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Results from our
20th Annual Fees
& Reimbursements
Survey

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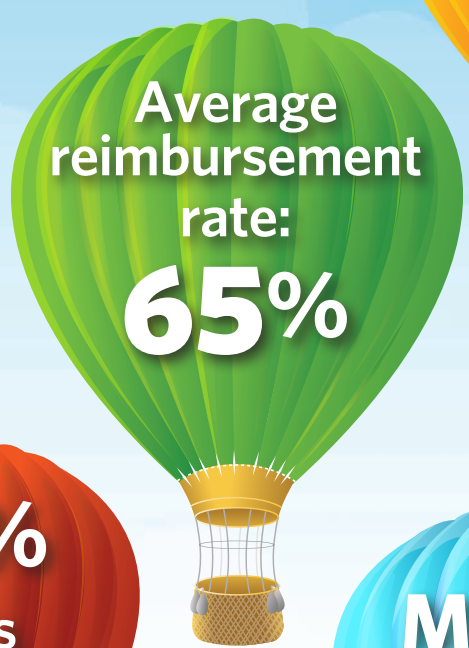
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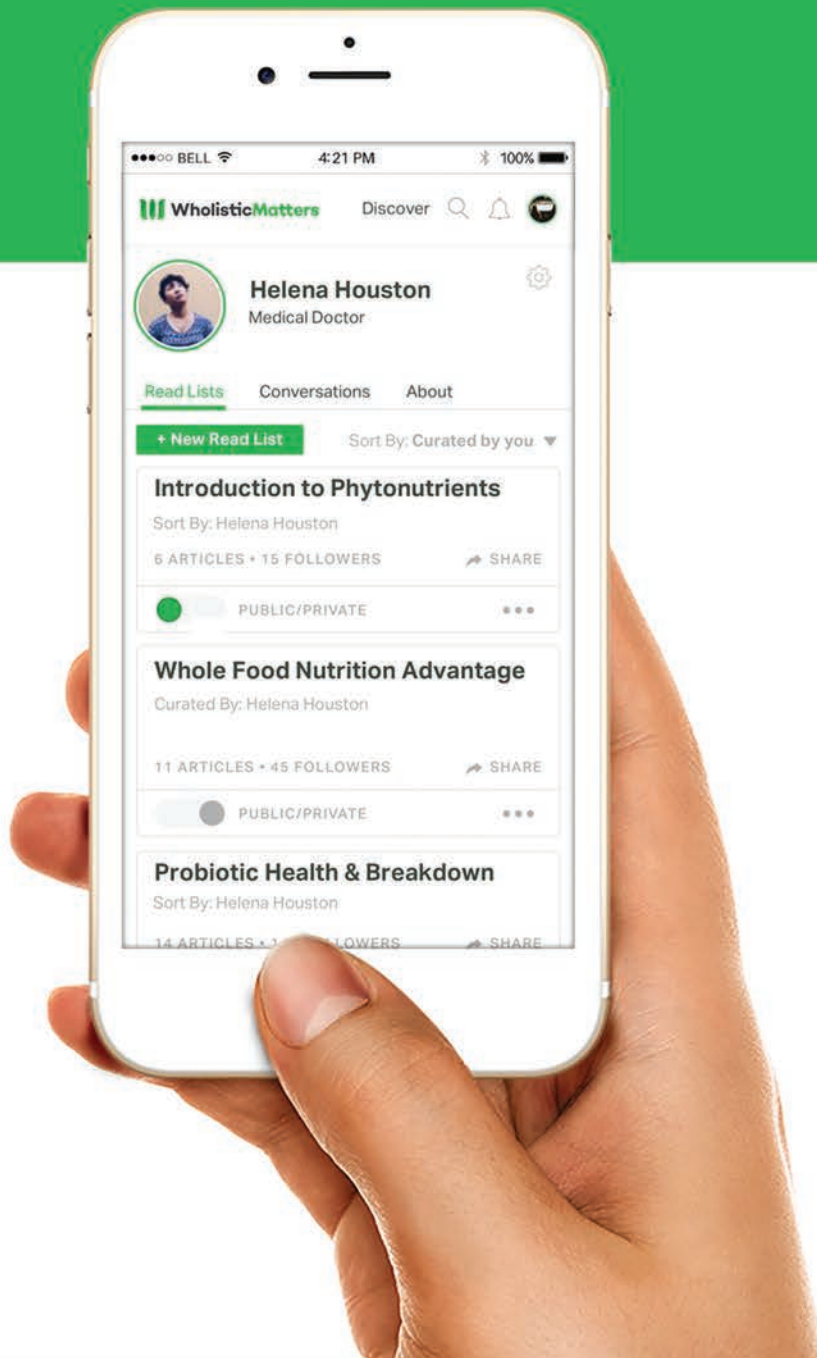
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Epigenetics, nutrigenomics, and precision medicine



Lifestyle health and wellness



Cardio-metabolic systems

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chiropractic economics

VOLUME 63, ISSUE 16



36 Cleared for lift-off

Our survey results show that the chiropractic industry is on track for future growth. Key indicators are firming and economic prospects are improving.

By Hannah Fell

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Chiropractic Economics (ISSN 1087-1985) (USPS 019-178) is published monthly except semi-monthly (twice a month) in January, February, April, May, June, August, September, and October; 20 issues annually. Address: Chiropractic Economics Inc., 820 AIA N, Suite W18, Ponte Vedra Beach, FL 32082. Phone: 904-285-6020; Fax: 904-285-9944. Website: www.chiroeco.com. (A Florida Corporation) Postmaster: Please send form #3579 to Chiropractic Economics, PO Box 3521, Northbrook, IL 60065-9955. Periodicals class postage paid at Ponte Vedra, Florida and at additional mailing offices. GST #R1231868416. Subscription Rates: U.S. and possessions, \$39.95 one year, Canadian subscribers add \$35 per year shipping and handling; overseas subscribers add \$60 per year shipping and handling. Students, \$19.95. Single copy, \$4. Statement: While encouraging the free expression of opinion by contributors to this publication, Chiropractic Economics and members of its staff do not necessarily agree with or endorse the statements made in the advertisements or contributed articles. Chiropractic Economics is owned by Chiropractic Economics, Inc. a Florida Corporation. Joseph D. Doyle, President and CEO and Daniel Sosnoski, Editor. Authorization for the use of photographs and/or illustrations is the responsibility of the author(s). All materials submitted for publication shall remain the property of this magazine until published. Change of Address: Six to eight weeks prior to moving, please clip the mailing label from the most recent issue and send it along with your new address (including zip code) to the Chiropractic Economics circulation Department, PO Box 3521, Northbrook, IL 60065-9955. For a faster change, go to www.ChiroEco.com and click on "Magazine."



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- ▶ The science of happiness. What you need to know to achieve a happy life.
ChiroEco.com/happyscience

Editor's Pick

Chances of experiencing overtraining increase with these two factors

For the majority of exercise enthusiasts, overtraining may never be a concern.

This is because it actually takes a lot of physical work and may include pushing through exercise with pain, soreness, and stiffness to become overtrained.

Generally speaking, overtraining may occur more frequently in people who are very untrained and suddenly jump into more volume and intensity than they have ever done before.

Overtraining is probably more common in elite athletes who are more comfortable with pushing the limits, familiar with pushing through pain, stiffness, and even training despite injury. In elite athletes, overtraining may be built into a program in order to test durability and max effort, or simply to get enough volume to elicit further adaptation in the body to take place.

ChiroEco.com/overtraining-risks



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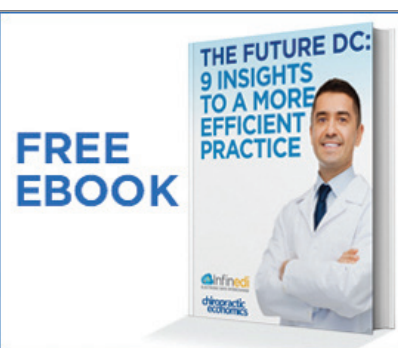
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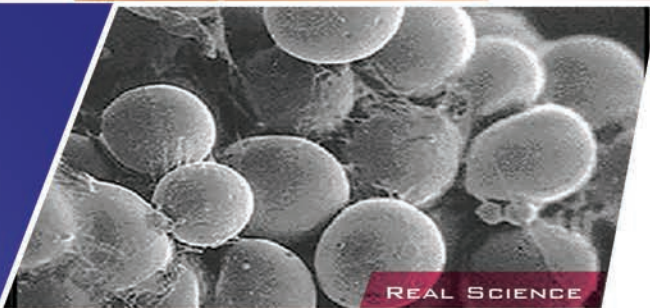
BEWARE OF BOGUS MARKETING CLAIMS!

Some devices out there today claim instant fat loss, but how can that be possible? Where did the fat go? There is no scientific evidence to base their claim on. These same devices use LEDs instead of Actual Lasers. Zerona used LEDs as its placebo device during Level (1) studies which proved they DO NOT WORK.



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REAL SCIENCE

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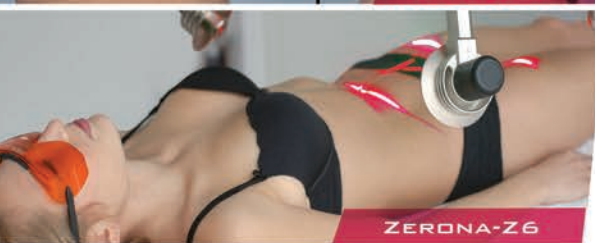
- KYLE BROTHERTON, DC, MS

"ZERONA® zaps away fat without the bruising, scars or downtime."

- DR. TRAVIS STORK FROM "THE DOCTORS"

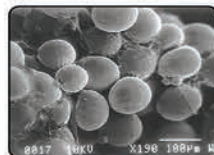


REAL RESULTS

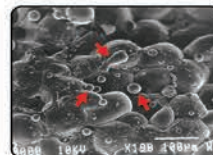


ZERONA-Z6

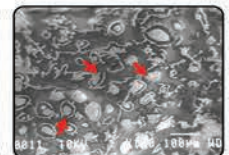
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Eye of the storm

IN RAPID SUCCESSION, TWO OF THE LARGEST HURRICANES EVER RECORDED STRUCK THE LOWER U.S., HARVEY IN Texas and Irma in Florida. As is generally the case, large-scale natural disasters can reveal character flaws—as seen by some people price-gouging for basic supplies.

But more commonly you see Americans rise to the occasion, with neighbor helping neighbor, sharing tools and labor, and pulling together to endure. And we donate. The expert advice is to send cash if you can. Food and clothing have a way of piling up and causing more trouble.



Let me know what's on your mind:
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And as a chiropractor, you can do something more—volunteer your services to first responders if you're close enough and able. Cleaning up from a major hurricane is back-breaking work, and an adjustment can get a person who is hurting back in the game.

Yet another way chiropractic can help is through stress relief. As Dennis Perman, DC, pointed out in his talk at *The WAVE 2017* conference earlier this year, stress is now virtually endemic to the U.S. lifestyle along with

anxiety, and it presents a direct health risk. Survivors of a life-threatening event will only have their levels of stress elevated. By easing the structures of the body and effecting changes at the neurological level, chiropractic can restore survivors' sense of well-being.

This issue of *Chiropractic Economics* contains our 20th Annual Fees and Reimbursements Survey. We now have two full decades' worth of data on the profession and its trends, and we're pleased to share them with you here.

Our data is presented for a general overview only and should not be used for setting fees—your individual circumstances are likely not an average of those in your geographic region. Rather, our results should give you a rough idea of where you stand against the aggregate of practitioners.

We're happy to report that another storm, that of the Great Recession, appears to have finally passed healthcare providers and the skies are clearing ahead.

To your success,

Daniel Sosnoski, editor-in-chief

chiropractic economics

VOLUME 63, NUMBER 16

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THE CHIROPRACTIC PULSE

Activator Methods marks 50 years of leadership

An international gathering of chiropractors assembled in Phoenix, July 20-22, 2017, for the Activator Global Leadership Conference to mark the 50th anniversary of the founding of Activator Methods International.

Attendees came from around the U.S. and countries abroad including Spain, Japan, Greece, England, and Canada, underscoring how broadly the Activator Method of instrument adjusting has spread around the world. This meeting combined education, celebration, and recognition, culminating in a gala awards ceremony. Speakers giving presentations at the conference included such well-known figures as Fabrizio Mancini, DC, author of *Chicken Soup for the Chiropractic Soul* and *The Power of Self-Healing*.

Others included Richard Brown, DC, secretary-general of the World Federation of Chiropractic; William Meeker, DC, president of Palmer College of Chiropractic - San Jose; David O'Bryon, JD, CAE, president of the Association of Chiropractic Colleges; and Frederick Carrick, DC, PhD, professor of neurology in association with the University of Cambridge.



To read more, visit ChiroEco.com/activator

Source: Chiropractic Economics Staff Report, chiroeco.com



Foundation for Chiropractic Progress supports DEA national prescription drug take-back initiative

The Foundation for Chiropractic Progress (F4CP) urges consumers to learn the opportunities to dispose of unused prescription drugs for the U.S. Drug Enforcement Administration (DEA) National Take Back Day. This call to action supports initiatives during September Drug-Free Pain Management Awareness Month and emphasizes the goals to advance public awareness of the value of drug-free chiropractic care.

"We can't be more supportive of this DEA program, which complements our campaign to educate and inform Americans that there are non-pharmacologic options such as chiropractic care to safely and effectively address patients' spine and joint-related pain," says Sherry McAllister, DC, executive vice president, F4CP. "Every day, over 1,000 people are treated in emergency departments for misusing prescription opioids."

The National Prescription Drug Take Back Day aims to provide a safe, convenient, and responsible means of disposing of prescription drugs, while also educating the general public about the potential for abuse of medications. The next Take Back Day is Saturday, October 28, 2017.



To read more, visit ChiroEco.com/F4CPdea

Source: Foundation of Chiropractic Progress, f4cp.com

American Chiropractic Association comments on MACRA 2018 proposed rule

The American Chiropractic Association (ACA) recently submitted comments to the Centers for Medicare and Medicaid Services (CMS) in response to the federal agency's proposed rule changes to the Quality Payment Program (QPP) for 2018.

QPP is a new payment model for physicians, including chiropractors, created by the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA).

"ACA strongly supports the agency's efforts to further develop the methodology that ties annual Physician Fee Schedule (PFS) payment adjustments to value-driven, quality care," says ACA President David Herd, DC. "The QPP will encourage participation in Alternative Payment Models (APMs) by creating an incentive program."



To read more, visit ChiroEco.com/macra2018

Source: American Chiropractic Association, acatoday.org



BY THE NUMBERS



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160

The millions of prescriptions written for antibiotics yearly.

Source: Health Assist



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82

The percentage of adolescents who are in excellent health.

Source: Centers for Disease Control and Prevention



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14

The overall prevalence of Chronic Kidney Disease in the U.S.

Source: National Institute of Diabetes and Digestive and Kidney Diseases

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THE LEARNING CURVE

Chiropractic students invited to train at Pro Football Hall of Fame Academy

Classes at the University of Bridgeport are resuming for the fall semester, but for a select group of students from the College of Chiropractic (UBCC), learning never stopped.

In July, four UBCC students, Brent Chuma, Brett Poniros, Celeste Holder, and Michael Simeoli traveled to the Professional Football Hall of Fame in Canton, Ohio, to assist with injury-prevention testing for 300 of the nation's top middle and high school football players.

The four UBCC undergraduates, who are focusing on sports-related chiropractic care, were invited to attend the academy by alumnus Donald Shrum, DC, '17. Shrum is the owner of NJ Shore Fit and involved in the Pro Football Hall of Fame Academy.

Students' expenses were covered by the Pro Football Hall of Fame.



To read more, visit ChiroEco.com/footballfame

Source: University of Bridgeport, bridgeport.edu



ChiroHealthUSA awards \$25,000 scholarship

At the National Convention and Expo, ChiroHealthUSA announced the

recipient of the 2017 ChiroHealthUSA Foxworth Family Scholarship in honor of President Ray Foxworth, DC's parents, Drs. Betty Pace Mathews and Charles Vernon Mathews.

This year's \$25,000 scholarship winner is William Stetzel, a chiropractic student at Sherman College of Chiropractic. William receives \$10,000 for school expenses and \$5,000 in cash to help offset his living expenses, with an additional \$10,000 donation being made to the school. Mr. Stetzel was present for the announcement and check presentation. "It is such a blessing and an honor to be awarded this scholarship," William



says. "My biggest hope in receiving it is that one day I can give it back to the profession both financially and through service."

"We were honored and proud to learn that Sherman College student Billy Stetzel was selected as the recipient of ChiroHealthUSA's prestigious Foxworth Family Scholarship," says Edwin Cordero, DC, president of Sherman College of Chiropractic. "His dedication to the profession comes naturally, as he is part of a growing chiropractic family close to our hearts at Sherman College. His father, Gregg, is a 1983 Sherman College graduate. His mother, Kim, is on the college's board of trustees, and his sister, Danielle, is a current student at Sherman as well."



To read more, visit ChiroEco.com/chirohealthscholarship

Source: ChiroHealthUSA, chirohealthusa.com

SCU selected as new home for ACIH

We are pleased to announce that, after an extensive selection process, Southern California University of Health Sciences (SCU) has been chosen to house the Academic Collaborative for Integrative Health (ACIH).



While many strong universities submitted proposals vying for the opportunity, SCU was chosen because of its wide variety of professional degree and certificate program offerings—many of which are a part of ACIH's core membership, and on the merits of its commitment to co-creating the future of healthcare through interprofessional education.

As a leader in evidence-based, interprofessional education, SCU's mission to educate students as competent, caring, and successful integrative and healthcare practitioners is in direct alignment with ACIH's mission to enhance health by cultivating partnerships and advancing interprofessional education and collaborative practice.

Although ACIH's offices will be housed on SCU's campus, the organization will remain independent, with an independent board. Many universities house independent nonprofits that are aligned with their vision and mission. **CE**



To read more, visit ChiroEco.com/scuACIH

Source: Southern California University of Health Sciences, scuhs.edu

WHAT'S HAPPENING IN HEALTH?

New research on probiotics in the prevention and treatment of colon cancer

In an innovative approach to colorectal cancer (CRC) prevention and treatment, scientists are studying ways to replace missing metabolites in patients prone to gut inflammation and CRC. A new study in *The American Journal of Pathology* describes how administration of histamine-producing gut microbes to mice lacking the enzyme histidine decarboxylase (HDC) reduced inflammation and tumor formation. These results suggest that alteration of the gut microbiome with probiotics may become a new preventive or therapeutic strategy for patients at risk for inflammatory bowel disease (IBD)-associated CRC.

"We are on the cusp of harnessing advances in microbiome science to facilitate diagnosis and treatment of human disease," explains James Versalovic, MD, PhD, pathologist-in-chief at Texas Children's Hospital, and Milton J. Finegold professor of pathology and immunology at Baylor College of Medicine (Houston). "By simply introducing microbes that provide missing life substances, we can reduce the risk of cancer and supplement diet-based cancer prevention strategies."



To read more, visit ChiroEco.com/probioticresearch

Source: Science Daily, sciencedaily.com



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The WAVE: Starting a new conversation on chiropractic

BY KAREN MENEHAN

A NEW CONVERSATION IS ON THE TABLE, ONE ABOUT NEW MEANS of engagement between chiropractors and their patients, medical colleagues, and the public. This new conversation discusses chiropractic's role in brain health and related stress.

Most patients don't understand such terms as subluxation, bone impingement on nerves, or spinal misalignment—all topics about which chiropractors try to educate people—but patients *do* understand what pain and stress feel like, and they are desperate to feel better.

This message was relayed by presenters at Life Chiropractic College West's seventh annual *The WAVE* conference, *Minds That Matter*, held Aug. 4–6, 2017, in San Francisco.

The conference presented research on the effects of chiropractic on the central nervous system. Some recent findings indicate that adjustments have a beneficial and measurable effect on neuroplasticity, the brain's ability to forge new connections between nerve cells.

One recent study related to chiropractic and brain health has pinpointed the area of the brain activated in response to chiropractic.¹

The neuroplasticity model

Brain research could change chiropractic as we know it, Heidi Haavik, DC, PhD, says, *if* chiropractors understand and act on the significance of recent findings. Haavik spoke about the research in her presentation, "Beyond a Doubt: Adjusting the Spine Changes Brain Function."

"It's becoming so important that we as a profession understand this new science, this neuroplasticity model of explaining how an adjustment actually changes the brain, because it's going to influence us on every level, from the way we practice to how we communicate about it to politics to how we interact with other healthcare professionals," Haavik says.

"It really explains pretty much everything we see in practice, and so much more."

Haavik heads up the Centre for Chiropractic Research at the New Zealand College of Chiropractic in Auckland. She studies what happens when a chiropractor checks and adjusts a subluxation and the effect this has on brain health and the central nervous system. Haavik authored the book *Reality Check: A quest to understand chiropractic from*



Dan Murphy

the inside out.

At *The WAVE*, Haavik discussed a study she co-authored, "Manipulation of Dysfunctional Spinal Joints Affects Sensorimotor Integration in the Prefrontal Cortex: A Brain Source Localization Study," published in 2016 in the journal *Neural Plasticity*.

Haavik said one of the most exciting findings of this study is the calculation of where in the brain chiropractic-related changes are taking place.

"It's in the part of the brain where you have the sensory cortex, the motor cortex, the prefrontal cortex, and the basal ganglia having a little conversation about proprioceptive information from the upper limb,"

she says. “Being able to show that the biggest change was in the prefrontal cortex was extremely exciting to me.”

This is one of many studies Haavik has worked on that indicate a neuroplasticity model of chiropractic care—what she calls a biologically plausible, defensible model of how chiropractic really works.

“This neuroplasticity model is not the be-all and the end-all, it is only one way that we now know that chiropractic care works,” Haavik says. “There are probably other things as well, like the [cerebral spinal fluid] model and dural tension and all these other things we still need to explore further and look more into.”

However, she says the quality and amount of research conducted in this area to date is now statistically significant.

“We finally have one way, one model, that is biologically plausible ... [and] you can go and talk to anyone—neuroscientist, health professional, medical doctor—you could talk about the effects that we now know, [that] chiropractic has a neuroplastic effect on the central nervous system, and they could go look it up afterwards and find that what you are saying is true. That is a really big thing for us as a profession,” she adds.

The challenge now, says Haavik and other presenters at *The WAVE*, is communicating new knowledge about brain benefits of chiropractic to patients and prospective patients to secure a commitment to a lifetime of care.

The public appreciates hearing facts about chiropractic, and by communicating that information to them, doctors of chiropractic can honor and respect patients and allow them to make their own healthcare choices based on knowing what the facts are.

Chiropractic, breaking free

Dennis Perman, DC, provided a roadmap for that communication

journey in his presentation, “Speaking the Language of Brain-Based Wellness.”

He, like Haavik, says more chiropractors need to talk to patients about the effects of chiropractic on brain health; more specifically, he says, on stress. Unresolved stress, he maintains, is at the root of most health conditions.

This communication will help the patient understand the significance of chiropractic and the benefits of lifetime care, Perman says, and the way to cultivate those patients is to stop talking so much about bones and nerves and instead tell them how chiropractic can lessen the stress in their lives.

For example, during an appointment the chiropractor can explore with the patient if his or her stress is physical, chemical, nutritional, emotional, or mental.

“When you start to talk this language, people pay attention,” Perman says. “When you ask the typical person, ‘Do you have stress daily?’ most people say yes. If you were to ask them further to quantify their experience of stress on a scale of one to 10, the most typical answers are seven or eight.

“What chance do they have? What hope do they have?” Perman asks. “We have to do something to save these people. They are getting eaten alive ... we have to be the ones who spearhead this—you pick up this ball and run with it.”

Perman explains that you can tell your patients that chiropractic adjustments ease the structure of the body and effect changes in the brain—and you will be amazed by the results of that kind of communication.

“You become their most trusted advisor, you become their source of wellness,” he says. “Once we position ourselves as something we do to either help the patient reduce their stress or handle their stress better,

you are speaking in a way they will understand—and that’s what’s needed for chiropractic to break free in the marketplace.”


The WAVE 2018

An estimated 2,000 doctors and students of chiropractic, and those affiliated with them, attended *The WAVE 2017*, and more than 40 vendors presented information on products serving the chiropractic field.

“*The WAVE* exceeded our expectations, and our expectations were extremely high to start with,” Life College President Ron Oberstein, DC, told *Chiropractic Economics*. “I am blessed to have an amazing team, and the great feedback we received reflected the hard work we put into this event.”

Conference speakers also presented on chiropractic neurology, concussion, optimal performance, pediatric chiropractic, marketing, and communication.

“This year’s *WAVE* really set the bar,” Oberstein says. “Our goal will always be to deliver the highest quality content and speakers, while maintaining a learning atmosphere of love and community. *The WAVE 2018* will be phenomenal.”


The WAVE will be held next in Oakland, California, in 2018. For more information, visit lifewestwave.com. 



KAREN MENEHAN is editor in chief of *MASSAGE Magazine*, the sister publication to *Chiropractic Economics*. She can be reached at edit@massagemag.com.

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 To view the complete list of speakers and presentations at *The WAVE 2017*, visit ChiroEco.com/wave2017.

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Injuries waiting to happen

Effective assessment and treatment techniques for your triathlete patients.

BY COURTNEY CONLEY, DC

SWIM. BIKE. RUN. REPEAT. WELCOME TO THE WORLD OF injuries waiting to happen. The successful treatment of triathletes depends on many factors, but to keep things simple, the following will address the most common repetitive ailments you are likely to see with this patient demographic.

The swim

The research shows some alarming numbers pertaining to shoulder pain. And competitive swimming has long been associated with shoulder pain because 90 percent of a swimmer's propulsion comes from the upper extremities.¹⁻³ Competitive swimmers usually train six to seven days a

week, two workouts per day, covering around 12,000 to 16,000 yards daily.⁴

It has been estimated that a swimmer training 10,000 yards per day takes around 400,000 strokes in a season.⁴ The amount of distance alone is a risk factor for shoulder injury. Swimmers need a large arm movement to pull through the water, generating high torque. Their shoulders need to have the full available range of motion, as well as coordination and stability, to withstand the repetitive nature of the swim stroke.

When treating these athletes, controlled arm elevation is required. If this does not occur, impingement can result, which will sideline your athlete. This setback can frustrate both

the clinician and patient.

Arm elevation needs mobility and dynamic stability. Mobility allows the appropriate thoracic extension, scapular retraction and posterior tilt, and normal roll and glide kinematics of the glenohumeral joint. Stability is required for control around the scapula and coordination through the joint.

In acute pain cases, soft tissue tools can be used in a light feathering fashion over the areas of pain to stimulate the interoreceptors in the fascia. This technique will decrease pain.

Taping the shoulder with a tab technique over the supraspinatus insertion gives these patients significant pain relief. If further assessment

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reveals deficits in the thoracic or cervical region, additional manual therapy may be warranted.

In more chronic cases, you will want to use your tools in a fast, oscillating fashion over the areas of the scapula to stimulate the Pacinian receptors in the fascia to increase tactile acuity and neurosensory input—thus improving control of the scapular stabilizers. To lock in the change here, use kinesiology tape in a postural application to provide feedback for the next five days, 24 hours a day. Give the athlete two to three corrective exercises to engage these stabilizers. Closed kinetic chain, full contact exercises work well with this population.

These athletes are determined, and they will be highly compliant with your treatment protocols when they are educated properly.

The bike

All bikes must be fit to the athlete: This is non-negotiable. These cyclists will spend hours in a flexed position over the bike. With the appropriate bike fit, the spine will be preserved with less strain through the lumbar region. Low-back pain and knee pain seem to trump our ailments with these cyclists.

Due to the excessive flexion, dynamic stability is of utmost importance. You will find that most of these athletes presenting chronic low back pain also exhibit paradoxical breathing patterns. This results in increased neck tension, poor control of the lumbar spine, and hypertonic hip flexors.

Have the patient focus on breathing exercises, as well as appropriate bracing methods coupled with breathing patterns. The use of kinesiology tape over the lumbar spine will decrease pain and delay tissue fatigue. Corrective exercises should be imple-

mented to improve core control.

Knee pain is common with cyclists, and you must assess their foot placement when they are clipped into the bike. Internal and external tibial torsions will affect the way the athlete is clipped in. For example, if your cyclist has external tibial torsion, and they are clipped into the bike in a neutral position, the positioning will drive the knee into valgus, increasing strain along the medial compartment of the knee.

They will have medial knee pain, and possibly ITB and low-back pain on the ipsilateral side. This is a structural issue; you cannot strengthen them out of an external tibial torsion. Adjust the clip. For external tibial

torsion, adjust the clip to rotate in as to align the knee in the appropriate position. This change will immediately decrease symptoms. If there is inflammation in the knee, kinesiology tape can be used to decompress the area and provide a change in the fluid dynamics of the tissue.

The foot must be addressed as well. You might do an assessment for forefoot varus and valgus. Differences in forefoot pronation can lead to posterior tibialis insufficiency among other things.

If the problem is acute, you can tape for pain to alleviate symptoms, which are typically along the medial arch at the rearfoot or around the medial malleolus, and up the medial aspect of the leg. In a more chronic case, the helical postural taping application up the entire lower extremity to improve body representation and increase the “external rotation” sensation of the limb is an excellent adjunct to corrective exercise strategies.



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The run

Knee pain is a common complaint among runners, and slightly more than 40 percent experience it. After assessing gait, use these tips to decrease the runner's knee pain.


First, increase their cadence. We want our runners to be around 170 to 190 steps per minute. This will minimize ground reaction forces and

energy loss and injuries while maximizing stride efficiency.

Second, the foot should land as close to the body as possible. Look for a vertical tibia when the runner lands. This positioning will lower the vertical loading rate, and thus decrease pressure at the knee.

Third, assess footwear. The more cushion a running shoe has, the more

mechanical stress on the skeleton (except at the foot).⁵ You can treat these runners with barefoot strengthening programs, and specific exercises to control eccentric motion. Taping applications to decrease pain at the knee can be implemented as well as IASTM and dry needling.

Treating the triathlete is no simple task. Many factors like posture, gait, and form are involved, compounded by many hours of repetitive stress to the body. However, these athletes are determined, and they will be highly compliant with your treatment protocols when they are educated properly. Knowing how to successfully treat and prevent pain will keep your athletes at peak performance. 



COURTNEY CONLEY, DC, graduated from the National University of Health Sciences in 2003. She also holds a BS in kinesiology and exercise science from the University of Maryland. Conley currently owns and operates Total Health Solutions in Golden, Colorado, where she has put together a team of skilled professionals to treat patients ranging from the weekend warrior to the ultra distance athlete. She can be contacted through rocktape.com.

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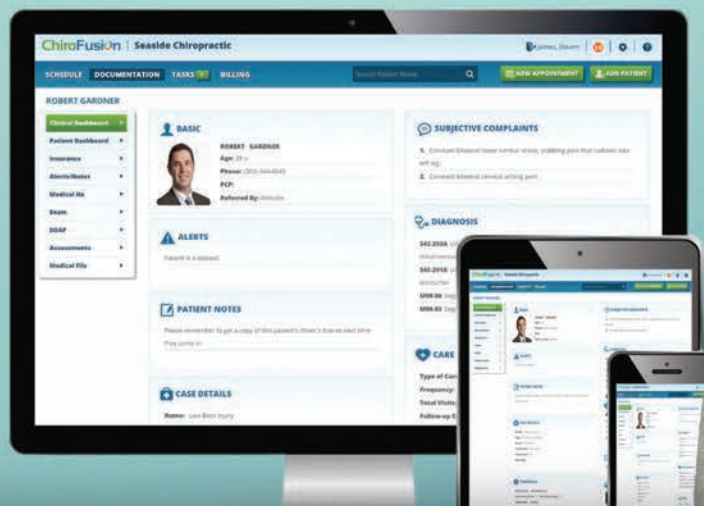
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The power of too much attraction

In the search for new patients, avoid these risky moves.

BY RAY FOXWORTH, DC

LIKE MANY PEOPLE, YOU MIGHT PERSONALLY BE A HUGE FAN of Groupon, Angie's List, and similar discount sites. You can use these for car detailing, housekeeping services, dining out, and many other things. It's a great way to market new and small businesses—unless you work in healthcare. In the last couple of weeks, I have seen the following deals advertised:

- ▶ \$40 for a wellness package with an exam and five adjustments (\$675 value)
- ▶ \$49 for a spinal exam, a set of three X-rays and one adjustment (\$500 value)
- ▶ \$44 for a chiropractic evaluation and three adjustments (\$440 value)
- ▶ \$59 for a chiropractic exam and two adjustments (\$325 value)

The full value of these services ranges from \$325 to \$675, but their discounted prices are between \$40 to \$59. You probably have personal and professional concerns when you see these kinds of deals pop up on your computer screen. What message are you sending to potential patients about our profession? Would someone really use one of these discount sites for a tonsillectomy, a bowel resection, or a knee replacement? When we put chiropractic

adjustments on the same playing field as a pedicure or car detailing service, how much value are we placing on chiropractic care in the minds of the public?

No matter how you feel about that aspect, we are not allowed, as a profession, to dramatically discount our services, offer free treatments, or provide gifts or free meals to potential patients. Any one of these things can be considered an "inducement" or a kick-back by various government entities. The long-term effects of using Groupon, Angie's List, and other discount sites can be devastating. If your discounts trigger inducement violations, you can expect to pay fines up to \$10,000 *per occurrence*. That's a pretty expensive slap on the wrist. This means that a small practice could be just one audit away from serious financial hardship, and maybe even bankruptcy.

Don't discount the dangers

Most of the discounts you see for chiropractic care tend to be between 50 and 90 percent. And these could

be viewed as violations of the federal anti-kickback statute and Medicare's inducement statute. Many states have also adopted the same or similar rules. This could also pose a problem when it comes to your provider agreements with insurance companies.

Deep discounts can appear to be a dual fee schedule in your practice, as you may be offering discounts far below what you would be charging to insurance. Insurance companies view that as fraud. This is especially true when whatever offer you make can be seen by everyone,



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not just potential patients.

Another drawback to using discount sites, aside from the legal implications, is the concomitant loss in revenue. Often, these deals are offered below what it costs to perform the services, and that is even before you consider that some discount sites keep 50 percent of the revenue from each deal.

If you are offering a \$49 new-patient visit, you will only see \$24.50 from each deal purchased. On average, only 20 percent of the people who purchase these deals return to that place of business. It is unlikely that a temporary boost in new patients will result in profit. Is it really worth the risk?

Creative compliance

Admittedly, it's a tough market out there, underscoring the need to advertise your practice in today's market. You want to stay competitive, attract new patients, and offer affordable fees. There are ways to market your practice and keep care affordable without exposing your office and your licenses to potential risks such as fines and penalties.

Start by having a presence in your community. Are you attending health fairs, local 5K runs, and chamber of commerce events? You and your team members can be the best advertising for your practice. Let your community get to know you through your participation in your community.

Build your online brand. Today's patients are connected to their friends, families, and communities through the web. Is your website mobile friendly? Does it explain the benefits of chiropractic? Is your contact information easy to find? Are your hours clearly listed? Can new patients make an appointment from your website?

These seemingly small details can have a *big* impact on your business. Make it easy for patients to find you, get answers to their questions, and contact you. It can be that simple.

The social strategy

No matter how you feel about social media personally, it can have a huge impact on your business. Consider these statistics:

- Online, adults aged 18 to 34 are most likely to follow a brand via social networking.
- In 2015, Facebook influenced slightly more than 50 percent of consumers' online and offline purchases, up from 36 per cent in 2014.
- There are 40 million active small business pages on Facebook, and 4 million of those businesses pay for social media advertising on Facebook.
- There were more than 4.4 million videos uploaded directly to Facebook in February 2016, generating over

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- ▶ More than half of YouTube views come from mobile devices and the average mobile viewing session lasts more than 40 minutes.

If you sense the need for a web and social media presence, you may be wondering what you should be posting to minimize the risks of potential audits. Avoid giving medical advice that is specific to one patient, and be aware there are resources available to help you educate your followers on the benefits of chiropractic care. This can position you as a health-and-wellness resource in your community.

Start by following the companies whose products and services you provide in your office. Follow the Foundation for Chiropractic Progress (F4CP), an organization whose sole purpose is to educate consumers on

the benefits of chiropractic care. Share their posts and research other topics to highlight on your social feeds.

Encourage your patients to follow you on social media by posting health and wellness tips (e.g., back-to-school is the perfect time to post about backpack safety.) Once you get started, you won't be lacking for ideas or posts you can share through your social accounts.

Sweat the small stuff

While you are developing multiple avenues to engage with your audience, work with your team to ensure that your clientele is having the ultimate patient experience. Your office should be an oasis in an otherwise busy day. Getting there should be easy, and being there should be pleasant.

Make scheduling and check-out a breeze. Offer affordable payment options for your patients. Set up

easy and convenient ways to accept payments, like auto-debit. These can eliminate the need for your patients to part with money at the end of each visit, and make each visit more convenient for your patient and your team.

Getting new patients to come into your office doesn't have to be difficult or come with massive discounts and potential risks. After all, you want to attract patients who value the services you offer, not people who are only looking for a good deal. **CE**



RAY FOXWORTH, DC, FICC, MCS-P, is president of ChiroHealthUSA and a certified medical compliance specialist.

He maintains his practice on NewSouth Professional Campus, home to a large multidisciplinary spine center, offering services ranging from chiropractic to neurosurgery. He can be reached through chirohealthusa.com, where you can learn more and register for webinars.

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From opposition to opportunity

What to do when patients test your patience.

BY NANCY SINGLETON

IMAGINE THAT YOU ARE INTERACTING WITH A PATIENT WHO IS VISIBLY upset. After a bad experience with her MD, this particular patient has come to your clinic for help. She had explained to her MD that her toes would sometimes turn blue. She needed someone to acknowledge that this was indeed the case, and listen to her concerns. Ostensibly, her MD had dismissed it as a matter of chance, and had sent her away fuming. Frustrated that her doctor had not taken her seriously, she is now in your office.

When you find yourself in this position—dealing with an angry and frustrated patient—will you respond with your own frustration, or will you seize the opportunity to turn this patient into a raving fan?

Whether you realize it or not, an angry patient represents a *huge*

opportunity. They're upset, and they're looking for help, and luckily they're in your office. If you can turn this experience around for them, they won't forget it.


So when you're sitting across from a patient who is upset or dissatisfied, don't blow it. Don't put up your defenses, argue, or question the patient's intelligence. Remember why you became a chiropractor in the first place: You wanted to change your patients' lives for the better, and really make a difference in their health and happiness. What better opportunity to fulfill that mission than now? While you're at it, you can turn this angry patient into a lifelong customer who will recommend you to friends and family members for years to come. The next time you need to diffuse a difficult situation, consider adopting the following strategies.

Find the true reason

When a patient is angry, they're probably also nervous, anxious, or even scared. Anger is an emotion that often surfaces when people are frightened and don't know what to do. Recognize this, and make an effort to understand the reasons behind your patient's unease.

They may be afraid they are beyond help, afraid they've landed in a financially dire situation, or afraid their lifestyle is about to change dramatically. When you understand these factors, you'll be better able to provide the appropriate support—and ensure that this patient sticks around for life.

Listen: This might seem like a no-brainer, but most people aren't as good at listening as they think they are. Active listening is a skill that takes time and practice to develop.



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To be successful, you can't assume that you already know all the answers or plan what you want to say while your patient is still talking. Give them time to say what they need to say, and *listen*. Hand them a tissue if the moment requires it, or get them a drink of water if it looks like they need one. Be attentive to their body language. If anything a patient says is unclear, repeat what they've said to verify that you've understood correctly.

Don't argue: If a patient wants to argue, don't feed the fire. While you should be able to express your thoughts, it's important to do so calmly and respectfully. Sometimes an apology is the best way to go, whether it's warranted or not.

Empathize: By actively listening, you can learn why your patient feels the way they do. Once a patient has said what they need to say, let them know their emotions are valid and you understand their concerns. In this moment, don't overemphasize your own beliefs. This disempowers the patient and will make them feel like you don't "get it." Whether or not you think the patient is right, demonstrating empathy can diffuse the situation and provide the support that your patient needs.

What are you communicating?

Be aware of what your facial expressions and body language are communicating. Are you sitting or standing? (Standing may indicate that you are in a hurry to leave.) Is your voice slow or fast? Are you making eye contact? Don't grimace, scowl, or communicate disbelief or disparagement. Breathe normally and stay calm.

It's nothing personal

Although it's easy to feel as if your character, your knowledge, or your capabilities are under attack,

remember that *you* are not the true cause of the patient's frustration. They might be taking it out on you, but that doesn't mean you are necessarily the root of the problem. Try to remember this as you take a few deep breaths and shake it off.

Know where the line is

If a patient is yelling, swearing, or threatening you, the opportunity for civil dialogue has passed. At this point, it may be appropriate to ask the patient to leave the office and come back another time.

Alternatively, you can tell them that you're going to leave the room for a few minutes to give them time to calm down before continuing the conversation again. Be clear about your expectation of civility and mutual respect.

Develop a routine

Prepare emotionally and psychologically for the day ahead. You never know when you're going to find yourself in a tense situation, so a little preparedness can go a long way.

Make sure you're getting enough sleep, managing stress appropriately, and checking in with yourself regularly about your mental and physical status. Are you feeling on the edge or are you balanced and stable?

Make the following into habitual practices:

- ▶ If the patient needs help you are unable to give, recommend someone. Don't turn them away without a solution. If you recommend another doctor, let the patient know that you will check on them later to make sure it's working out.
- ▶ Ensure that your clinic is a welcoming and comfortable place. If the environment is noisy, chaotic, disorganized, or doesn't offer privacy, those factors can exacerbate a patient's frustration.
- ▶ Build your interpersonal relationship with each patient by using their

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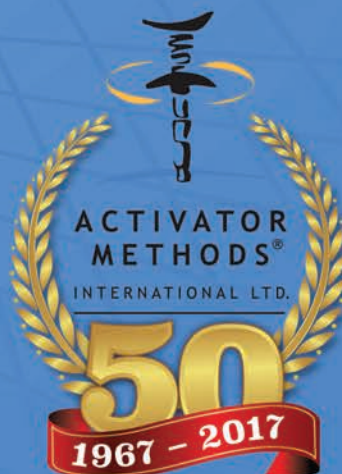
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name often. Studies show that this helps increase a patient's level of satisfaction with your care.

Be the one

No matter what attitude a patient brings into your office, they *always* deserve high-quality healthcare. Don't let yourself get so busy you can't make time to listen and make a difference in

your patients' lives. At the very least, your staff members should be trained and ready to step in if a situation requires it.

When you think about it, a frustrated, anxious, scared, or angry patient is a golden opportunity. You have a chance to be the one who listens, who cares, and who provides the right support at the right moment.

You have a chance to turn conflict into compassionate care. Don't blow it by being unprepared. In general, people are forgiving when each party communicates clearly and effectively. If you make a genuine effort to show that you care, your patients will return again and again, and you'll know that you've done your best to deliver exceptional healthcare. 



NANCY SINGLETON is a 1989 graduate of the Los Angeles College of Chiropractic Assistants. She has been consulting and helping doctors grow their practices for more than 25 years. She and her husband, Todd Singleton, DC, teach chiropractors how to implement multiple cash systems into their existing practices. She can be contacted at 801-707-697, contact@singletonsystems.com, or through nancysingletonsarticles.com.

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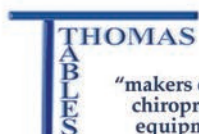
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Quick Tip

Greens for Glaucoma

New research suggests that a diet rich in leafy green vegetables may help prevent glaucoma.

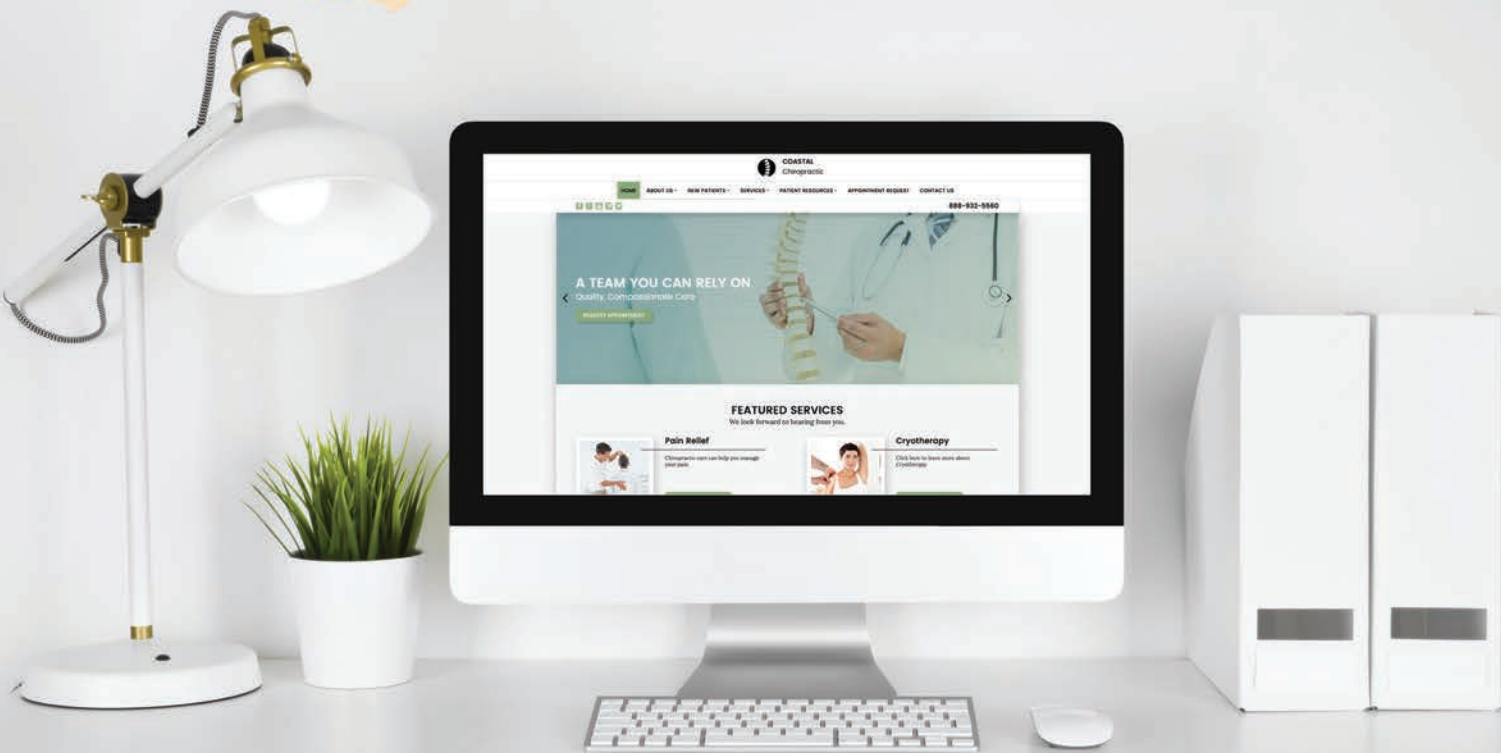
A study at Brigham and Women's Hospital in Boston found that frequent consumption of leafy green vegetables such as spinach, kale, romaine lettuce, and collard greens may lower a person's risk of developing glaucoma by as much as 30 percent.

The large size of the study lends credence to the results, and other research has pointed to related eye benefits, such as a 2008 study that showed vegetables high in lutein and zeaxanthin—of which kale, collards, and spinach are among the best sources—can lower the risk of developing cataracts.

— *The Baseline of Health Foundation*
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Our 20th Annual Fees & Reimbursements Survey

Cleared for lift-off

If the hypothesis that the professional class is the last to recover from a recession is true, then these survey results show that the chiropractic industry is on track for future growth. Key indicators are firming and economic prospects are improving.

BY HANNAH FELL

It has been about ten years since the 2008 recession caused the global economy to shift into a financial crisis.¹

As a result, the U.S. adopted government programs to help get the economy back on track, and lower-wage positions were the first to enter back into the workforce. As chiropractors are in an elevated professional status, we saw this economic shift reflected in the industry's declining reimbursements from 2009 to 2013. We are just now starting to see the professional class—and the chiropractic profession particularly—start to improve.

The results in this year's survey not only confirm this hypothesis, but suggest stabilization in the industry that will lead to future growth. The average reimbursement rate grew this year from 64 percent in 2016 to 65 percent in 2017. Additionally, fees rose but reimbursement rates declined at \$68 and \$43.5, respectively. These trends reflect financial growth for the chiropractic industry, but are not quite on the same trajectory as those for MDs.

One of the biggest successes for chiropractic occurred in early 2017, when The American College of Physicians published in the *Annals of Internal Medicine* a guideline and suggestion for noninvasive treatment of low back pain.² This study targeted all clinicians, and it also targeted the patient population, including people with varying levels of back pain, ranging from minor to chronic. This was a huge win for chiropractic. It concluded that clinicians should only consider opioids or invasive surgeries as a last option and should initially select “nonpharmacologic

treatment, massage, acupuncture, or spinal manipulation” or a treatment with exercise such as yoga or low level laser therapy.³

As this was a nod from the MD community, saying that chiropractic care should be taken into consideration before embarking on surgeries, the practice of chiropractic is gaining the attention and credibility of medical peers as well as the public. Hopefully, as more time passes, more MDs as well as the public will start to acknowledge the overall health benefits of quality chiropractic care. Research along these lines will help pave the way for those who hold their beliefs in the doctrine of evidence-based results and proven patient outcomes.

Here are several key points from this year's Fee's and Reimbursements survey:

Rise of the Midwest. This year, our survey found that practitioners in the Midwest had the highest reimbursement rate at 66.6 percent. This surpasses last year's reimbursement rate of 61.5 percent.

Making the dream work. In 2017, 28 percent of respondents reported working in a group practice. This number has continued to grow from 24 percent in 2015 and 27 percent in 2016. Additionally, the percentage of chiropractors working in a multidisciplinary setting has been increasing. This year, 53 percent of chiropractors reported working with massage therapists compared to 41 percent of chiropractors in solo practice. The rising number of

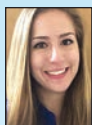


chiropractors in groups working with specialists is a clear trend.

Additionally, reimbursement rates were higher among chiropractors working in groups, averaging about \$46 versus solo practitioners at \$43.

Cash only. Cash-based practices have been on the decline for the past few years, according to *Chiropractic Economics* survey results. In 2016, 13 percent of practices were cash only, and this year that number is 10 percent. This number has decreased from 19 percent in 2014 and 16 percent in 2015.

Payment plans. Although payment plans have been declining over the past few years, this year the overall percentage rose by 2 percent. Perhaps this only reflects patient's need for financial assistance. However, nearly 40 percent of DCs have started looking at payment plans on a case-by-case basis and negotiation. This number has increased by about 10 percent since 2016.



HANNAH FELL is the associate editor of *Chiropractic Economics* and *MASSAGE Magazine*. She can be reached at hfell@chiroeco.com.

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¹Havermann J. "The Great Recession of 2008-09: Year In Review 2009." Encyclopedia Britannica. <https://www.britannica.com/topic/Great-Recession-of-2008-2009-The-1661642>. Updated Sept. 2017. Accessed Sept. 2017.

²Qaseem A, Wilt TJ, McLean RM, Forciea MA. Noninvasive Treatments for Acute, Subacute, and Chronic Low Back Pain: A Clinical Practice Guideline from the American College of Physicians. *Ann Intern Med*. Published March 2017. Accessed Sept. 2017.

³Ibid

Profile of Respondents

	2017	2016	2015
Personal characteristics			
Male	78%	74.0%	73.7%
Female	22%	26%	26.3%
Average age	51	50.3	49.3
Age range	27-79	27-80	26-81
Average years in practice	21.8	21.7	20.1
Types of practice			
Solo	65%	70%	74.1%
Group	28%	27%	23.6%
Associate	3%	3.25%	2.3%
In a franchise operation	4%	4.30%	3.8%
Integrated healthcare practice (DC+MD/DO)	8%	6%	5.3%
Cash-only practice	10%	13%	15.9%
Fees and reimbursements			
Average fees	\$68.2	\$63.2	\$66.2
Average reimbursements	\$43.5	\$44.0	\$43.4
Average reimbursements %	64.7%	63.8%	65.6%
Geographic location			
Eastern region	19%	16.3%	20.7%
Southern region	37%	34.7%	33.1%
Midwest region	25%	26.5%	19.5%
Western region	19%	22.5%	21.8%
Outside U.S./Unspecified	0%	0%	4.8%
Licensure			
One state	80%	78%	80.2%
Two states	14%	15%	13.6%
Three or more states	6%	7%	6.2%

About this survey

Throughout August 2017, *Chiropractic Economics* extended an invitation to readers to complete a web-based survey on fees and reimbursements. Additionally, we encouraged a number of state, national, and alumni associations to distribute the survey to their members.

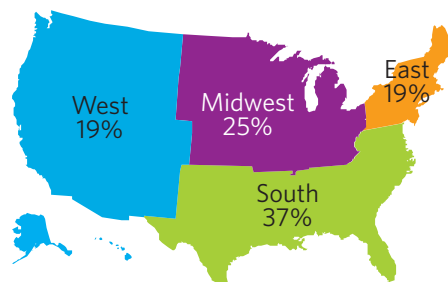
We limited survey participants to practicing chiropractors or their designated office managers/CAs to ensure accuracy.

Number of participants. This year's analysis is based on responses from 275 respondents.

Regional distribution.

Participants hailed from the South (37 percent), the West (19 percent), the East (19 percent), and the Midwest (25 percent). The following states were not represented in this year's survey: Alaska, Delaware, Louisiana, Mississippi, Nebraska, New Mexico, North Dakota, Vermont, West Virginia, and Wyoming.

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



Cash-only practices.

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

Breaking it into regions

Across the nation, the average fees and reimbursements among chiropractic practices continue to vary by region. Unlike the past two years, where the South reported the highest average reimbursement rates, the Midwest was reported as the highest in 2017. This year, the West followed closely behind.

This year, overall fees (\$68.2) increased slightly, but reimbursements fell (\$43.5) for an average reimburse-

ment rate of 65 percent, which was an increase from 64 percent in 2016.

The West reported the second-highest average reimbursement rate at 65 percent (up from 64.8 percent last year). Fees climbed to \$74 with reimbursements at \$48 in this year's survey.

The East had the second-highest average fees but trailed the West with an average reimbursement rate of 60 percent, unchanged last year.

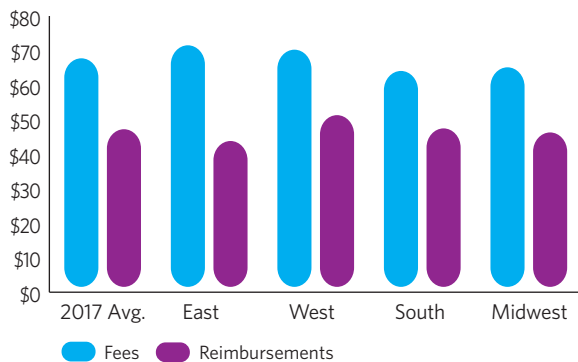
The Midwest had a reimbursement rate of 66.6 percent—up from the previous year—and average fees and reimbursements remained about the same from last year \$64 and \$39 respectively.

The fees in the South region increased to \$68 from \$66 last year, and increased its reimbursements from \$43 to \$44.

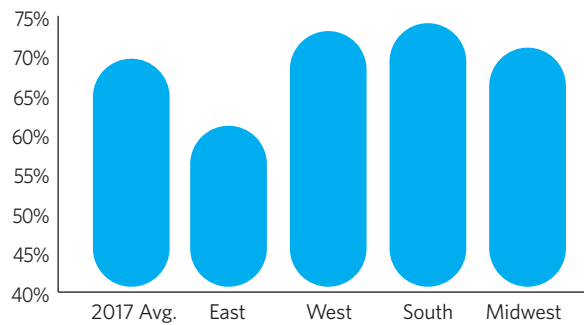
Regional variations likely reflect general demographic trends. •

	2017			Eastern Region		
	Fee	Reimb.	% Reimb.	Fee	Reimb.	% Reimb.
Professional care						
98940 Chiropractic manipulative trmt., 1-2 regions	\$48	\$34	70%	\$53	\$37	69.8%
98941 Chiropractic manipulative trmt., 3-4 regions	\$58	\$40	70%	\$63	\$43	68.3%
98942 Chiropractic manipulative trmt., 5 regions	\$70	\$46	66%	\$65	\$45	69.2%
98943 Extra spinal manipulation, 1 or more regions	\$38	\$24	62%	\$39	\$32	82.1%
99212 Established patient E/M services	\$55	\$38	68%	\$77	\$43	56.4%
99213 Established patient E/M services	\$76	\$55	71%	\$85	\$56	65.9%
99214 Established patient E/M services	\$102	\$69	68%	\$99	\$61	61.6%
New patient exam						
99201 New patient E/M services	\$72	\$49	68%	\$96	\$74	77.1%
99202 New patient E/M services	\$93	\$63	68%	\$100	\$60	60.0%
99203 New patient E/M services	\$127	\$86	67%	\$125	\$85	68.0%
99204 New patient E/M services	\$157	\$110	70%	\$162	\$92	56.8%
Radiology						
72020 Single view X-ray	\$42	\$29	67%	\$77	\$36	46.8%
72040 Cervical, 2 or 3 views	\$81	\$51	63%	\$84	\$60	71.4%
72050 Cervical, 4 views	\$107	\$63	58%	\$101	\$60	59.4%
72052 Cervical, complete, including oblique and flexion and/or extension studies	\$162	\$87	54%	\$158	\$85	53.8%
72070 Thoracic, AP and lat.	\$76	\$47	61%	\$74	\$46	62.2%
72100 Lumbrosacral, 2 or 3 views	\$82	\$51	62%	\$78	\$51	65.4%
72170 Pelvis, 1 or 2 views	\$62	\$42	67%	\$48	\$34	70.8%
Procedures and modalities						
97012 Traction, mechanical	\$30	\$15	50.4%	\$34	\$16	47.4%
97014 or G0283 electrical muscle stimulation	\$28	\$16	56.4%	\$33	\$18	54.5%
97035 Ultrasound	\$28	\$15	53.1%	\$29	\$16	55.2%
97110 Therapeutic exercises	\$40	\$24	58.4%	\$37	\$20	54.1%
97112 Neuromuscular re-education	\$42	\$26	60.4%	\$45	\$21	46.7%
97124 Massage	\$44	\$28	63.3%	\$38	\$17	44.7%
97140 Manual therapy	\$44	\$26	59.8%	\$46	\$23	50.0%
97530 Therapeutic activities	\$42	\$25	59.6%	\$37	\$18	48.6%
S8948 Low level laser, ea. 15 min.	\$36	\$15	42.4%	\$40	\$18	45.0%
S909 Spinal decompression therapy	\$58	\$29	50.4%	\$50	\$14	28.0%
OVERALL AVERAGES	\$68.2	\$43.5	64.7%	\$70	\$42	59.9%

Comparisons by Region



Percent Reimbursed by Region



Western Region			Southern Region			Midwestern Region		
Fee	Reimb.	% Reimb.	Fee	Reimb.	% Reimb.	Fee	Reimb.	% Reimb.
\$50	\$36	72.0%	\$45	\$32	71.1%	\$35	\$29	82.9%
\$65	\$45	69.2%	\$58	\$37	63.8%	\$40	\$39	97.5%
\$89	\$47	52.8%	\$60	\$43	71.7%	\$63	\$41	65.1%
\$42	\$28	66.7%	\$36	\$27	75.0%	\$32	\$20	62.5%
\$59	\$34	57.6%	\$85	\$60	70.6%	\$30	\$30	100.0%
\$80	\$51	63.8%	\$75	\$60	80.0%	\$40	\$40	100.0%
\$101	\$68	67.3%	\$92	\$66	71.7%	\$95	\$75	78.9%
\$75	\$57	76.0%	\$110	\$60	54.5%	\$55	\$30	54.5%
\$95	\$75	78.9%	\$75	\$60	80.0%	\$50	\$40	80.0%
\$125	\$102	81.6%	\$115	\$75	65.2%	\$100	\$60	60.0%
\$195	\$145	74.4%	\$140	\$99	70.7%	\$114	\$93	81.6%
\$48	\$34	70.8%	\$47	\$35	74.5%	\$50	\$30	60.0%
\$79	\$64	81.0%	\$75	\$46	61.3%	\$80	\$50	62.5%
\$111	\$67	60.4%	\$103	\$64	62.1%	\$110	\$55	50.0%
\$176	\$91	51.7%	\$157	\$85	54.1%	\$155	\$84	54.2%
\$76	\$48	63.2%	\$71	\$43	60.6%	\$80	\$40	50.0%
\$88	\$54	61.4%	\$74	\$47	63.5%	\$85	\$50	58.8%
\$55	\$36	65.5%	\$67	\$47	70.1%	\$73	\$42	57.5%
\$33	\$20	60.6%	\$27	\$15	55.6%	\$26	\$10	38.5%
\$35	\$20	57.1%	\$28	\$15	53.6%	\$16	\$13	81.3%
\$35	\$16	45.7%	\$30	\$16	53.3%	\$16	\$13	81.3%
\$45	\$27	60.0%	\$50	\$25	50.0%	\$35	\$22	62.9%
\$45	\$27	60.0%	\$44	\$28	63.6%	\$35	\$25	71.4%
\$55	\$34	61.8%	\$41	\$34	82.9%	\$37	\$23	62.2%
\$50	\$32	64.0%	\$42	\$28	66.7%	\$36	\$24	66.7%
\$46	\$29	63.0%	\$42	\$29	69.0%	\$41	\$25	61.0%
\$44	\$21	47.7%	\$33	\$15	45.5%	\$27	\$8	29.6%
\$62	\$37	59.7%	\$70	\$37	52.9%	\$41	\$25	61.0%
\$74	\$48	65.3%	\$68	\$44	64.9%	\$57	\$38	66.6%

Keeping on track

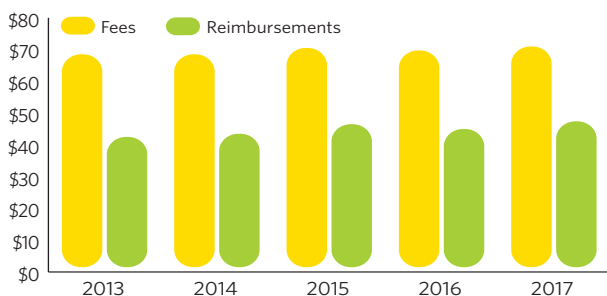
Last year we described an era of increased confidence in the chiropractic industry with an overall leveling of fees and reimbursements post-recession. That consistency remained true among our 2017 survey participants, with some additional signs of growth.

Our annual survey showed that fees climbed from \$63.2 in 2016 to \$68 in 2017. Reimbursement followed a similar trend, with the numbers remaining at \$44 from 2016 to \$44 once again in 2017. The overall reimbursement rates

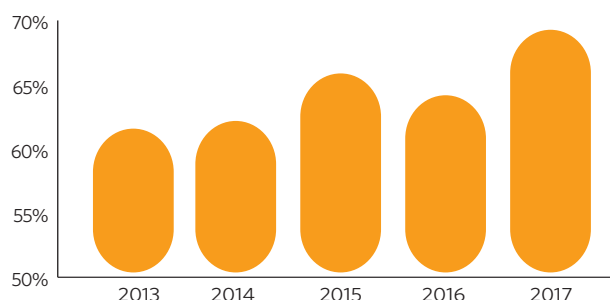
increased slightly, from 63.8 percent last year to 64.7 percent in 2017. There were no great surprises.

The last three years worth of reimbursement rate data have held steady between around 61 and 65 percent, and this year we saw the numbers are remaining among those averages. While only time will tell how major changes in healthcare will affect the industry, this year's results show a consistency that indicates a stable chiropractic market for the time being. •

Year-to-Year Comparison of Fees and Reimbursements 2013-2017



Year-to-Year Comparison of Reimbursement Rates 2013-2017



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Group work

Among our survey participants this year, 27 percent reported operating in a group setting. This remained relatively the same from 2016, when 27 percent reported working in a group, and is up from 24 percent in 2015. It is the highest percentage of group practice participants recorded in 19 years.

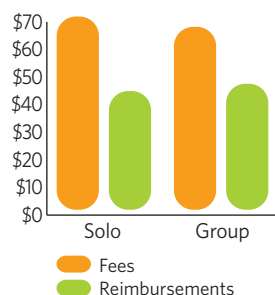
A total of 3 percent of responses were from associates this year. At 65 percent, DCs with solo practices made up the vast majority of our survey respondents with about 6 percent representing independent contractors in a practice.

On average, group practices reported higher fees, reimbursements, and reimbursement rates than solo operations in 2016. Group practices had average fees of \$70 and average reimbursements of \$46, while solo practices had average fees and reimbursements of \$66 and \$43, respectively.

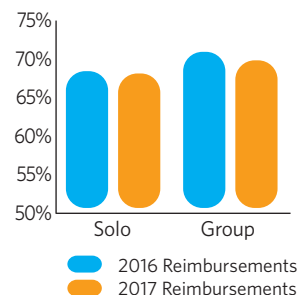
Reimbursement rates in solo practices remained relatively level with last year's 67 percent, and reimbursement rates in group settings remained quite similar to last year's 69 percent.

As expected, group practices reported a significantly higher percentage of specialists working in their clinics. And 51 percent of solo DCs answered "none" when asked what specialists they employed, versus 24 percent of group practitioners. •

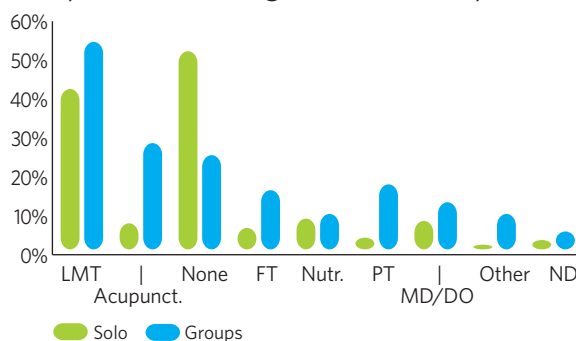
Solo vs. Group Fees and Reimbursements



Solo vs. Group Reimbursement Rates



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DCs and MDs: a level playing field

The ebb and flow of reimbursements in the chiropractic field often mirror what's happening in the healthcare industry as a whole but to a different or lesser extent. These parallels can be observed by evaluating the common codes shared by both MDs and DCs, specifically 99201 (evaluation and management for new patients) and its variations including 99202, 99203, and 99204.

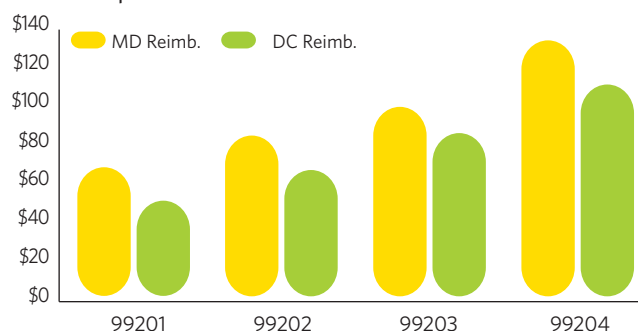
For example, last year the overall decline in MD reimbursements recorded by *Physicians Practice*, a business journal for medical doctors, was in contrast with the slight growth or leveling of these same codes for DCs. While dollar value of MD reimbursements for these codes remained a bit higher on average than those values reported by their DC counterparts (even with the declining reimbursements), the results showed a shrinking financial gap between the professions with regard to these core codes.

Optimistically, in 2017, DCs (per this survey) and MDs (according to *Physicians Practice*) reported higher reimbursements on average for all four codes. DC fees for all four codes were higher than MDs but MDs were reimbursed at a higher rate.

The increase in reimbursements reported by MDs was markedly steeper than the growth indicated by chiropractors. So, while both industries saw improvement, the 2016-17 results illustrate a return to a broader cleft dividing the industries, with MDs experiencing a recession recovery at perhaps a faster rate.

Because *Physicians Practice* now reports solely on reimbursements, our comparisons will be limited to DC

Comparison of MD and DC Reimbursements



MD reimbursements courtesy of *Physicians Practice*.

reimbursements as well. The breakdown of specific codes in 2017 is as follows:

For code 99201, DCs averaged reimbursements of \$49, while MDs' reimbursements were \$66. This is down from \$50 (DCs) and remained the same \$66 (MDs) from last year.

For code 99202, MDs' reimbursements were \$82, up from \$81 the previous year, and DCs reported an average of \$63, down slightly from \$64 in 2016.

For code 99203, MDs' reimbursements decreased slightly from \$101 last year to \$98 this year. DCs' reimbursements were unchanged from \$86 last year to \$84 this year.

For code 99204, MDs reported a reimbursement average of \$131, a slight increase from last year's \$130. Chiropractors reported average reimbursements of \$110, which was a slight jump from last year. •

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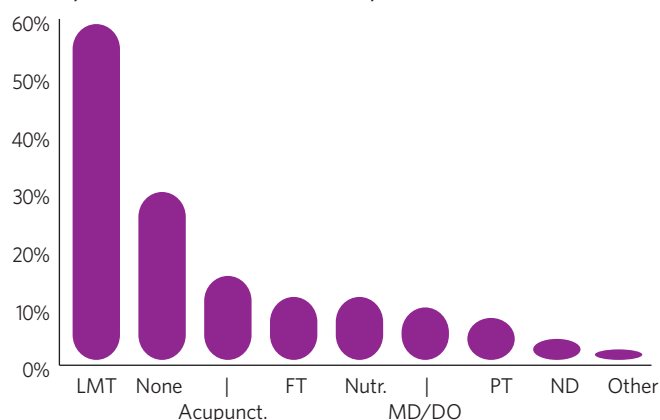
In May 2017, our annual Salary and Expense Survey showed that teaming up with complementary specialists clearly boosts a DC's total compensation and salary. Those salary survey participants with specialists working within their practice reported average earnings of approximately \$139,470 compared to the \$91,066 reported by strictly solo operations.

In addition, multidisciplinary practices participating in *this* survey reported higher fees and reimbursements than those without specialists. The results demonstrate the multifaceted benefits of running a practice with diverse specialties.

Specifically, practices with specialists reported average fees and reimbursements of \$68 and \$45, while non-specialist practices reported average fees and reimbursements of \$61 and \$42, respectively.

For multidisciplinary practices, licensed massage therapists (LMTs) remained the most popular practice add-on, with 46 percent having one on board. LMT was followed by acupuncture (13 percent), fitness trainer (9 percent), MD/DO (8 percent), physical therapist (8 percent), nutritionist (8 percent), and naturopathic doctor (2 percent). The 3 percent that answered "other" specified working with such specialists as a psychologist, occupational therapist, and a yoga instructor. •

Specialists on Staff in Chiropractic Practices



Multidisciplinary Healthcare vs. No Specialists



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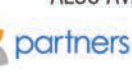
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The model operation

Although we saw an increase in survey participants reporting as franchises over the past three years, in 2017 that percentage dropped to 4 percent of respondents (about the same as last year).

The financial picture for franchisees decreased slightly from last year's survey. The average reimbursement decreased from 77 percent last year to 69 percent this year. However, fees increased from \$62 to \$65 this year. Reimbursements were at \$43 this year, compared to \$49 last year.

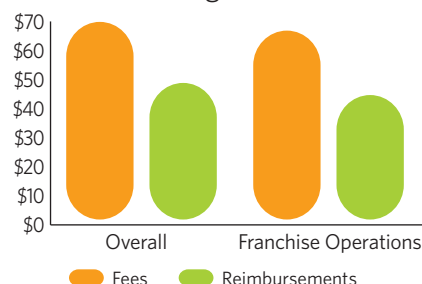
But wait: there's more

This year's survey indicates that franchise owners are slightly younger than the overall average age (45 years old compared to 50 years old). In addition, 80 percent of respondents reporting as franchisees in 2017 were male.

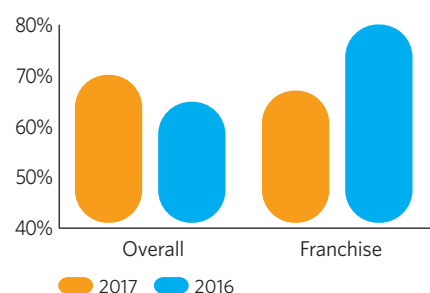
The average franchise owner has been practicing for 20 years (compared to the 22 year average among all respondents), owns one practice, and is licensed in one state.

This year's survey showed that the vast majority of franchise owners are still operating a solo practice (60 percent). But those running a group practice held steady at 40 percent in 2017. •

Comparison of Franchise Fees and Reimbursements with Overall Averages



Franchise Reimbursement Rates



Cash only, please

Although the percentage of cash-only practice survey participants decreased from 13 percent in 2016 to 10 percent this year, those DCs who did report operating a cash-based practice fared well in their collections.

For cash-based practices, average fees were reported at \$77, a value that is \$11 more than overall average fees. In 2015, cash fees came in at \$76, then decreased slightly to \$74 in 2016, so this year's data serves as an indication that cash collections are now seen to be rising.

By strict definition, a cash-based practice would have no reimbursements. So, fees in a cash-only practice are equivalent to reimbursements (collections). Cash-only practice fees of \$77 are 61 percent more than the overall average reimbursement rate of \$47.

This year we asked what percentage of your collections is in cash to dig deeper into this type of practice. Almost 35 percent of you answered that your practice had less than 25

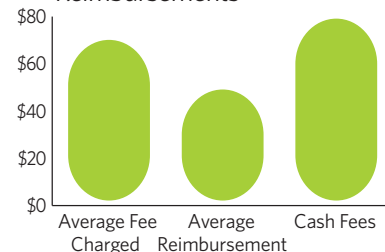
percent cash income. Twenty-seven percent had 25-50 percent cash and 20 percent had 50-75 percent cash collections.

Your typical cash-only practice respondent is male (77 percent), with women making up 23 percent of this group. Cash-based practice survey participants had an average age of 50, and typically work in a solo clinic (92 percent). These respondents have been working as a practitioner for 20 years on average.

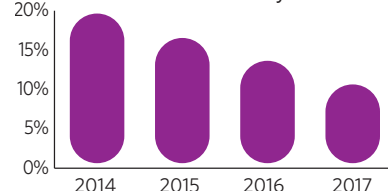
Regarding cash-only practice offerings:

- ▶ Nutrition (74 percent)
- ▶ Instrument adjusting (63 percent)
- ▶ Ultrasound (48 percent)
- ▶ Exercise programs (48 percent)
- ▶ Kinesio taping (41 percent)
- ▶ Electrotherapy (44 percent)
- ▶ Laser therapy (44 percent)
- ▶ IASTM (37 percent)
- ▶ Massage therapy (33 percent)
- ▶ Acupuncture (22 percent)
- ▶ Homeopathy (22 percent)
- ▶ Physical therapy (22 percent) •

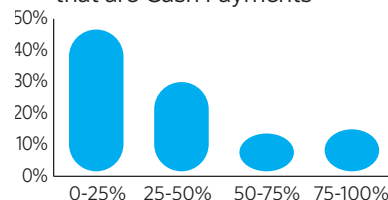
Cash Fees vs. Reimbursements



Decline of Cash-Only Practices



Percentage of Collections that are Cash Payments



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"Chirowealth Learning Systems transformed my business and finances. They gave me back my life." **Dr. Robert Greene**
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Ladies and gentlemen

Over the past few years, the number of female survey respondents has hovered around one-quarter of all participants. In 2012, we saw an all-time high of 28 percent, and this year, 22 percent of our respondents were female.

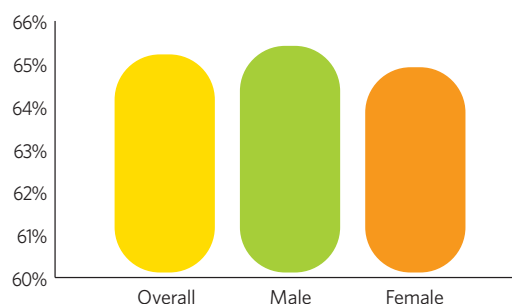
Female chiropractors reported slightly lower average fees than male DCs (\$63 compared to \$66), with slightly higher reimbursement averages (\$44 to \$43). Female practitioners also reported somewhat lower reimbursement rates than male DCs (64 percent to almost 66 percent).

The 66 percent reimbursement rate for men is down from 69 percent last year, whereas reimbursement rates for women remained in line with averages from 2016.

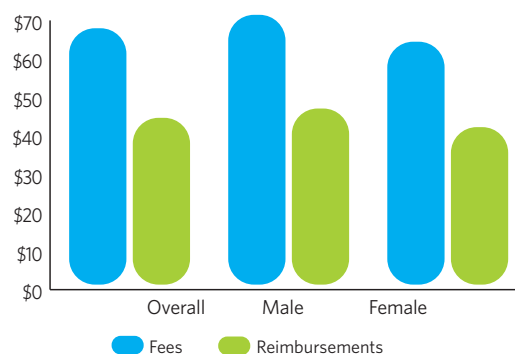
Women respondents reported younger ages (49), compared to men (51). In addition, female DCs reported being in practice for fewer years (18), while male respondents have been in practice for an average of 22 years.

With regard to modalities, instrument adjusting and ultrasound were the most popular among men. A greater percentage of female practitioners reported offering instrument adjusting than male practitioners, making it the second most popular modality among women. Nutrition and ultrasound were also popular among female DCs as was kinesiotaping. •

Reimbursement Rates: Male vs. Female



Gender comparison of Fees and Reimbursements



Comparisons by Sex

	Male (78%)	Female (22%)
Personal		
Average Age.....	51	49
Years in Practice.....	22	18

Types of Practices

Solo	64.0%	60.0%
Group	25.7%	27.0%
Associate	0.0%	0.0%
Owns Franchise.....	3.2%	2.0%
Cash Only	12.2%	11.0%

Specialists

Licensed Massage Therapist	40.5%	45.5%
None	37.7%	44.2%
Acupuncturist	11.3%	13.1%
Fitness Trainer	5.6%	2.5%
Nutrition.....	4.1%	3.3%
MD/DO	6.3%	3.5%
Physical Therapist	4.8%	3.1%
Other.....	2.3%	3.6%
Naturopathic Doctor	0.0%	0.0%

Modalities

	Male	Female
Chiropractic	100.0%	100.0%
Instrument adjustment	64.1%	65.1%
Ultrasound.....	64.3%	63.4%
Exercise	61.0%	53.9%
Nutrition.....	58.5%	58.7%
Massage.....	50.1%	56.6%
Electrotherapy	54.9%	50.3%
PT/Rehab	49.9%	33.3%
Laser	30.1%	31.2%
Acupuncture.....	31.2%	25.1%
IASTM.....	23.1%	20.0%
Decompression	26.3%	14.0%
Weight loss.....	12.6%	13.3%
Homeopathy.....	12.4%	8.7%
Fitness.....	10.2%	14.5%
MD/DO	6.3%	5.3%
Other.....	9.4%	8.0%

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Office Manager
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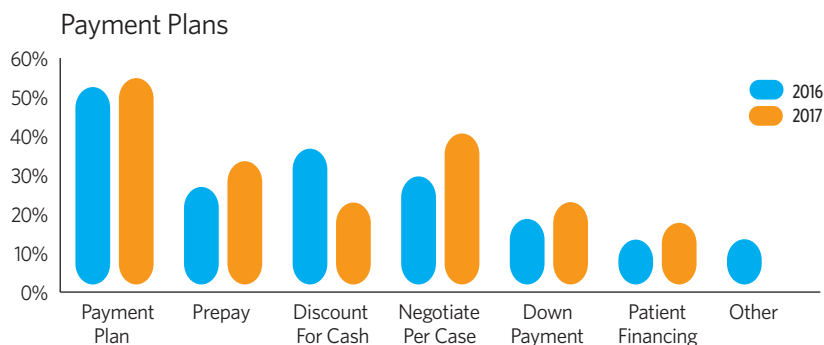
Follow the money

The number of doctors offering payment plans to patients this year increased overall (53 percent compared to 51 percent in 2016). The 2016 results appear to be climbing back since 2010 and 2011 when nearly 70 percent of DCs had such plans.

The biggest improvement this year is in DCs negotiating a payment plan per case. In 2016, nearly 28% of DCs had such a plan. This year, about 39% of DCs have this type of plan in place for patients.

And while discounts for cash saw a decline from nearly 40 percent of DCs offering it in 2013 to only 29 percent in 2015, that number grew slightly in 2016 at 35% and then declined once again to 32% in 2017.

The remaining responses were “negotiate per case” (38 percent), “down payment” (21 percent), “patient financing” (18 percent), and “other” (16 percent). •



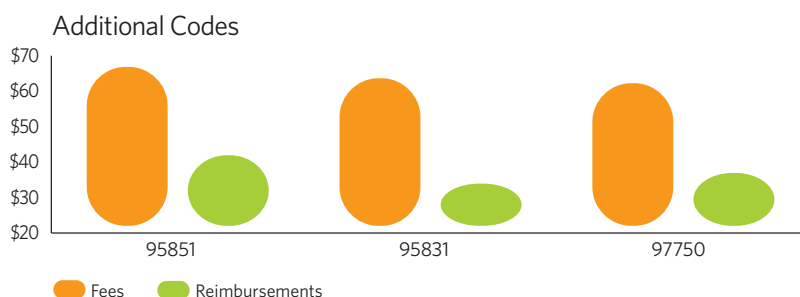
Reporting on codes

Year to year, we ask doctors of chiropractic to report on three additional codes: 95851, range-of-motion testing; 95831, muscle testing; and 97750, physical-performance evaluation. It should be noted that we *did* include these codes when calculating the fees and reimbursement averages for the other sections, not including the regional comparison chart.

Average fees for range-of-motion testing were \$65, while average reimbursements were \$40—a reimbursement rate of 62 percent.

Average fees for muscle testing were \$62, with an average reimbursement of \$32—a reimbursement rate of 52 percent.

Average fees for physical-performance evaluation were \$60, with an average reimbursement of \$35, and a reimbursement rate of 58 percent. [CE](#)





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Experience matters

Digital marketing 101 is about establishing your brand.

BY CREIGHTON WONG

I F YOU AREN'T SURE WHAT "DIGITAL MARKETING" MEANS, YOU AREN'T alone. Most practices don't know what it means, either. In fact, most businesses of any type surveyed are similarly mystified.

If you don't know anything about digital marketing, then it's time to find clarity by understanding what it is and how it can grow your practice.

What is digital marketing?

"Patient experience" or "marketing for patients" is defined as "the sum total of brand interaction, the all-encompassing experience that defines your patient's perception and opinion of your brand."¹

The patient experience includes interacting with your website, reading your materials (digital and print), interacting with you on social media, the look and feel of your office, the

connection with your receptionist, and the care and treatment they receive from you.

Digital marketing thus includes all the digital touchpoints that your patient or prospective patient has with your practice.

The purpose of digital marketing is to build knowledge, familiarity, and trust factors with your brand. This way, when a prospective patient is ready to take action and seek professional services, he or she chooses your practice because they already feel comfortable with you.

A characteristic part of digital marketing is automation. Prospective patients doing online searches are looking for information on their own terms—many times after work hours when your practice is unavailable. Automation through digital marketing allows you to provide

sought-after information around the clock. And, if you've done it right, patients can book appointments with you while you sleep.

So where does this process start?

Your traffic

The first step is getting prospective patients to visit your website's landing page.

Getting traffic to your website or landing page is easy—though there may be adjustments needed with your business model, your offer, your targeting, or your messaging.

And your traffic will be coming to you from a source:

- ▶ Facebook ads
- ▶ Twitter ads
- ▶ LinkedIn ads
- ▶ YouTube ads
- ▶ Email marketing
- ▶ SEO

- ▶ Blogging
- ▶ Social media
- ▶ Google AdWords

These traffic sources differ in a number of ways.

Facebook ads: These are popular for good reason—they have the best analytics in the history of marketing, which help you place your advertisement in front of the prospective patients you want to serve. (This is why every marketing discussion should start with the question, “Who is my ideal patient?”)²

Additionally, as a social network, Facebook is unrivaled when it comes to the 1.15 billion people using and engaging with it daily.³

A fundamental rule of marketing is to spend time where your prospective patients gather, and they are probably on Facebook.

SEO stands for “search engine optimization.” Can prospective patients find your website, your office, and your content if they search on Google or another search engine?

For a chiropractic office, local SEO is important. Online searches, especially on mobile, are becoming more popular every day. You have to make sure prospective patients can find you.⁴

Do you know where you rank on search engines for local SEO?

Content marketing includes blogging, vlogging, social media marketing, and email marketing. It is the practice of providing valuable content to build knowledge, familiarity, and trust factors with your audience.

But why is this valuable?

First, a prospective patient’s interaction with your website will often be their first impression of you and

your brand. Your website ought to provide them with the information and advice they are seeking. If successful, this establishes you as a trusted expert in their eyes. Think of this as building rapport with a prospective patient before you ever see them.

Second, more content and more traffic to your website will improve your SEO and search ranking.

The landing page

Your website is now an extension of your presence and oftentimes will be a prospective patient’s first introduction to you, your practice, and your brand. A well-designed website is an effective marketing tool that can convert prospective patients into appointments outside of office hours.”⁵

The biggest mistake most chiropractic websites make is lacking a call to action (CTA), the specific decision



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Dr. Cliff Nickel D.C. Kernersville,
North Carolina

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you want your prospective patient to make. They found your website, but what do you want them to do?

- ▶ Book an appointment?
- ▶ Take advantage of a great offer?
- ▶ Join your email list?
- ▶ All of the above?

The idea behind capturing a prospective patient's email address is to continue your conversation with them. If someone is interested in learning about back pain, you can offer them an e-book on back exercises. Then send them follow-up email content on how to manage back pain. This is another way to build a relationship and develop rapport with a prospective patient.


A landing page, in contrast, is a webpage that provides only two options: 1. Sign up for your offer (CTA); or 2. Leave the page. There are no other external links to distract the visitor—the purpose of a landing page is to get the prospective patient to take action.

Landing pages are often used with paid advertising, like Facebook ads, as a way to generate an email list of prospective patients. This way, you continue the conversation and nurture the relationship until they are ready to seek your services or products.

The reason for not sending a prospective client to a website homepage is there are likely too many distractions that will significantly lower your conversion rate for people considering your CTA.

A landing page is hyper-focused.

In closing

As you can see, digital marketing consists of the digital interactions you and your practice have with a patient (or prospective patient). Understanding the terms above demystifies this process, and helps you better understand the patient journey. Once a person has engaged with your website or landing page, you have gone a long way toward converting the prospective patient into a regular one. 



CREIGHTON WONG is the CEO of Digital Marketer MD, and he specializes in digital marketing for healthcare professionals. He's an expert in helping chiropractors take a struggling or stagnant practice and grow it into a thriving dream. He can be contacted at creighton@digitalmarketermd.com or through digitalmarketermd.com/chiro.

References

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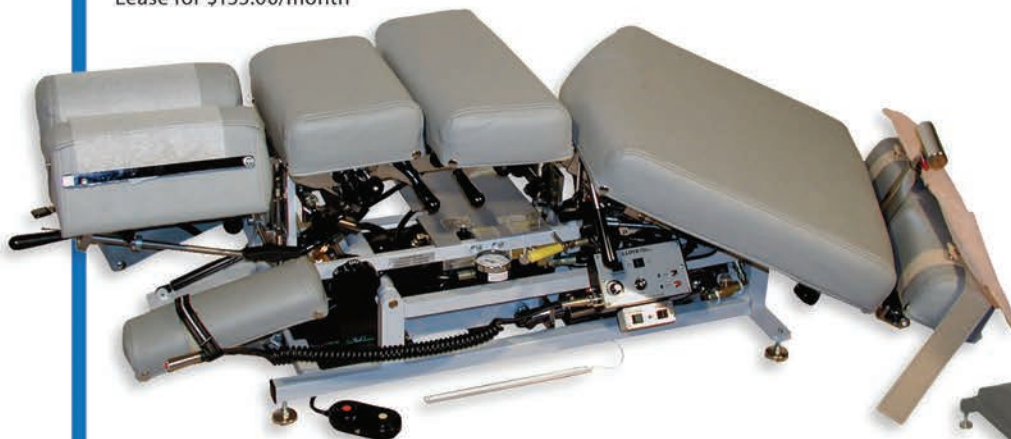


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The only two sure things

Balance your debt and taxes with a variety of financial resources.

BY MARK E. BATTERSBY



WHEN IT COMES TO **MANAGING DEBT**, creativity is often required. For example, the interest paid on borrowed funds is deductible by a borrowing chiropractic practice. However, funds directed to equity investment are not. According to a report issued by the Joint Committee on Taxation (JCT), “the after-tax effect of debt financing is more favorable than equity financing because of the deductibility of interest.” To expand, grow, or even exist, it is often necessary for a practice to use a variety of financial resources, initially broken into two categories: debt and equity. Debt involves borrowing money that must be repaid, plus interest, while equity involves raising money by selling an interest in the practice or business.

Debt, equity, and taxes

Combining interest deductions with depreciation deductions, credits, preferential rates, or the tax exemption for earnings financed with debt all too often leads to a negative tax

rate, according to the JCT, which also states: “A taxpayer may have an incentive to incur debt so that deductible interest expense, in combination with other deductions such as depreciation or amortization, may shelter or offset the taxpayer’s income.”

The report noted that substituting debt for equity in corporate transactions may increase earnings per share. By using debt rather than equity, an incorporated practice or business can increase its after-tax earnings per share by substituting debt for equity capitalization. Unfortunately, because of the new Section 385 debt-equity regulations, there is a potential fly in the ointment that, over vocal bipartisan Congressional protests and adverse testimony of many business groups, became a reality in October 2016.

Comparing debt to equity financing

Many chiropractic practices operating as regular corporations are already seeing many otherwise routine, ordinary business and financial transac-

tions, such as shareholder loans or securitization, reclassified as equity. Consider the pros and cons when managing debt and equity:

- ▶ Because the lender does not have a claim to equity in the chiropractic practice, debt does not dilute the principal’s ownership interest in the practice. There are no investors or partners as such. The chiropractor makes all the decisions and owns all profits.
- ▶ If financing using debt, the interest paid on the loan is tax-deductible. This means that it shields part of the practice’s income from taxes and lowers its tax liability.
- ▶ A lender is entitled only to repayment of the agreed-upon principal of the loan plus interest and has no direct claim on future profits. If the chiropractic practice is successful, the principals reap a larger portion of the rewards than if they had sold stock in the practice.
- ▶ Except in the case of variable rate loans, principal and interest obligations are known amounts that you can forecast and plan.

Although incorporating is a well-known strategy for limiting liability, it doesn't always protect the personal assets of the principals or shareholders.

- ▶ Interest on debt can be deducted on the practice's tax returns, lowering the practice's actual loan costs.
- ▶ Raising debt capital—or borrowing—is less complicated because the practice is not required to comply with securities laws and regulations. Even better, the practice is not required to send periodic reports to investors, hold shareholder meetings, or seek shareholder approval before taking certain actions.

The downside of debt financing

- ▶ Unlike equity, debt must be repaid at some point.
- ▶ Large loan payments may be due at

the same time that funds are needed for other purposes. A failure to make loan payments on time can ruin a chiropractic practice's credit rating, making future borrowing difficult and more expensive.

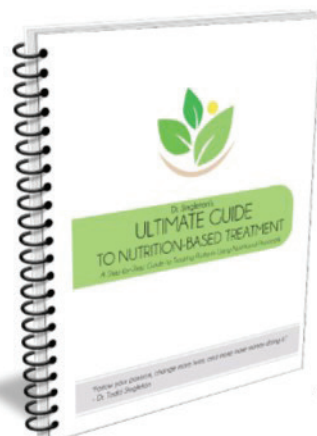
- ▶ Interest is a fixed cost that raises the practice's break-even point. High interest costs during difficult financial periods can increase the risk of insolvency. Practices that are highly leveraged (that have large amounts of debt as compared to equity) can find it difficult to grow because of the high cost of servicing the debt.
- ▶ Cash flow is required for both principal and interest payments, and it must be budgeted. Few loans are

repayable in varying amounts over time or based on the business cycles of the practice.

- ▶ Debt instruments often contain restrictions on the practice's activities, preventing it from pursuing alternative financing options and non-core practice opportunities.
- ▶ The larger a practice's debt-equity ratio, the riskier lenders and investors will consider it to be. Accordingly, many practices are limited in the amount of debt they can carry.
- ▶ A practice is usually required to pledge its assets to the lender as collateral.
- ▶ And, in many cases, principals and

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shareholders are required to personally guarantee repayment of the loan, often pledging their personal assets. If the practice goes under, the principal or shareholder may lose his or her personal assets as well.

Although incorporating is a well-known strategy for limiting liability, it doesn't always protect the personal assets of the principals or shareholders. In addition to any personal assets pledged to secure financing, courts are increasingly looking behind the corporate shield.

Debt-versus-equity quibbles

Although the new rules apply only to financial instruments in the form of debt, they largely target corporate groups, which consist of U.S. and non-U.S. corporations, REITs, and regulated investment companies. The newly issued debt-equity rules

have significant implications for the more than 4.5 million businesses and professional practices in the U.S. that operate as S corporations.

Where permitted by licensing regulations or law, an incorporated chiropractic practice operating as an S corporation does not pay corporate income taxes; instead, the shareholders are taxed on the income they receive from owning stock in the S corporation. This benefit comes with a caveat because the number of shareholders of an S corporation is limited to 100. Under the new debt-equity rules, S corporations could effectively become regular corporations and face a new set of taxes and regulations.

According to the S Corporation Association, "Re-characterization of related-party indebtedness as stock may result in the loss of S corporation status in nearly all circumstances." A shareholder may own equity in an S

corporation that is broken down into related affiliates, perhaps the practice, a clinic, or other activity. Even though ownership is the same for these affiliates, they are separate—but related—entities. What's more, these entities often make extensive use of related-party debt for cash management and to increase the liquidity of assets.

However, should any of this debt be transformed into equity, these related entities would effectively be paying each other dividends that would, consequently, qualify them as owners of each other. That violates the shareholder requirement that an S corporation has, forcing it to lose its status.

More truth or consequences

Because of the final Section 385 debt-equity regulations, many practices operating as regular corporations

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will see otherwise ordinary business and financial transactions reclassified as equity investments. After all, many practices routinely use debt transactions among subsidiaries, affiliates, and related businesses as a means of cash management or changing internal capital structure for more liquidity, not corporate tax avoidance. These transactions may soon have to be taxed under the new rule.

But, that's not all. Unfortunately, the new rule was retroactive to April 4, 2016. The U.S. Chamber of Commerce continues to maintain that companies need time not only to understand the impact of the rules but also to implement systems to comply with them. A practice or business would potentially need to change the way it does business in this regime. The new rules also effectively impose additional costs, as well as put some practices in a position where they are unable to comply.

Many (if not most) chiropractic practices do not have systems in place to track the information needed to comply. In fact, the documentation required to determine whether a transaction is debt or equity is rarely tracked. As a result, more time may be needed to begin tracking transactions properly. Additionally, some past transactions may, in retrospect, be impossible to document properly.

The fly in the ointment

Which is best, debt or equity financing? The decision between equity and debt financing ultimately comes down to the kind of chiropractic practice operated. But in general, the mix of debt and equity financing used will determine a practice's cost of capital.

According to many experts, quite a few traditional small practices opt for debt financing to start or build their operations. Equity financing is

usually more suited for businesses and professionals in the technology or innovation sectors, which tend to be higher-risk ventures offering investors a bigger return.

Deciding whether to finance a chiropractic practice through loans or by giving shareholders a stake in the operation is a serious matter and all options should be explored, including the tax implications, and the potential cloud created by the IRS's newly issued debt-equity regulations. Obviously, professional advice is recommended. **CE**



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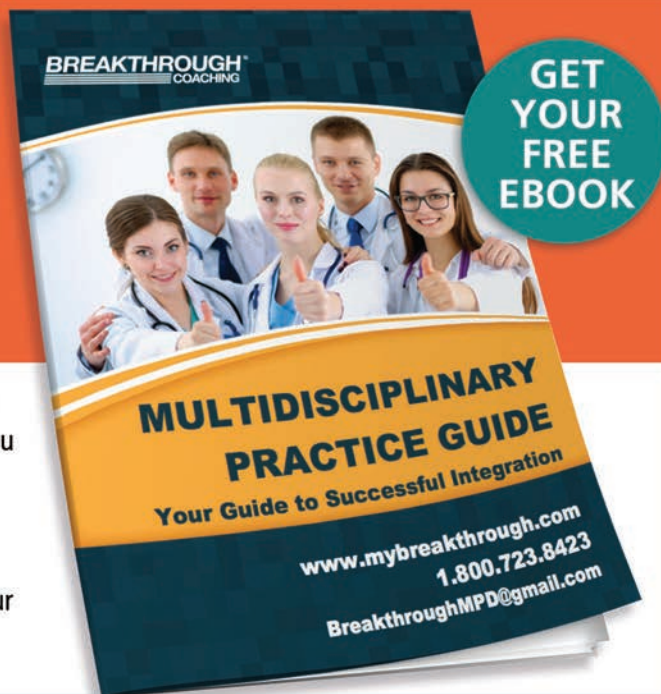
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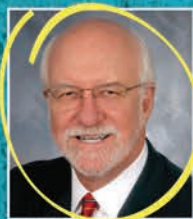
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Are you ready?

Here's how to prepare your practice for Phase 2 HIPAA audits.

BY GENE FRY

ALMOST TWO YEARS HAVE PASSED SINCE THE U.S. DEPARTMENT OF Health and Human Services' (HHS) Office for Civil Rights (OCR) announced that Phase 2 HIPAA audits would happen. For those who have been selected as part of the audit process, the wait is almost over. This article sets out to explain the purpose of the Phase 2 audits, how they differ to the Phase 1 (pilot) audits, and outline some of the key steps organizations should take to prepare.

Meet Phase 2

Unlike the Phase 1 audits, which focused solely on covered entities and were completed in 2011 and 2012, the Phase 2 audits will also assess the

business associates of those covered entities. HIPAA defines a business associate as "a person or entity that performs certain functions or activities that involve the use or disclosure of protected health information on behalf of, or provides services to, a covered entity." This includes, but is not limited to, accountants, health plan providers, and medical supply companies.

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

- ▶ Risk analysis and risk management
- ▶ Content and timelines of breach notifications
- ▶ Notice of privacy practices
- ▶ Individual access
- ▶ Reasonable and appropriate privacy safeguards requirements
- ▶ Training on HIPAA policies and breach notification procedures
- ▶ Device and media controls
- ▶ Transmission security
- ▶ Preparing for an audit

Here are five things you can do to prepare if you are one of the 224 covered entities selected as part of the Phase 2 audits.

1. Compile details of your HIPAA compliance program. It is essential that your organization maintain and operate a comprehensive HIPAA compliance program that addresses

The implications of failing an audit are one thing, but the real-world issues associated with noncompliance can be far more significant.

the HIPAA privacy, security, and breach notification rules. HIPAA compliance should not be a one-time project, and therefore OCR will be looking for evidence of an ongoing HIPAA compliance program, including proof that policies are reviewed periodically, in the way of dated documentation.

2. Provide proof of current risk assessment. Ensure that your organization undertakes a thorough security risk assessment, which HHS requires, and that a risk management plan exists, including details of any security deficiencies that are ranked in order of priority. Pay special attention to your handling of electronic protected health information (e-PHI).

This kind of risk management and analysis should be an ongoing process. HHS recommends that a covered organization regularly “reviews its records to track access to e-PHI and detect security incidents, periodically evaluates the effectiveness of security measures put in place, and regularly reevaluates potential risks to e-PHI.”

If you need help conducting a risk assessment, The Office of the National Coordinator for Health Information Technology (ONC), in collaboration with the OCR and the HHS Office of the General Counsel (OGC) have developed a tool to help guide you through the process. This can be found at healthit.gov/providers-professionals/security-risk-assessment-tool.

3. Make a list of business associates.

It is expected that OCR will request a list of all business associates, and their corresponding signed agreement. So, you should have this information,

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

4. Staff training and responsibilities.

HIPAA compliance starts with people. Your organization should operate and document a robust training policy that sets out to educate all members of staff on the HIPAA security and privacy rules, as well as the procedures they should follow in event of a potential data breach.

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

5. Documentation is key. Because the Phase 2 audits will primarily be desk audits that focus on documents, there will be no room for verbal clarification. This makes the need for proper documentation particularly important. Once documents are submitted to OCR, there is no going back. Anything that is put forward must comprehensively demonstrate your organization's commitment to HIPAA compliance as per the audit requirements.

Conversely, you should avoid oversharing any documentation that hasn't specifically been requested. Any issues identified within extraneous documentation will be noted and acted upon. And providing more information than requested by the auditors could put your practice under unnecessary scrutiny.


The risks of noncompliance

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

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

Security first

Findings from the Phase 1 audits pointed to the HIPAA Security Rule as the biggest problem area, and in most cases this was due to the entity being unaware of the requirements surrounding this rule.

The bottom line is that ignorance is not a viable defense. In order to ensure a successful audit, and ultimately minimize your risk of a data breach within your practice, ensure that you and your staff have a solid understanding of the HIPAA rules. 



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

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But first, a word of warning: Passion can become its own entrapment. It helps if we listen to our family or close friends. Often, they will let us know when we need to be protected from our own wrong choices.

Sources of strength

Every day is a challenging adventure when you think about how to follow your passions and accomplish your goals. Your passion might be ignited by sensing that your interactions and ideas contributed in your clinic enable patients to accomplish their goals, while your staff could be fueled by a genuine concern for others.

Perhaps coordinating the many facets of an overview plan for each of your patients is of paramount importance to you. You enjoy being involved in many things at the same time, and your clinical healthcare package offers what you consider to be the ultimate complement to their chiropractic care. Multitasking is your nickname, not only professionally but publicly, too.

Or perhaps you are happiest when your patients know “why” their body is malfunctioning. You freely share your chiropractic knowledge, and it is easily understood by your hands-on

explanation of your findings. They appreciate you as you palpate their spine and then show them where that subluxation is on their X-ray. You join them on their quest for health.

Maybe empathy is your burning passion. This ability to mentally and emotionally sense the needs of others and know when something is wrong or disturbing to your patients is a gift. Resolving problems creates an atmosphere of peace in your office. It has been said that the more of life’s trials and tribulations one has personally experienced, the more one is able to relate to the population at large.

You may have a charisma that motivates others to follow you. People want to be involved with you and do anything you suggest. You prefer to relate on a one-to-one basis. You believe you are the one everyone should rally around. You must govern the quality of care in your office, and you assume responsibility for getting the job done right.

You must see results and progress to completeness. Yes, you are one of the few who will lead national seminars, professional organizations, practice management courses, write many books, and always seek to serve the needs of the profession.

These desires are noble, but they can also entrap you.

Take a time-out


You might become so focused on pleasing patients that you overlook your own personal discomfort while

meeting their practical needs. No matter how many patients you help in a day, don’t fixate on the one patient who isn’t responding to care as fast as you would like. Use your sensitivity to people’s health needs to form a step-by-step clinical policy. This even-handed approach will produce a positive response to care.

You or one of your chiropractic friends might embody one or many of the previous examples; all are indicative of doctors who love what they do. These different stimuli ignite your greatest strengths, but when you over-extend yourself, your strengths can eventually become your worst enemy.

It’s time to call a “time-out” when you start thinking you can achieve anything if you just work a little harder, and spend a little more time doing it.

Given that you only have so much time and energy, you need to consider where you want to invest it—in work or family?

The real challenge ahead for every doctor of chiropractic is to keep the “fire in the belly” burning for practice, and at the same time “keep the home fires burning,” too. 



GARY A. BORING, DC, BCAO, LCP (Hon.), is a board member of the Sweat Foundation, practiced for 42 years at Boring Chiropractic, and is the author of *Driven Towards Excellence 2014*. He is also an extension faculty member at Cleveland Chiropractic College and president of the Academy of Missouri Chiropractors. He can be contacted at gboring@everestkc.net.

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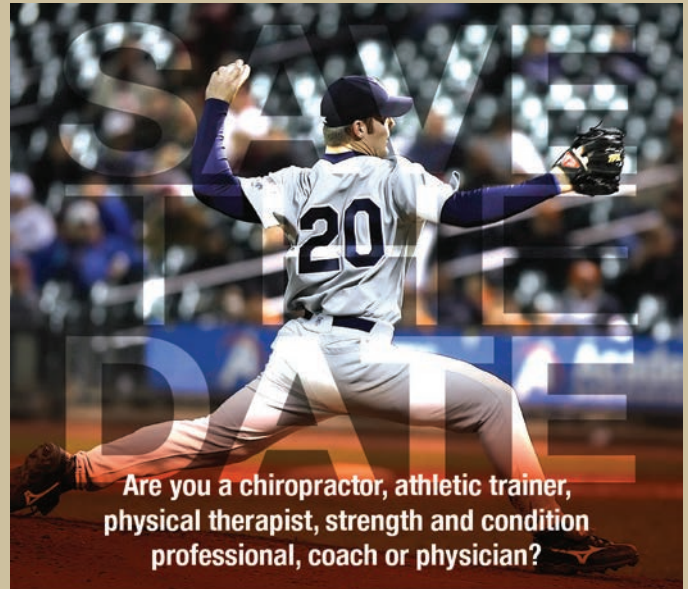
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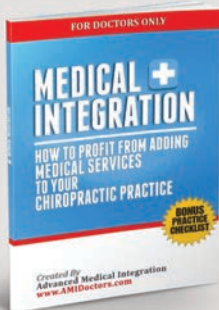
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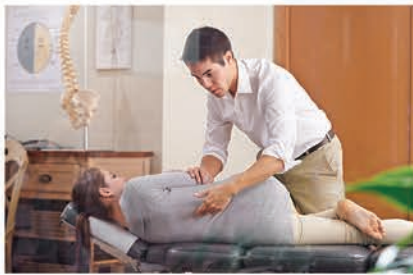


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