medicaid	2.6%	1.6%
Consulting	0.7%	0.8%

Steady growth for products

One of the popular revenue sources for chiropractors is products. In fact, the number of respondents offering products increased this year to 96.2 percent. In 2008, 91.8 percent reported product offerings; in 2007, it was only 87.9 percent.

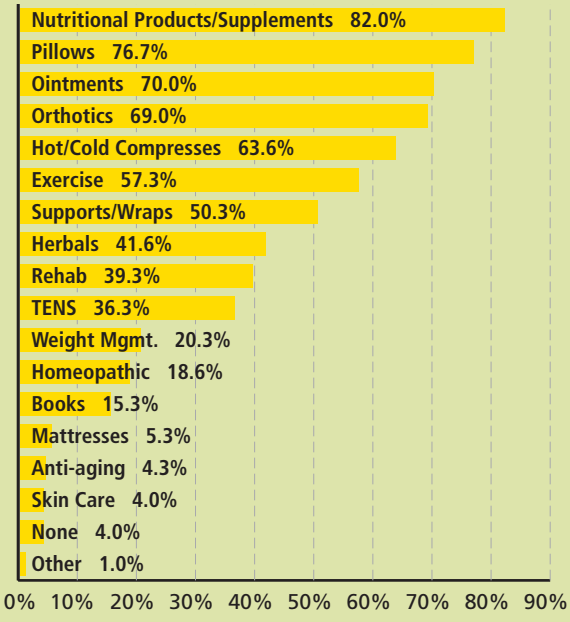
Respondents also said retail sales accounted for 4.07 percent of total practice revenues, basically holding steady from a year ago (3.9 percent).

Which products do respondents offer? The top five include:

- **Nutritional products/supplements.** 82.0 percent, up 11.0 percent from last year;
- **Pillows.** 76.7 percent, compared to 73.6 percent last year;
- **Ointments.** 70.0 percent, up almost 18 percent from 2008;
- **Orthotics.** 69.0 percent, compared to 59.8 percent from 2008; and
- **Hot/cold compresses.** 63.6 percent, down from 67.2 percent the previous year.

Noteworthy: The percent of chiropractors offering supports and wraps products increased to 50.3 percent, up from 37.2 percent from the previous year — a 35.2 percent increase.

Which Products Are Offered to Patients?



Keeping overhead low

Low overhead costs and good revenues are two components to a profitable business. Our survey asked respondents to identify their expenses in three key areas — advertising, malpractice insurance, and office lease or mortgage.

- **Advertising.** Average costs in this year's survey were $12,605, representing a decrease from last year's costs of $13,517.
- **Malpractice insurance.** Respondents reported an average expense of $2,335, a decrease from $2,677 in 2008.
- **Office lease or mortgage.** Average costs were $23,692, pretty comparable to last year's costs of $23,259.

Major Practice Expenses

	2009	2008
Advertising	$12,605	$13,517
Malpractice insurance	$2,335	$2,677
Office lease or mortgage (yr)	$23,692	$23,259

Specialists help increase income

Hiring specialists to work in your clinic is one way to make more money — at least a licensed massage therapist (LMT).

That is one conclusion from the survey results from the past two years.

Survey respondents stated they employ some type of specialist — whether it is a licensed massage therapist (LMT), physical therapist (PT), acupuncturist, medical doctor (MD or DO), nutritionist, or trainer — to work in their practices, either as an employee or as a contractor.

Clinics employing specialists see more patients per week (124.9, compared to 105.3 patients per week in nonspecialist clinics); get more new patients per week (5.8 vs. 4.7); bill more (average of $439,113 versus $354,461); and collect more (average of $296,722 versus $238,882).

The result of this improved performance is a higher average total compensation for the DC ($140,575 versus $96,976).

MODALITIES OFFERED

Respondents have at least one specialist on staff. If you were to employ only one specialist in your clinic, a good choice would be an LMT. Our survey showed that 81.3 percent of *all* respondents have at least one LMT.

Other popular specialists include:

- Acupuncturist, 24.5 percent;
- Nutritionist, 7.7 percent;
- MD/DO, 7.1 percent;
- PT, 5.8 percent;
- Trainer, 3.2 percent and
- Other, to include naturopathic doctor, 9.7 percent.

Respondents indicated they offer many modalities, even if they do not have specialists who provide them. These modalities include:

- Physical therapy, 61.4 percent;
- Exercise, 61.4 percent;
- Nutrition, 59.4 percent;
- Massage, 53.8 percent;
- Weight loss, 21.8 percent;
- Acupuncture, 21.8 percent; and
- Homeopathy, 7.9 percent. CE

How Specialists Boost Your Income

	SPECIALISTS	NO SPECIALISTS
Average Total Comp.	$140,575	$96,976
EXPENSES		
Advertising	$17,544	$8,657
Malpractice insurance	$3,120	$2,291
Office lease/mortgage (yr)	$27,400	$22,048
SALARY		
Associate	$62,666	$54,520
CA	$27,200	$26,918
LMT	$28,000	$26,571
PT	$77,500	N/A
DC	$128,550	$98,865

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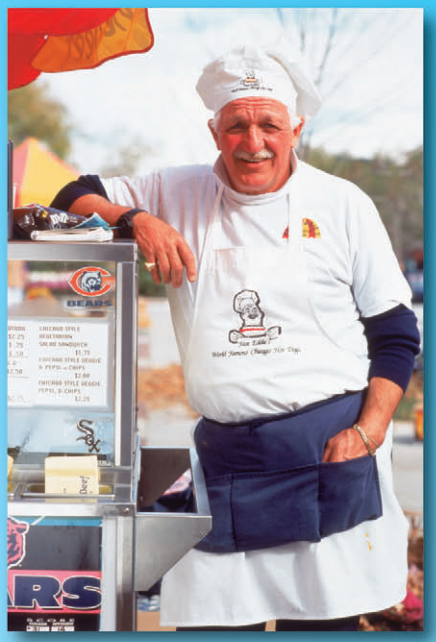

Hi! I'm Dr. Karen Walters, D.C… a 1982 NYCC graduate licensed in FL, NY, NJ, and VA… an Adjunct Professor at a local college here in NJ… and the founder/owner of a 24 year old multi-provider, multi-disciplinary practice.

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— Dr. Alfred Noble, D.C. **Portland, OR**

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

"SOAP takes me about a minute. I even spend 30 minutes less daily on documentation such as HMO forms thanks to new ECLIPSE features. Over 18 years, the constant innovations have been amazing."
— 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**

Well designed stress reduction

By Glen David

It is midday, and as Mr. Smith walks into the office he is greeted by the warm and inviting smile of Mary, your front desk chiropractic assistant (CA).

Mary already has Mr. Smith's travel card pulled and the stress on his face begins to melt away. He bypasses the waiting room and is ready to see the doctor.

More stress dissolves as he is bathed in the soothing sound of a water feature in the background, and surrounded by warm colors and the smell of fresh plants.

At the end of Mr. Smith's appointment, he overhears young siblings arguing over whose turn it is to be first when they come back to get adjusted next week.

He soon is comforted that his children will lead the healthiest lifestyle they deserve when they, too, come to the office for their regular adjustment.

It's a quick stop at the friendly front desk and he is out the door. He notices that the patient parking lot is full, but a quick check of his watch tells him he was there for only a few minutes and is actually ahead of schedule for the rest of his busy day.

Design components

When designing your office, you need to consider what is in the best health interest of your patients. You also need to think about which aspects are easier to manage and which are more profitable.

Let's review some of the design components that were implemented in the practice scenario above.

• **Vision.** Focusing the design on your unique clinical and business goals will create the foundation upon which any size practice can be created — understanding where the practice is now, as well as where you want it to go, creates the framework.

While color and décor are important, you cannot put the roof on before the floors are built. Patient attraction, conversion, and education concepts must be addressed before patient flow and capacity management take effect.

After all, unless you attract all the new patients you require, there will be no capacity to worry about.

• **Technique.** "Results-based" design takes into account everything from your desire to either accept insurance reimbursement or offer cash plans.

Are your notes on travel cards, or are you using electronic medical records (EMR)? Do you utilize a specific technique?

Looking ahead at what you want to create will ultimately reduce stress in your office and give the patient a much more pleasant chiropractic experience.

• **Perception.** The environment should support your teachings, so add life to your office. Fish tanks, water features, artwork, and greenery should be considered in your décor. Fresh plants and flowers should fill the empty, once dusty shelves.

Wood tones are current and timeless, and recessed,

incandescent lighting should replace harsh fluorescent lighting.

Warm inviting colors cost the same as cold sterile ones, so chose them to carefully complement each other.

• **Processing time.** As the profession moves toward a cash-based model, the office should be proactive in setting up for this change.

The front desk should be designed to reduce the CA's time needed for processing patients and switch his or her role toward public relations.

• **Personal connection.** Ensure your staff maintains the personal connection with patients, especially when it comes to a new patient.

Use creative design solutions to increase your patient visit average by improving effective patient education. Proper patient flow will also minimize wasted time.

• **Appropriate areas.** Different techniques require different tools, tables, and room sizes. Proper room size and shape should revolve around proper placement of the most needed equipment, allowing you to move freely about the adjusting area.

"Step management" can provide the patient with a more focused adjustment and you more time to educate.

• **First impressions.** This is a patient's first impression of you so make sure your initial consultation is a good one. Do not trivialize your report of findings (ROF), as it is the most important visit in a patient's chiropractic experience. Deliver a clear and concise ROF, and make your patient feel welcome and relaxed.

Neatness is also important. How can a patient believe you when you say you are going to properly arrange and align their spine when your office is disorganized and chaotic? Put your stuff away, but have the necessary educational tools directly at your fingertips.

Who would have thought that how your office is designed and built could positively or negatively impact your patient visit average, your internal referrals, your volume, the simplicity of your management, and most importantly, the perception of your patients that they have come to the right place?

Be sure to cash in on your own simple, cost-effective redesign that will create huge returns with minimal investment. CE

Glen David is owner of Davlen Associates Ltd., a 20-year company that creates world-class chiropractic offices and helps simplify the chiropractic professionals' ability to serve, educate, and motivate more patients toward living a healthy, wellness-based lifestyle. He can be reached at 631-924-8686 or through www.DavlenDesign.com.

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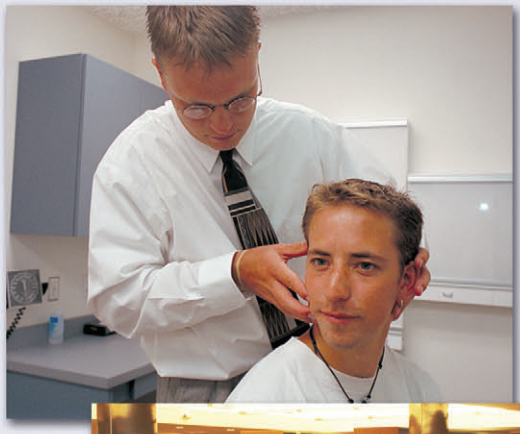

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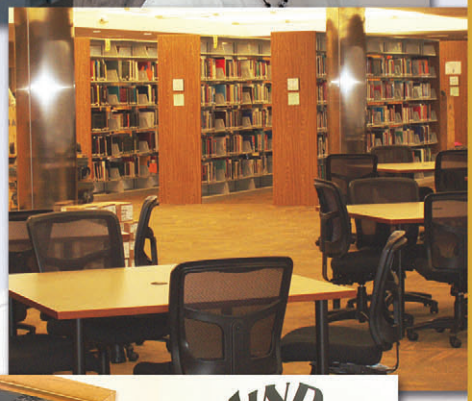

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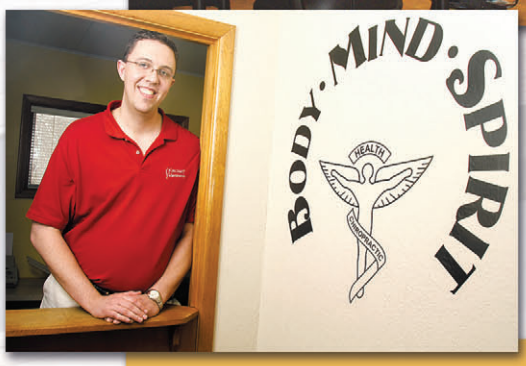

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Your chiropractic operating system

By Mark Sanna, DC, ACRB Level II, FICC

An operating system is ultimately what enables all programs on your computer to run.

The operating system is such a crucial component that without it, none of the programs installed on your computer would be able to function.

For Example: Microsoft Windows is one of the most popular operating systems out there. Its inventor, Bill Gates, became one of the richest men on the planet because of its popularity and necessity.

Even though you may never have thought of it this way, your practice functions on the same type of principle. The "operating system" of your practice could be considered just as important to your success as your computer's operating system.

Systems to know

There are three primary operating systems prevalent in the chiropractic profession today. See if you recognize your practice's operating system among them.

1. Chiro OS 1.0: Chiropractic Operating System 1.0 is subluxation-based care. Its philosophy is that of vitalism, which teaches that the sum total of the parts of an organism is greater than the individual parts themselves.

It focuses on the enhancement of neurological integrity and the fullest expression of the innate intelligence that enables a living organism to respond, learn, and adapt.

Like it or not, while the Chiro OS 1.0 may or may not resonate with your belief system, it is the language of practice building. Patients are drawn to the message of vitalism.

2. Chiro OS 2.0: Chiropractic Operating System 2.0 is therapeutically-based care. Its philosophy is called mechanism. Mechanism espouses the belief that an organism is no more than the sum total of its parts.

In terms of the human organism, it refers to the collection of chemical and hormonal reactions that result in your physiology. Its focus is on symptom, condition, disease, and pain management. Like it or not, Chiro OS 2.0 is the language of reimbursement and communication with other healthcare professionals.

Despite the chiropractic profession's traditional vitalistic heritage, a large percent of chiropractic patients who seek chiropractic care do so for musculoskeletal complaints. Chiropractic is being pigeon-holed into low-back care.

3. Chiro OS 3.0: A third operating system that's gaining a foothold in the chiropractic profession is patient-centered care. Chiro OS 3.0 focuses on lifestyle management and sees health as a process that occurs over a period of time in which both the patient and chiropractor participate.

It combines the outcomes of therapeutic care (Chiro OS 2.0) as well as the personal and human outcomes of subluxation-based care (version 1.0). Chiro OS 3.0 reinforces chiropractic's central and unique role in healthcare.

Human research tells us it takes 21 days to build a new habit. So, for the next 21 days, try applying the patient-centered care paradigm, Chiro OS 3.0, to your practice and see what happens.

It's a way to turn your patient's lives, and your practice, around. CE

Mark Sanna, DC, ACRB Level II, FICC, is the president and CEO of Breakthrough Coaching. He can be reached at 800-723-8423, by e-mail at info@mybreakthrough.com, or through www.mybreakthrough.com.

Quick Tip

A sporting match

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— Daniel L. Wymer, DC, sportsMED, Chesapeake, Va.

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Recovering with new tax breaks

By Mark E. Battersby

The American Recovery and Reinvestment Act of 2009, a nearly $800 billion stimulus package, includes nearly $300 billion in potential tax savings.

Every chiropractor, as well as his or her practice can share in more than $75 billion in tax benefits for 2009 and 2010. The provisions of the business-related tax breaks include extensions of the tax write-offs for adding new equipment to your practice.

The Recovery Act extends "bonus" depreciation, increases the Section 179 first-year write-off for newly acquired equipment, and adds two new groups to those whose first-year wages are reduced due to the work-opportunity tax credit.

There is also a five-year, rather than two-year, carryback of net operating losses (NOLs) that may return taxes paid in earlier years to the coffers of some troubled practices.

Cash infusions from losses

The NOL carryback provision provides the greatest potential savings of all the business tax provisions in the new stimulus package. Under current law, NOLs are carried back to the two taxable years before the year the loss arises. NOLs may also be carried forward to each of the succeeding 20 taxable years, after the year of loss.

The Recovery Act gives practices the choice to carry NOLs from the 2008 tax year back three, four, or five years generating a refund of taxes paid in those earlier years — potentially providing an immediate cash infusion to many troubled practices and businesses.

Faster, larger write-offs continued

For 2009, a chiropractic practice can write-off up to $250,000 of the cost of newly acquired equipment. The $800,000 ceiling, beyond which the deduction is reduced, has been carried over for 2009.

The maximum amount of new or used equipment costs that qualify as a Section 179 expensing deduction is, generally, reduced dollar-for-dollar by the amount of the Section 179 property placed in service during the year that exceeds that investment ceiling.

Seemingly, at odds with helping troubled businesses, the amount eligible to be expensed in a tax year cannot exceed the taxable income of the business. Of course, any amount not allowed as a deduction because of the taxable income limitation may be carried forward to succeeding tax years.

A write-off bonus

Last year, lawmakers allowed practices to recover the costs of capital expenditures made in 2008 faster than the ordinary depreciation schedule would allow by permitting them to immediately write off 50 percent of the cost of depreciable property, such as equipment, computers, and even wind turbines or solar panels, acquired in 2008.

> The AMT patch will save taxpayers approximately $70 billion.

The new rules extend for another year the 50-percent bonus depreciation allowed for property with a recovery period of 10 years or longer, but bonus depreciation is available only for new property or equipment.

Higher caps on vehicle write-offs

The regular dollar cap placed on vehicle write-offs is also extended for bonus depreciation purposes. The cap for new vehicles placed in service in 2009 is raised once again by $8,000.

This increase mirrors the temporary 2008 cap increase resulting in a $10,960 depreciation cap for autos ($11,160 for light trucks and vans) for 2009.

Remember, however, as with any accelerated depreciation write-off, a large current depreciation deduction will result in smaller future deductions.

Two situations in which a taxpayer might for a tax year consider making an election-out (opt-out) are when the practice has about-to-expire NOLs or anticipates being in a higher tax bracket in future years.

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Opting out

Critics of the bonus depreciation and the extended Section 179 expensing contend these tax breaks will only benefit those practices that already planned to buy equipment. For practices that can buy qualifying property, these tax provisions, effectively, provide an upfront discount on its purchase.

Last year, lawmakers temporarily permitted practices with research and development credits or alternative minimum tax credits to claim a portion of those credits in lieu of bonus depreciation.

The amount a practice may accelerate is based on the amounts the practice invests in property that would otherwise qualify for bonus depreciation.

This amount is capped at the lesser of 6 percent of historic AMT and R&D credits, or $30 million. The Recovery Act extends this temporary benefit through 2009.

Discounted wage payments for some new workers

The Work Opportunity Tax Credit (WOTC) rewards employers that hire members of "targeted groups," such as welfare recipients or the disabled.

Under current law, a practice can claim a WOTC equal to 40 percent of the first $6,000 of wages paid to employees of one of nine targeted groups.

The Recovery Act extends the WOTC to include two new, targeted groups: unemployed veterans and disconnected youth. The WOTC can be as much as $2,400 of qualified first-year wages (with different amounts for qualified veterans and summer youth hires).

For long-term family aid recipients who begin work after 2006, the credit also includes 50 percent of qualified second year wages.

Qualified small business stock

Professional practices permitted to offer stock will find it easier to attract investors thanks to an expanded tax incentive for investors.

Under the old rules, an individual investor could exclude 50 percent of any gain realized upon the sale or exchange of "qualified small business stock" that had been held for more than five years. The Recovery Act makes small business stock more attractive by increasing the amount of gain to 75 percent for stock issued after the date of enactment of this legislation and before 2011.

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"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

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Cancelled debt = income now deferred

When debt is forgiven, taxable income usually results unless the practice is insolvent or in bankruptcy. Thanks to the Recovery Act, troubled practices can postpone the tax bill resulting from so-called "cancelation of debt income" (CODI) for 10 years.

In other words, CODI is deferred for the first four or five years and recognized and taxes paid on this income ratably over the following five taxable years.

The built-in gains of S corporations

The stimulus bill temporarily shortens, from 10 to seven years, the holding period for assets subject to the built-in gains tax imposed after a regular C corporation elects to become an S corporation.

This reduction applies to regular corporations that convert to S corporation in tax years beginning in 2009 and 2010.

The built-in gains tax prevents an incorporated chiropractic practice from avoiding corporate level tax on the disposition of appreciated assets it acquired while a regular corporation by first converting to S status.

It also discourages, however, S conversions in situations in which the practice or business may not otherwise survive under regular corporation rules. The new law will give shareholders more flexibility during the current economic crises.

Something for us as well

The Recovery Act also includes an alternative minimum tax (AMT) patch for 2009. The patch was designed to insulate approximately 26 million middle-income taxpayers from the reach of the AMT.

The AMT patch will save taxpayers approximately $70 billion.

While the overall size of the new law is massive, some provisions were, either pared back or eliminated during the course of the political debate that raged.

For you or your practice, professional advice is almost a necessity to ensure the operation will profit from the new Recovery Act.

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

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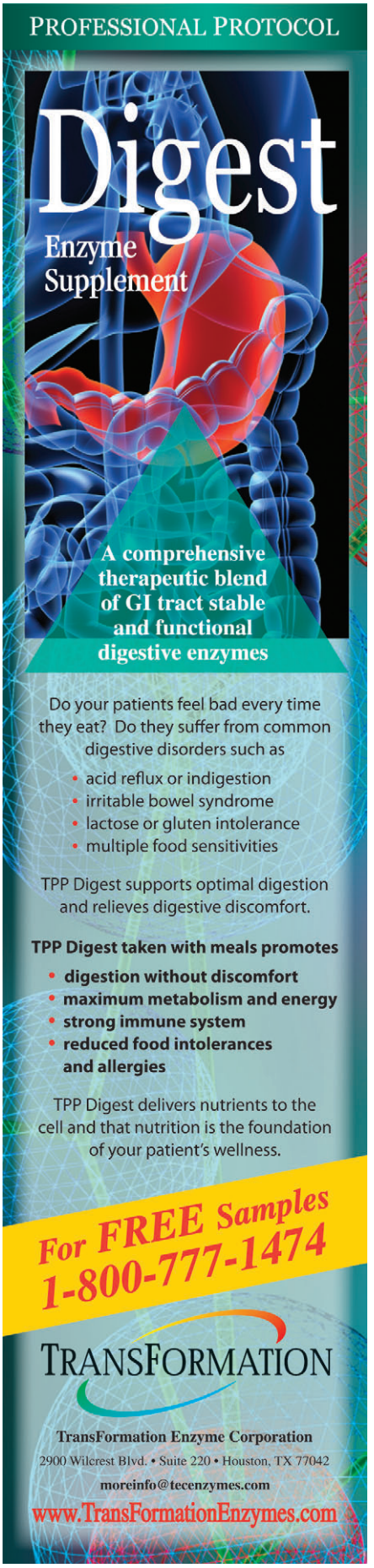

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What to do before graduation

By William D. Esteb

As graduation draws nearer, the reality of actually applying what you've learned in a real-world practice setting starts to sink in.

And no wonder. Book learning and academic responsibilities required your total attention.

The realization that the purpose of this education is to help patients is often lost while memorizing details, preparing for tests, and worrying about passing board examinations.

The tragic result is that many students emerge from chiropractic college ill-prepared to apply their valuable skills on a win-win basis with patients.

Here are some things you could be doing to better prepare yourself for the empty feeling that often shows up 24 hours after you walk across the stage in front of your loved ones to claim your diploma.

1. Enhance your communication skills. One thing that repeatedly shows up as a precursor to "success" is communication skills — however you wish to define it.

Better communicators have better practices, better relationships, and frankly, better lives.

Incredible communicators with less-than-stellar adjusting skills can still captivate, motivate, and inspire huge numbers of patients.

It has nothing to do with their technique, use of x-rays, city size, wardrobe, birth order, or during what visit they delivered the patient's first adjustment — it is more related to their communication capabilities.

2. Join a public speaking group. Joining a public speaking group is guaranteed to improve your ability to communicate one-on-one, as well as enhance your self-confidence that patients find so appealing.

Something that patients find even more attractive than a good communicator is a good listener.

3. Learn to listen. Listening is what great communicators share in common, yet this is where new doctors usually panic.

They incorrectly think the key to motivating patients is memorizing a tried-and-true, can't-miss, surefire script. Nothing could be further from the truth! Being an incredible listener will serve you much better.

If you can develop the discipline now to improve the acuity of your listening skills, patients will literally hand over the keys to their kingdom.

It's not what you say to a patient, it's what you ask.

4. Volunteer for emotionally risky opportunities. During the course of your studies, you'll be presented with a variety of opportunities.

They may include everything from hosting guided tours of the college and organizing fellow students to assist with commencement ceremonies to representing the college at community events and career day activities at a nearby high school.

Take on as many of these as you possibly can. If you're going to elevate yourself above the role of mere technician, you must become a leader — and the various leadership opportunities that present themselves while you're at school give you the chance to exercise the patient and staff leadership "muscle" you'll find so helpful when you're finally in practice.

Better to fail now when the stakes are relatively low.

A major player in chiropractic who is the acknowledged leader in new patient screenings and outreach events that attract huge numbers of new patients shared his secret: He said that he simply shares the beauty and simplicity of the chiropractic message with as many people as possible.

His intention is to tell the story; the result is new patients. Reverse these motives and getting new patients is a distasteful chore.

5. Discover left brain/right brain. Yes, learn the left-brain stuff necessary to pass the tests and get the license so you can help facilitate the healing the world needs so desperately.

But before you graduate, before your very livelihood depends upon it, practice the right-brain skills that are so essential to being influential and inspirational.

When you do, you'll change the world in a most powerful way.

William D. Esteb is the founder and creative director of Patient Media Inc. and the co-director of Perfect Patients, an interactive Web site service for the chiropractic profession. He can be reached through www.patientmedia.com.

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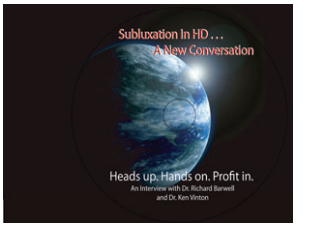

Subluxation in High Definition offers a monthly audio series — A New Conversation — that is designed to bring you the latest news and research on chiropractic, stress, biofeedback, and neurofeedback. Each month, a new expert will be featured on the series. To order the audio series, call 877-233-0022.

Call 877-233-0022 or visit www.SubluxationInHD.com.

Running/walking shoe

FOOT LEVELERS, INC.
The Posture Specialists™

The Adrenaline GTS 9, which is made by Brooks and available through Foot Levelers, combines a high-performance running or walking shoe with Foot Levelers' removable, custom-made Spinal Pelvic Stabilizer. This shoe was developed for mild to moderate over-pronators and is available in both men's and women's styles.

Call 800-553-4860 or visit www.FootLevelers.com.

Anti-aging formula

Diamond Etern-L from Diamond Herpanacine Associates is an anti-aging formula manufactured with 12 antioxidants, herbs, and vitamins that are designed to specifically address the aging process. This product contains natural ingredients and botanicals, which are formulated to maintain a healthy brain, eyes, heart, joints, veins, circulation, skin, and more.

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Multivitamin drink

Oxylent by Vitalah is a multivitamin drink formulated with a blend of enzymes, electrolytes, amino acids, vitamins, and minerals. This product is aimed to oxygenate, control the balance of fluid in the body, promote healthy blood flow, and support adrenal health and immune and nervous systems.

Call 877-699-5368 or visit www.vitalah.com.

Bone health formula

Vitamin D3 2000iu from Vital Nutrients is designed for bone and colon health and meant to promote intestinal reabsorption of calcium and reduce urinary calcium loss. Together this helps maintain healthy serum calcium levels. This product is available in vegetarian capsules.

Call 888-328-9992 or visit www.vitalnutrients.net.

For a comprehensive, searchable products directory go to www.ChiroEco.com and click on "Products and Services."

Do You Want Better Reimbursement?
Here's Your Chance!

How would you like to take part in your future and attend a "how to" new patient teleconference and help the National Chiropractic Legal Action Fund at the same time get better insurance reimbursement for you?

For $19, you will learn how to get at least 19 new patients and the entire $19 goes to the NCLAF. It's a win-win-win situation. Dr. David Singer, who had the largest new patient practice in the world and averaged 50 new patients per week, has volunteered to conduct a 2 hour teleconference.

He will be discussing with you on how to:

- **Properly discuss finances with patients in a tough economy.**
- Simply get two referrals a day... *every day!*
- **Implement the secret on how get 80% attendance with guests at In-Office Workshops that will bring you 4 to 15 new patients each time!**
- Use a method that is ten times more effective than screenings.
- **Correctly presenting financial options so patients can receive your care and more.**


Dr. David Singer

Dr. Singer has helped the largest practices in America reach their goals, was chosen three times as "*Chiropractor of the Year*" by our profession and has volunteered to do this to help you, and...

The entire $19 goes to the National Chiropractic Legal Action Fund to fight for your insurance reimbursement.

You get 19 to 100 new patients and we all win!

Because of the personal attention Dr. Singer likes to give to each doctor, each teleconference is limited to seven doctors per call for the next five teleconferences.

Call now to register with Cindy at 1-800-326-1797 and use code CE23.

Yours In Health,

Dr. David Singer for the National Chiropractic Legal Action Fund

> *"I went from **$56,000 a year** before expenses to making **$56,000 in 2 months** after implementing Dr. Singer's procedures. And now I do this consistently. It's amazing!" Dr. K.L.*

P.S. You will also receive *18 Referred New Patients a Week* CD (a $79.00 value) from Dr. Singer if you register before June 17th, 2009. Restrictions apply. This is a talk he gave to some of the most influential doctors in our nation. A must have reference for every doctor's CD library.

Here's what Dr. Wood of Langhorne, PA. recently remarked after receiving the CD, *"After listening to just this one CD **I got 5 new patients in 24 hours.**"*

You're just a few days away from having this amazing information in your hands. And you will be helping the Chiropractic Legal Action Fund at the same time. **Call 1-800-326-1797 and ask for Cindy and use code CE23.**

P.S.S. Remember, this is limited to only the next five New Patient teleconference's. Call Cindy at 1-800-326-1797 for the available times. You may also register online at www.DavidSingerEnterprises.com/teleconference.php

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Horizon Standalone Light Therapy Unit

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The FDA classifies decompression under "powered traction equipment". You can purchase an $80,000 decompression table that simply has a tower with a traction head inside. **Or, consider the Anatomotor...** a time-tested traction table with cervical, bucks, and lumbar traction for under $4665! Options include variable speed, heat and vibration, back and leg rollers.

Benefits of back rollers with traction:

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Quality and Exceptional Value

Air-Drop HA90C - $4995

HA90C from $2095
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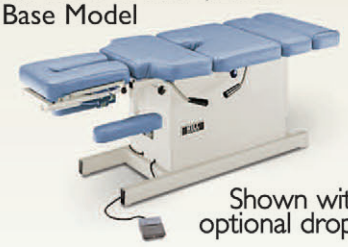

Shown with optional drops

Hill Hi-Lo from $2995

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- Optional Air-Drops

See Video Demonstration

Standard Model
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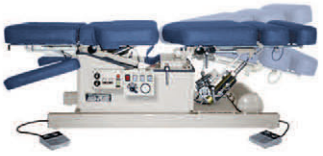
Shown with optional Pelvic Drop and Rocker Foot Pedal

Optional Cervical-Flexion Headpiece
with lateral and long axis movement and occipital strap



Auto-Flex Motorized Flexion
Adjust speed, depth and number of cycles with table in motion.

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Our Automatic Flexion Table
A strictly automatic flexion table. Not available with manual flexion.

Priced WELL BELOW competitive models!

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Variable Speed Motorized Flexion featuring the Flexion Control Panel

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- Tilting Headpiece
- Thoracic abdominal release locks at any angle
- Slide-out ankle support with ankle harnesses
- Pelvic lateral motion with gear lock
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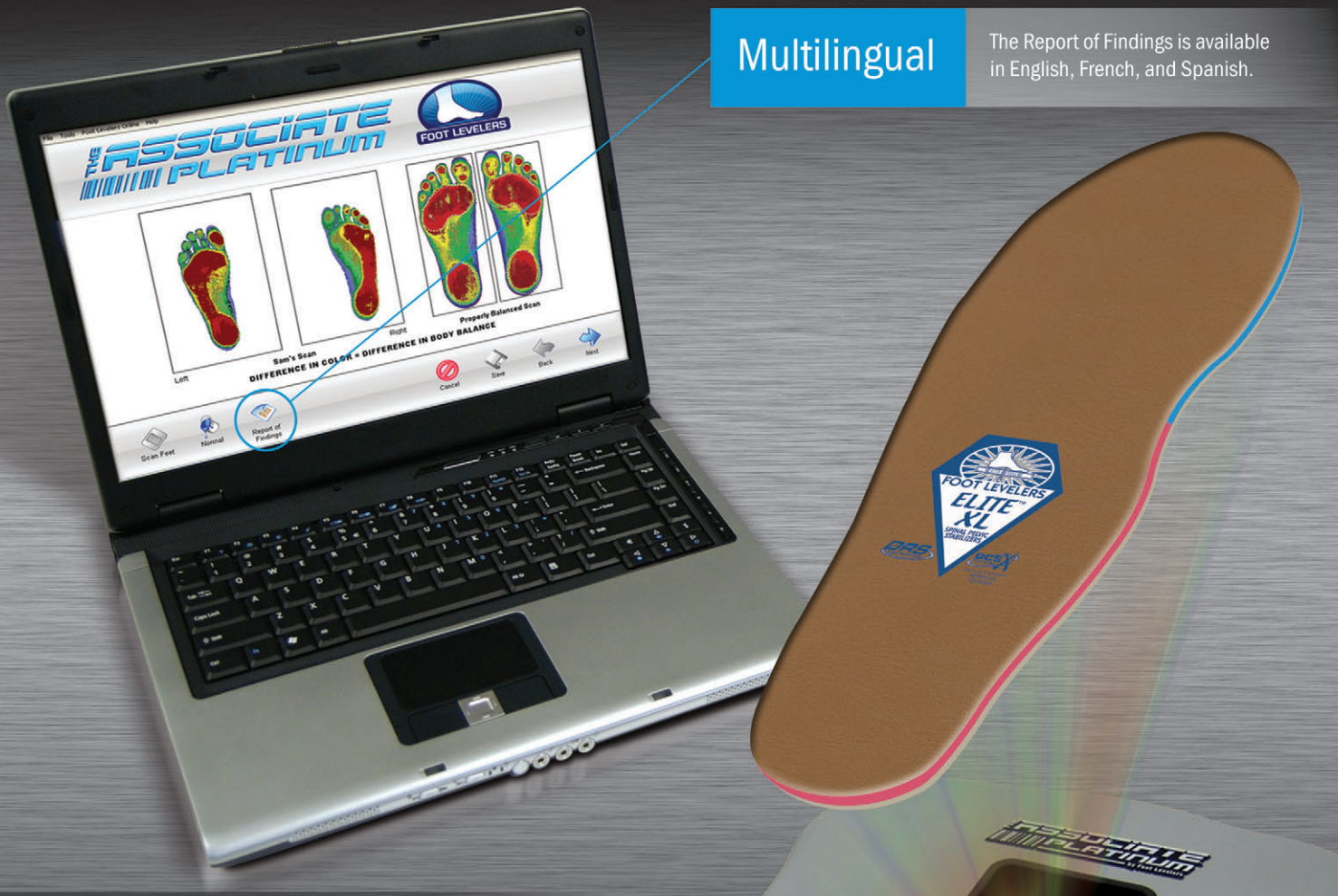
- Patient Shut-Off Switch
- Optional Drops - cervical, thoracic and pelvic

SCREEN.EDUCATE.
STABILIZE.



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The Report of Findings is available in English, French, and Spanish.

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