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ISSUE #19: DECEMBER 1, 2017 CHIROECO.COM

## It's Time for Testing

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abound for DCs who  
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VOLUME 63, ISSUE 19



## 28 It's time for testing

Opportunities abound for DCs who offer professional licensure exams.

By Daniel Sosnoski

### BUYERS GUIDE 40 Diagnostics



#### IN FOCUS

## 15 Scenes from The National

CHIROPRACTIC ECONOMICS  
STAFF REPORT



#### CLINICAL CONCERNS

## 17 No laughing matter

Most shoulder problems you see won't involve the humerus.

BY MITCH MALLY, DC

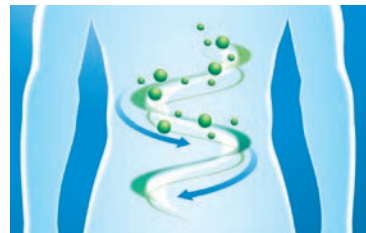


#### PRACTICE CENTRAL

## 23 Decrease your dependence

Lower your exposure to third-party reimbursement with occupational healthcare.

BY MARK SANNA, DC



#### WELLNESS APPROACH

## 37 Natural digestive rehabilitation

There are easy steps you can take to heal the gut.

BY STEVEN R. FRANK

#### MONEY MANAGEMENT

## 45 Going electronic

Filing your taxes doesn't need to be a burden.

BY MARK E. BATTERSBY



#### LEGAL EASE

## 49 Beware of false prophets

Credentialing alone doesn't guarantee compliance expertise.

BY DIANE M. BARTON, DC, MCS-P, AND  
JAMES MINX, MCS-P

#### IN EVERY ISSUE

- 8 Editor's Note
- 10 News Flash
- 52 StudentDC.com
- 53 Datebook
- 54 Ad Index
- 55 Product Showcase
- 56 Marketplace
- 57 Classifieds

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## Top Stories

- ▶ Are you achieving your goals? How to measure personal growth. [ChiroEco.com/measuregrowth](http://ChiroEco.com/measuregrowth)
- ▶ Late to the game with a practice management system? Why you can gain being a late adopter. [ChiroEco.com/lateadopter](http://ChiroEco.com/lateadopter)
- ▶ About to jump on the diet bandwagon? Three diets to try and three diets to skip. [ChiroEco.com/populardiets](http://ChiroEco.com/populardiets)

## Editor's Pick

### Searching for new chiropractic patients? Avoid these risky moves

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. I recently saw the following deal being offered this way: "\$40 for a wellness package with an exam and five adjustments (a \$675 value)." You probably have personal and professional concerns when you see these kinds of deals pop up on your computer screen. What message are they 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 detail service, how much value are we placing on chiropractic care in the minds of the public?

[ChiroEco.com/avoidriskymoves](http://ChiroEco.com/avoidriskymoves)



### Missed the Last Issue? Secrets to healthy aging.

You can promote longevity but beware of shortcuts.

[ChiroEco.com/magazine](http://ChiroEco.com/magazine)



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# Extra horsepower

**I**N AN OLD FILM ABOUT A TEENAGER WHO'S BUILDING A RACE CAR, HIS OLDER GERMAN MENTOR OBSERVES HIS work in progress and tsks loudly, "You Americans," he says, "You're always trying to bolt on more horsepower." What he meant is that the European style is to tune the engine and reduce weight, not merely add more parts.

The same thing occurs in chiropractic. Some doctors who are struggling to increase their income look to incorporate a gadget or tool in their practice, thinking that plugging a device into a wall will translate into ROI.



Let me know what's on your mind:  
904-567-1539  
dsosnoski@chiroeco.com

And, to be fair, this *absolutely can* work—a new or enhanced modality can draw more patients to your door. When this does turn out well, however, it's usually after a doctor has reflected on how it will affect the practice, calculated ROI, received training and education, and marketed the upgrade aggressively.

When you see this strategy fail, it's usually because of impulsive decision-making, unrealistic expectations, and poor follow-through.

In this issue of *Chiropractic Economics*, we're looking less at practice development through "bolting on" new parts, and more from a "tuning" approach. By getting certified to offer professional license exams, you can provide an entirely new service to your practice, and open up your demographic to a population of people who *have* to see you.

When people need to be checked out by a doctor to obtain—and maintain—a license, then their livelihood is at stake and they'll be highly motivated to find a provider. As our experts make clear, you have several competitive advantages over an MD in this area, and this can be a highly lucrative practice adjunct.

At the same time, DCs who are already succeeding with physical exams and drug testing raise the perception of what a chiropractor can do, making the profession look more authoritative and mainstream. And the clientele whom you attract with these services gets to know and trust you, potentially converting to chiropractic patients later.

There are many options available in the area of industrial and commercial services. You might be the perfect person to provide them.

To your success,

Daniel Sosnoski, editor-in-chief

## chiropractic economics

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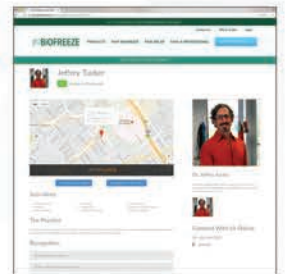
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## THE CHIROPRACTIC PULSE

### ACA hires quality expert Angela Kennedy, DC, to expand professional development

The American Chiropractic Association (ACA) welcomes quality care expert Angela Kennedy, DC, MBA, to its staff, where she will serve in the association's new position of senior vice president of education and health policy. As part of her role, Kennedy will lead the ACA's newly formed education and health policy department and will craft a plan to expand ACA's professional development offerings and educational programming with a strong focus on health policy.

"The new department, under the direction of Dr. Kennedy, is part of ACA's larger strategy to enhance member benefits and address new challenges and opportunities in healthcare," said ACA Executive Vice President Karen Silberman, CAE. "Dr. Kennedy's wealth of experience in program development and health policy will provide ACA members with the knowledge they need to succeed in modern chiropractic."

Kennedy comes to the ACA from the American Society for Radiation Oncology, where she served as the director of quality improvement and was responsible for initiating, developing, managing, and evaluating the society's quality programs and initiatives.



To read more, visit [ChiroEco.com/kennedy](http://ChiroEco.com/kennedy)

Source: American Chiropractic Association, [aca.org](http://aca.org)



### Activator Methods International announces master class in Maui

Activator Methods International is excited to announce a once-in-a-lifetime opportunity to learn from Arlan Fuhr, DC, and James Cox, DC, during the Activator and Cox Master Class at the Sheraton Maui Resort and Spa in Hawaii on February 3-4, 2018.

Fuhr and Cox will be teaching their adjusting techniques as well as sharing their years of experience treating patients and revolutionizing chiropractic care. They are the founders of two of the top three adjusting methods used in chiropractic today—Activator Methods International and Cox Technic, respectively.

Attendees will be immersed in first-hand training, engaging stories and conversations around the future of chiropractic care, adjusting techniques, and innovative technology, all drawn from the more than 100 combined years of chiropractic experience, education, and leadership from Fuhr and Cox.



To read more, visit [ChiroEco.com/mauiclass](http://ChiroEco.com/mauiclass)

Source: Activator Methods International, [activator.com](http://activator.com)



### The Salvation Army and HealthSource Chiropractic partner to help fund drug rehab programs

Chronic back pain is a leading precursor to opioid prescriptions, and half of the opioid overdose deaths in the country are attributed to prescribed opioids.

During National Spinal Health Month in October, HealthSource, one of the nation's largest chiropractic franchises, promoted massage, progressive rehabilitation, and chiropractic treatments as alternatives to prescription pain medications. And for those who chose one of these drug-free solutions, the clinics donated the cost of the treatments to support the Salvation Army's drug addiction rehabilitation programs.

More than 250 HealthSource clinics across the country reduced initial visit fees from \$189 to just \$20 from October 1 through November 30. The \$20 fee was then donated to the Salvation Army, an organization on the front line of the opioid crisis. In addition, the back treatment teams at participating clinics provided "stress breaks" with free massages to employees at area businesses and lunch-and-learn pain management sessions at community centers.



To read more, visit [ChiroEco.com/healthsourcechiro](http://ChiroEco.com/healthsourcechiro)

Source: HealthSource, [healthsourcechiro.com](http://healthsourcechiro.com)



## BY THE NUMBERS



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# 70

The percentage of Americans aged 25-34 who live in households with only wireless telephones.

Source: Centers for Disease Control and Prevention



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# 2,200

The number of Americans who die every day from cardiovascular disease.

Source: American Heart Association



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# 69

The percentage of people who will choose one job over another based on benefits.

Source: Springbuk



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## THE LEARNING CURVE

### Life U establishes relief fund for chiropractors in disaster-stricken areas

Life University (LIFE) has established a Disaster Relief Fund with the goal of raising money for chiropractors who live in recently devastated areas, such as the U.S. Virgin Islands and Puerto Rico. In the wake of the natural disasters that have left so many facing extreme difficulties in getting back to their way of life, LIFE wanted to do what it could to help many who are alumni and friends of the university struggling with loss of equipment, finances, and perhaps their entire chiropractic practices.

To assist in achieving this goal, the university has asked for donations from its many generous supporters, but they would also welcome and be grateful for any monetary gifts from the general public to go toward the relief effort. Regarding the establishment of the relief fund, LIFE's Chancellor Guy Riekeman, DC, noted, "Although we can't do what the first responders are doing, we want to continue to provide assistance to chiropractors in these areas over the next year to help them rebuild their lives."



To read more, visit [ChiroEco.com/LifeUrelief](http://ChiroEco.com/LifeUrelief)  
Source: Life University, [Life.edu](http://Life.edu)



### Life Chiropractic College West stands behind DACA

The Deferred Action for Childhood Arrivals (DACA) program was established in part to support the 700,000 to 800,000 young people currently enrolled in American schools of higher education. These young people grew up, attended school, and became friends with their U.S. citizen peers. They have also lived in a state of uncertainty about their future. By allowing these students to remain part of the fabric which makes up the U.S., the DACA program hoped to relieve fears related to being undocumented U.S. residents.



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However, since its inception during the Obama administration, the fate of these students enrolled in DACA has hung in the balance of hope and concern due to the sustainability of the program resting within presidential—not congressional—authority. The answer to the questions about the DACA students' futures came on September 5 when the White House announced the end of the DACA program.

With the announcement on September 5, uncertainty has risen to a much higher level. As an institution of higher education, Life West recognizes the potential struggles and consequences resulting from the administration's decision. The school has sympathy for those enrolled in the program and wishes to support every DACA enrollee as one of our own.



To read more, visit [ChiroEco.com/LifeWestDACA](http://ChiroEco.com/LifeWestDACA)  
Source: Life Chiropractic College West, [lifewest.edu](http://lifewest.edu)


### Veterans receive complimentary visits at Sherman's Chiropractic Health Center

On November 8 and 9, in celebration of Veteran's Day, Sherman College Chiropractic's Health Center offered



complimentary visits to veterans of the U.S. Air Force, Army, Marines, Navy, National Guard, and Coast Guard. Health Center patients could choose either day to take advantage of this offer, as the college is closed on Veteran's Day.

"We see this event as an opportunity to serve and honor those who have given so much to our country," says Sherman College President and Navy veteran Edwin Cordero, DC. "I think it's especially fitting for us at Sherman College, since service to others is a major component of our mission."

The college's on-campus health center (where senior students intern under the close supervision of licensed doctors of chiropractic) provides quality and affordable chiropractic care to the local community through approximately 30,000 patient visits per year. 



To read more, visit [ChiroEco.com/veteransday](http://ChiroEco.com/veteransday)  
Source: Sherman College, [sherman.edu](http://sherman.edu)

## WHAT'S HAPPENING IN HEALTH?

### U.S. opioid painkiller abuse may be leveling off

The number of Americans abusing prescription painkillers has leveled off in recent years, but there is no apparent decline yet. That's the finding of a new study tracking the U.S. opioid abuse problem. Researchers found that after a large spike in the early 2000s, Americans' misuse of prescription opioid painkillers has plateaued in recent years.

Still, the issue isn't going away: By 2014, the most recent survey year, close to 14 percent of U.S. adults and teenagers had at some point abused the drugs—which include Vicodin (hydrocodone), OxyContin (oxycodone) and morphine. The findings underscore the importance of giving patients alternative ways to manage pain, said lead researcher Asokumar Buvanendran, MD, vice chair of anesthesiology at Rush University Medical Center in Chicago.

There are times when people need short-term pain relief with opioids. But for most long-term pain (unrelated to cancer), opioids are generally no better than a placebo, Buvanendran said.



To read more, visit [ChiroEco.com/opioidabuse](http://ChiroEco.com/opioidabuse)  
Source: HealthDay News, [healthday.com](http://healthday.com)



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With Jay Greenstein, Alan K. Sokoloff, Cindy Howard Zaeske, Spencer Baron, Kayla McHale, Benny Vaughn, Michael Bagnell at the Hyatt Regency Orlando

## INFOCUS



James Chestnut, DC, CCWP, MSc

# Scenes from The National

CHIROPRACTIC ECONOMICS STAFF REPORT

**T**HIS YEAR'S CHIROPRACTIC MEGA-EVENT, **THE NATIONAL**, hosted by the Florida Chiropractic Association, was held August 24–27 at the Hyatt Regency hotel in Orlando, Florida. Organized by the FCA, this convention is truly national in scope, with speakers and attendees from across the nation.

For the past several years, The National has been growing in scope, and now it is a must-attend gathering for doctors of chiropractic who want to further their education, better manage their practices, and improve patient outcomes.

As a major conference, it offers an unparalleled opportunity to engage and connect with the nation's foremost authorities and thought-leaders in the field. At the same time, participants can meet old friends and


make new ones. The exhibition hall is an event in itself, showcasing new and notable products, services, and technology from vendors around the world. There's no substitute for being able to try out tools and supplements, retail products and software—many of which you've read or heard about—and speak with company experts who can explain them in detail.

Because there are multiple sessions and events happening simultaneously, you need to be selective in your choices. The organizers at the FCA know this, and this year several tracks were offered to help make things easier. The "Success Track" was a non-clinical program designed for those looking to take their practice to the next level of fulfillment and profit, with entrepreneurial secrets from such

renowned experts as **James Chestnut, DC**; **Fabrizio Mancini, DC**; and **Jay Greenstein, DC**.

The National Convention Honoree was Michael D. Chance, DC, who was awarded for his service to the profession.

Among the highlights this year, a number of new benchmarks were set: 90 speakers, over 3,500 attendees, and overall 5,000-plus vendors and attendees, virtually filling the venue to capacity.

If you're interested in attending next year's The National, save the date: August 16–19, 2018, at the Hyatt Regency Orlando. For more information visit [fcachiro.org](http://fcachiro.org). 



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Fab Mancini, Dan Murphy, Scott Walker, Matthew Antonucci, James Chestnut, Lori Allen, Sherry McAllister



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# No laughing matter

Most shoulder problems you see won't involve the humerus.

BY MITCH MALLY, DC

**S**HOULDER INJURIES ACCOUNT FOR NEARLY 7.5 MILLION INJURIES PER year in the U.S., with an estimated 250,000 rotator cuff surgeries annually.

Diverse multidisciplinary treatment models include manipulation of the humerus, physiotherapy, ultrasound, electrical stimulation, and laser. Other modalities used range from massage therapy to various fascial and soft tissue approaches, steroid injections, and surgeries.

Some practitioners note that, often, the negative or poor outcomes resulting from shoulder treatment are like “pulling a weed from the top, resulting in regrowth of the weed.” This is analogous to repeatedly hitting the dashboard of a car, expecting the

low-fuel light to go off. Do *not* do efficiently what does *not* need to be done.

## A common denominator

In fact, there exists a common biomechanical denominator for almost every shoulder condition and injury, excluding fracture, pathology, and infection. The similarity in the root causes of the following conditions is astounding: A-C separation, dislocation, Wright's hyperabduction syndrome, costoclavicular syndrome, quadrilateral space syndrome, lateral axillary hiatus syndrome, and other entrapment neuropathies—plus rotator cuff impingement and tears.

The American Physical Therapy Association (AMPTA) states that shoulder problems are the result

of a short pectoralis muscle length. Accordingly, soft-tissue therapists, chiropractors, and physical therapy treatments focus on the muscle, fascia, and soft tissue. Accordingly, as the cause of the complaint remains disguised and thus neglected, this propagates disgruntled patients with chronic conditions. Often, and to no avail, patients ultimately seek orthopedic consultation resulting in unnecessary steroid injections and unwanted surgical interventions.

During my domestic and international travels for training chiropractic students and DCs, I have had the opportunity to explain and demonstrate my “sniper specific” extremity and spinal adjusting techniques. The anatomical, neurological, and biome-

chanical explanation of each topic promotes not only understanding among colleagues but also an overwhelming desire to receive a personal treatment as well.

Following a presentation, attendees often rush the stage or booth asking to experience correction of a personal acute or chronic condition. Where all other approaches failed to provide immediate relief or a long-term correction, the results of true biomechanical understanding and correction can ameliorate these conditions and complaints.

Crowds of doctors have observed me with subjects (colleagues, attendees, etc.) who fail the Mazion shoulder maneuver (upward elevation of the elbow with the hand across the chest to the opposite shoulder). Following a signed release with informed consent, I take a brief history, palpate, and check

range of motion. The demonstration culminates with a gentle and rapid correction of the most neglected, least understood etiology of shoulder conditions. After the Mazion test is repeated, the audience applauds as the subject experiences instant relief and significant increase in all planes of shoulder motion and joint function, including spontaneous neurovascular improvement.

### The plane truth

The earlier reference to the root cause of most maladies of the shoulder, including recalcitrant cervical and middle-upper thoracic spine issues, is generally “the secret dynamics of the scapula.” Anchoring to the cervical and thoracic spine, it is prudent to recognize that altered scapula plane motion results in compensatory musculoskeletal adaptation. This often results in confusion on the part of

the practitioner, and results in spinal symptomology and complaints distant from their true origin.

According to numerous studies, the scapula is repeatedly referenced as the principle or underlying etiological factor involved in shoulder conditions.<sup>1-4</sup> In fact, shoulder problems rarely involve the humerus.

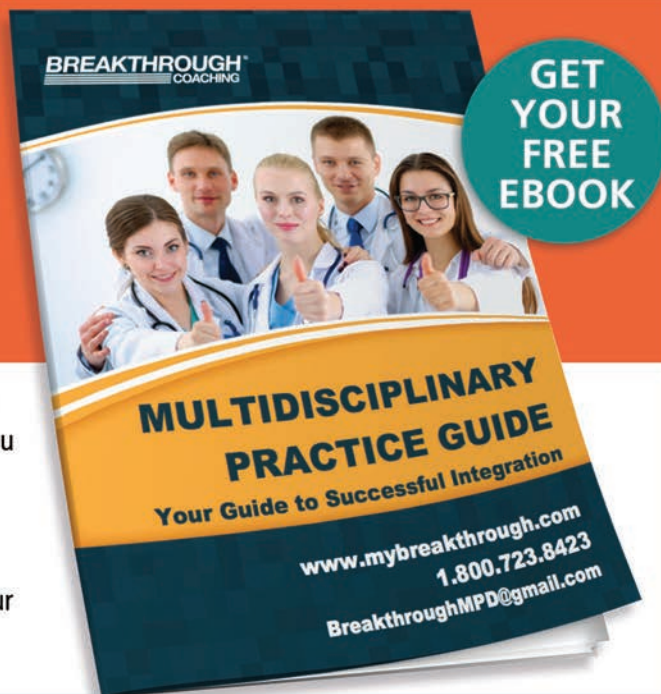
The normal anatomy of the scapula is such that the glenoid fossa is retroverted with respect to most shoulders. Therefore, any alteration of this retroversion is called anteversion, or what I term an “ante-tilted” scapula. Even a minute change in the angulated glenoid fossa results in complaints of decreased range of motion and similar maladies. This biomechanical change is repeatedly demonstrated during lectures when performing Mazion’s test. When attendees compare pre- and post-movement of the shoulder, and then move the glenoid fossa just a

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## CLINICAL CONCERNS

millimeter anterior, it is immediately obvious to the participants that altering the glenoid fossa even the slightest will directly impact shoulder biomechanics and dramatically reduce range of motion.

### Aim at the right target

It's "humorous" that most shoulder problems are not caused by the humerus.

Moreover, the rationale for thinking a short pectoralis muscle length is a cause for shoulder problems is questionable, when it's actually the result of a protracted and antetilted scapula. In this case, the coracoid process elevates and pulls on the pectoralis minor attachment, resulting in muscular contracture (shortening) due to the stretch reflex mechanism.

This transient neurovascular occlusion beneath the tendon of the pectoralis minor is defined as Wright's hyperabduction syndrome. The resultant shift of the clavicle medial and inferior contributes to costoclavicular syndrome. Immediately following manipulation of the scapula and clavicle, students and patients typically experience a spontaneous neurovascular change. This is because an anatomical patency is created beneath the newly relaxed pectoralis minor muscle that had been previously contracted, which opens the costoclavicular space.

Focusing on the soft tissue, stretching the muscle, and myofascial release may prove somewhat helpful. However, if performed in lieu of correcting the scapula biomechanics, most (if not all) shoulder conditions and syndromes will remain a battleground for practitioners and prolong the agony of dysfunction and pain for refractory patients.

By understanding proper joint mechanics and the correction of common problems, you can become the leading extremity expert in your community. **CE**



**MITCH MALLY, DC**, has been the owner of a private clinic for 28 years. He is the founder and developer of the International Academy of Advanced Chiropractic Orthopedics. For more information on his techniques, books, and products, visit

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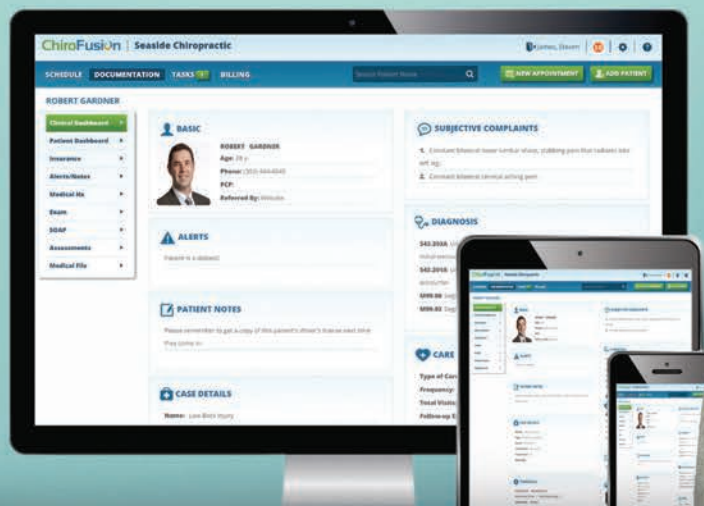
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# Decrease your dependence

Lower your exposure to third-party reimbursement with occupational healthcare.

BY MARK SANNA, DC, ACRB LEVEL II, FICC



ADOBE STOCK

**C**HANGE IS IN THE AIR IN ALL AREAS OF HEALTHCARE REIMBURSEMENT, and this is particularly true in the workplace. Employers are dealing with rising insurance costs that are taking a big bite out of the bottom line. They are searching for an answer that will reduce costs and maximize the productivity of their employees, while protecting their profitability.

At the same time, chiropractors are searching for ways to decrease their dependence on third-party insurance reimbursement with cash-based services. This confluence of factors creates a significant opportunity for those interested in expanding their role in occupational healthcare.

## Post-offer examinations

Many workplace injuries can be prevented by performing an assessment of prospective employees' abilities to perform the functions required by the job they are seeking. These assessments, performed after

an offer of employment has been tendered, are referred to as "post-offer examinations."

Post-offer examinations provide employers with a functional baseline of performance and ensure that the employee can safely meet the physical demands of performing the essential functions of the job. They also reduce the costs associated with employees' unidentified pre-existing conditions. A post-offer baseline exam can identify pre-existing disabilities and distinguish them from any disability resulting from future on-the-job injuries.

The post-offer process involves setting up a job-specific examination that tests the essential functions that the employee will perform. These procedures include testing the frequency of various work postures and work activities such as reach up, reach out, bend, stoop, and squat, along with other functional assessments. Physical demand levels and dynamic lifting procedures may also

be performed and evaluated.

The more objective the evaluation procedures, the more likely they will protect employees from injuring themselves on a job that they don't have the physical ability to perform. An objective exam can also protect employers from the financial risk of hiring workers who are prone to injury.

For these reasons, computer-assisted assessments are preferred to manual assessments due to their validity and reproducibility. There are several reputable manufacturers of computerized functional assessment equipment and training that service the chiropractic profession.

## Not the typical exam

Most employers perform some sort of cursory physical screening of prospective hires to determine if they are fit for the job. However, these screenings typically do not evaluate the essential functions of the position, establish a pre-employment functional baseline,



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## PRACTICECENTRAL

or identify any pre-existing functional impairments. This means that employers are essentially blind to an employee's ability to perform the job being offered as well as their potential future liability should that employee be injured on the job.

You might wonder why employers would pay for inadequate screening exams. In fact, many employers are indeed asking themselves this question.

### The rules of the game

An important first step in the post-offer examination is to obtain a thorough understanding of the rules and regulations involved as they relate to the Americans with Disabilities Act (ADA). According to the ADA, a post-offer exam can only be performed after the prospective employee has received a "real job offer."

A job offer qualifies as "real" if the employer has evaluated all of the relevant non-health related information that it reasonably could have obtained and analyzed prior to tendering the job offer. After a real job offer has occurred, an employer can ask disability-related questions and require a functional health-related exam. The job offer may be conditional based on the results of post-offer disability-related questions and functional exam findings.

If an employer asks post-offer disability-related questions, or requires post-offer functional examinations, there are specific procedures to follow: All prospective employees in the same job category must be subject to the same exam or inquiry, regardless of their disability. The objectivity and design of the post-offer exam needs to meet the ADA standardization requirements.

For example, an employer may ask potential hires at the post-offer stage whether they have had back injuries. If the employer learns that some of the individuals have had back injuries, the employer has the right to require a functional exam to diagnose back impairments on all prospective candidates for the position as long as it is related to the back injuries identified in the initial inquiry and is standard in format.

### The first line of defense

Employers must comply with the ADA when revoking an offer of employment based on post-offer findings of a disability that would limit the employee's ability to perform the job. The employer must notify an individual (orally or in writing) if his or her placement was in any way adversely affected by the results of a post-offer exam or disability-related questions.

Additionally, when possible, an employer must provide reasonable accommodations to the employee to assist him or her in performing the job being offered. Once again, the post-offer exam provides employers with confidence



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that they can legally revoke an offer of employment.

Your post-offer exam is the first line of defense for an employer should a potential employee question the reason an offer of employment was revoked due to a disability. When an individual alleges that a disability affected his or her hiring, the U.S. Equal Employment Opportunity Commission (EEOC) scrutinizes whether a disability was the reason. If disability was the reason, the EEOC will determine whether the action was consistent with business necessity.

## Where to begin

Do your homework before contacting employers to propose providing post-offer exams. Your point of contact will most likely be a human resources or risk management manager. An important component of the post-offer process is to have a thorough

understanding of the essential functions and demands that must be performed. Ask if the employer has a written job description in place that you can review to design a job-specific examination.

You may offer to take a walk-through of the employer's facility. Employers typically like to show off their facilities, and you can evaluate and digest the information they share.


Allow the decision-makers to have the stage while you evaluate the work environment. This will help you to tailor job-specific post-offer exams.

## Opportunities for growth

Post-offer examinations are not reimbursable by third party payers and are paid for by the employer directly to the provider. This provides a sustainable source of non-insurance income for your practice, while you provide a valuable service to the employers and

employees in your community.

As you begin to develop relationships with employers, more opportunities will arise. Many employers are seeking healthcare professionals to give safety talks, and attend their health fairs or wellness screenings.

If you can provide high quality post-offer exams, you will be their natural choice. There has never been a better time for chiropractors to embrace occupational healthcare and step off the "hamster wheel" of insurance reimbursement. 



**MARK SANNA, DC, ACRB Level II, FICC**, is a member of the Chiropractic Summit, the ACA Governor's Advisory Cabinet, and a board member of the Foundation for Chiropractic Progress. He is the president and CEO of Breakthrough Coaching and can be contacted at 800-723-8423 or through [mybreakthrough.com](http://mybreakthrough.com).



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# It's time for testing

Opportunities abound for DCs who offer professional licensure exams.

BY DANIEL SOSNOSKI

**E**xcuse me, but we're doctors, too, is something you occasionally want to say when you hear comparisons made between MDs and DCs.

After all, you have much of the same training, and in the area of neuromuscular and spinal health, you're a specialist. But when it comes to pre-employment and fitness-for-duty examinations, you'll find what amounts to a level playing field.

This didn't happen by accident. As you can imagine, the powerful lobbyists representing the medical community would prefer doctors of chiropractic not perform tasks assigned to "physicians," and your ability to perform certain types of physical examinations was a hard-won right.

And the fight is ongoing. Exactly which exams you are allowed to perform, what additional training and certification is needed, or whether such testing lies outside your scope of practice varies by state—you will need to do a bit of research to be certain where you stand. That caveat aside, in the majority of states you will be within your scope of practice. In

the event you aren't, work with your state associations and legislators. The numbers are on your side.

## What's in it for you

There are actually quite a few solid reasons why you might want to get certified to perform commercial driver's license physical examinations.

**Michael Megehee**, DC, helps doctors of chiropractic and other healthcare professionals qualify to perform these types of physicals. He notes that for one thing, they raise your stature and generate respect for the chiropractic profession. "This is a great way to do that," he says. "You're helping commercial drivers—and competitively—and you're doing a good job according to reports that I hear."


Megehee helped develop one of the first training programs for DCs who want to offer the Department of Transportation (DOT) commercial driver's license (CDL) physical exam. These exams have to be conducted by someone listed on the Federal Motor Carrier Safety Administration (FMCSA) National Registry of Certified Medical Examiners. Don't let the word "medical" make you think you can't qualify, as the FMCSA's

definition includes MDs, DOs, PAs, APNs, and DCs, among others.

In addition to DOT CDL exams, you can also perform the new FAA BasicMed medical exam for certain general aviation pilots, and physicals for the private sector, testing school bus drivers, race car drivers, scuba divers, crane operators, and commercial bus drivers, among others. "When you're doing these, it really promotes a broad scope of chiropractic practice," Megehee says. "It makes us more generally recognized as healthcare providers with skills."

Many professions require pre-employment and random drug testing, particularly for safety-sensitive transportation employees. Being accredited to perform these tests can open up additional lines of income, too. **Amy Evans**, director of business development for Lifeloc Technologies, says it's a great opportunity that's not driven by insurance payments. "Doctors can set their own rates, because payment isn't going through a third party. Offering urine drug testing for physicals widens your clientele." She says that your fees will partly depend on the market and your competition, but figure about \$20 to





\$25 for drug screening collection only, and from \$45 up to \$100 if you're offering evidential breath testing (EBT).

### **Setting up shop**

If you have a treatment room, you have almost everything you need to administer physical exams. But there are a few things you'll need to add. First, of course, depending on the type of physical exam or drug testing you do, you may need to attend required training to become certified.

To perform CDL physical exams, you'll have to pay to take a FMCSA-accredited training course and pass the FMCSA National Registry certification test. To qualify to administer drug and alcohol testing you only have to attend the required training. For the FAA BasicMed examination, you have to be a state-licensed chiropractic physician. There are 32 states that allow DCs to use the term "chiropractic physician," and the FAA recommends that doctors contact their state licensing board for verification of their "physician" status.

To offer the DOT CDL exam, DCs in 47 states can become a

Certified Medical Examiner in the National Registry. DCs in New York, Washington, and Michigan are excluded due to a limitation in scope of practice that does not allow performing physical exams. "Washington and Michigan, as far as I know, haven't demonstrated a recent desire to change this stance, and in New York there was a lawsuit that removed DC eligibility," Megehee says.

For the drug and alcohol testing component, you'll need a separate accreditation obtained by completing the DOT-required training.

Evans explains further: "The breath alcohol technician (BAT) qualification and training can be supplied by the manufacturer of your EBT equipment or a manufacturer-authorized trainer. There's also webcam training that can be done live on the internet. You get a five-year certification, and then you'll

### Meet the experts



**Michael Megehee, DC**, is president of TeamCME in Pendleton, Ore.  
[teamcme.com](http://teamcme.com)



**Amy Evans**, is director of business development for Lifeloc Technologies in Wheat Ridge, Colo.  
[lifeloc.com](http://lifeloc.com)



**Cheryl Burdette, ND**, is president and director of education of Dunwoody Labs, Inc., in Dunwoody, Ga.  
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have to renew."

This training will walk you through the rules and regulations, equipment proficiency, mock tests that have to be done without error, and calibration procedures that will apply to

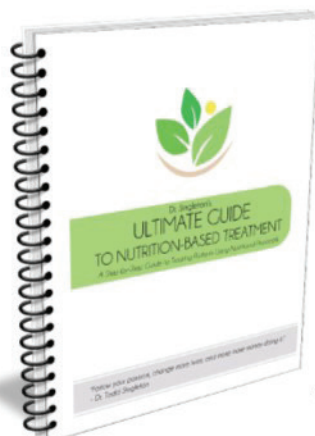
the device you've selected. The DOT tightly controls this area. If there's a positive result to a screen, it's a big deal and they'll want a lot more information about it, because a person's livelihood and public safety are at stake.

Although fewer requirements are necessary to provide FAA BasicMed exams as long as you qualify under your state's definition as being a state-licensed physician, it would be wise to take an orientation course, which isn't expensive and only takes a few hours to complete.

The CDL exams are more likely to be a steady source of income, as DOT rules mandate fitness, drug, and alcohol testing for every new hire or transfer employee in a safety-sensitive position, of whom there are approximately 7 to 12 million in the U.S. Many of these individuals require pre-employment, post-accident,

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reasonable suspicion, return-to-duty, and randomized drug and alcohol testing.

"For the CDL and BasicMed physicals, the only thing a typical DC wouldn't have are urinalysis dipsticks. You need a scale. That's pretty much it," Megehee says. For the drug-testing portion, the lab you select will provide you with kits (usually for free—they charge for the processing when the sample is sent to the lab).

If you're conducting exams that require a blood draw, **Cheryl Burdette**, ND, president of Dunwoody Labs says you'll either have a phlebotomist who is drawing in-house, and a lab supplying the tubes, needles, and syringes for the person who does the draws, or, you'll have relationship with a nearby draw station, like Quest. In some states, DCs can perform a blood draw under their chiropractic license.

Bearing in mind your scope of practice is circumscribed by your state laws, you may be able to offer additional types of testing required by various professions. Burdette notes that you might order a test for educational purposes, to see what's going on with a patient, but not to render a formal diagnosis. "Typically, for wellness exams, you might want a complete blood count (CBC) and a chem screen to look at basic profiles. Are they anemic, having liver failure? That's what a DC would want to know. But general vocation testing are things you'd want to add on," Burdette says.

And Evans adds to that, noting some companies might want prospective and current employees checked for their fitness for duty. "Like a FedEx truck driver, at certain intervals, might need a health check to see if they can safely lift a required

minimum weight, or take a heart stress test."

### Office protocols

For a standard CDL physical, which is likely to be your bread-and-butter offering, there are two phases: First, the driver fills out a form. This contains standard personal information and a health history. There's a questionnaire covering health questions that have bearing on a driver's fitness to drive, with 32 entries. Megehee says this normally takes from 10 to 40 minutes to complete, and the driver can do it unattended in the waiting area.

The next portion of the form is filled out by the attending doctor and staff. Staff members can perform certain parts of the examination such as measuring blood pressure and performing the urinalysis, height, weight, and visual acuity portions.

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You review the questionnaire and self-reported health statements with the driver, then conduct a basic physical where you note if the driver's various body systems are normal or not. The presence of an abnormal condition is not necessarily a disqualification from driving, as the examiner has discretion in this regard. This part that only the physician can perform takes about 15 minutes for healthy drivers. The intake, checkout, and other portions of the exam can be handled by your staff and this takes about another 15 to 20 minutes.

One point Megehee notes is that you and your staff need to have a high level of courtesy and good bedside manner. Few drivers look forward to what they consider a bureaucratic intrusion. "Not many of them are happy," he says. "This is the only physical exam some drivers are going to get, and they're fine with it, but others feel burdened."

Especially in cases where a driver hasn't been treated well in the past, expect some grumbling. "But if you treat them fairly, honestly, and ethically, there will be a place for you."

If you're conducting drug and alcohol testing, testing kits come with detailed instructions on how to perform the tests. "These will note whether things need to be prepped, stored, and how to ship," Burdette says.

And even though you may be certified to perform CDL physical exams, according to 49 CFR Part 40, every staff member in your practice who will be conducting urine collections for DOT drug testing or using EBT devices for alcohol testing must complete the required training. This will run approximately \$350 to \$450 per employee, but the certification is good for five years, so you'll recoup this cost quickly.

Your largest investment is likely to be the EBT device itself, which must be chosen from the DOT's list of approved devices. These start at around \$1,200 and go up to \$6,000 depending on the model. Anyone who performs the testing must have training on this specific device, and certifications are usually from \$300 to \$500 per person. These are also good for five years.

Regarding the FAA BasicMed exam (which you can provide for private pilots, student pilots, flight instructors, and recreational pilots), the Aircraft Owners and Pilots Association (AOPA) reports that pilots are complaining it's hard to find a provider for the BasicMed exam. "The MDs may be steering away because FAA regulations are strict," Megehee said. But DCs can do the drug and alcohol tests required by the FAA, and the exam is almost identical to that for the DOT CDL. "But there's a significant difference in determining whether a driver is safe to drive and whether a pilot is safe to fly—the decision process is quite different," Megehee says.



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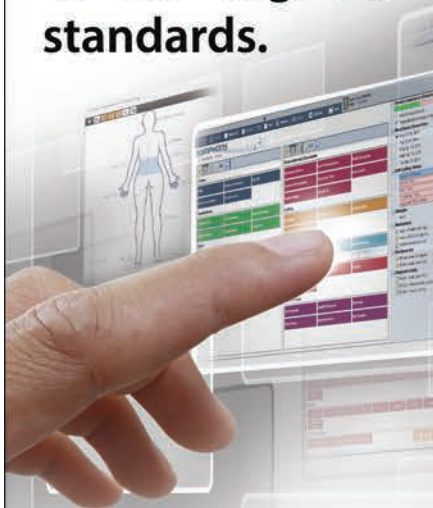
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### Market movers

So how do you start bringing in business once you are up and running to give these types of exams? As you gain experience and familiarity with the procedures and paperwork, potentially you'll be looking to give CDL and FAA physicals, and beyond that perhaps exams for FTA bus drivers, mechanics, federal pipeline employees, and employees who work in sensitive industries like poultry processors.

The training companies that certify you will often have a web portal for applicants looking for a provider nearest to them, and you'll be entered on that listing automatically. Some large companies may already have arrangements with a provider, but as a DC you may be able to offer a highly competitive rate compared to an MD thanks to your lower overhead costs.

"It's almost impossible to out-compete a DC who is offering this service," Megehee says. "Drivers may need to be seen soon—and you may be able to offer same-day service, another plus." He says you absolutely should have a sign outside stating you offer these services. Given that the average exam ranges between \$60 and \$200, depending on your location and competition, and that signage likely won't be much more than \$200, you'll recoup this cost in short order.

Of course you'll post this information on your practice's website and web traffic will send some business your way. Signage in your practice will alert your current patient base, some of whom will likely need this testing anyway, and they'll be thrilled to have one-stop shopping available.


Location can be a huge factor. "If you're near a truck stop, this could be good business. If you're close to an airport, you'd potentially be the one they'd call in the event of a concern or accident," Megehee says. And Evans adds that some DCs have set

up mobile shops so they can travel to where the customers are.

### An excellent adjunct

Evans says there are some clinics that specialize in this area. She says that for the average practice, exams are about 10 percent of business, and drug and alcohol testing is up to 25 percent. "But for just about everything, the DOT wants a drug panel. And most companies are looking to screen for the most common five abused substances," she says. Megehee has seen one practice that performs upward of 12,000 physical exams a year. "Several do 5,000 a year, but here's the thing: You almost always make more giving these exams than you can from chiropractic treatments, there's no insurance to deal with, and when you're ready to retire, it can make your practice worth more," he says.

Because these exams are occupationally related, they generally aren't billed to insurance. But in some cases, if a driver has insurance that pays for an annual physical, it can be billed. For large corporations, the motor carrier will pay for the exam. Most owner-operators pay for it themselves. "That's about 35 to 40 percent per year," Megehee says. As these are almost entirely cash-based services, they give you a good return on your set-up costs.

In some ways, giving physical exams for professional certifications can look and feel more like what an allopathic practitioner does. Rather than seeing this as running against your philosophy of care, however, consider how this might raise your visibility and demonstrate your value in enhancing safety in your community. 



**DANIEL SOSNOSKI** is the editor-in-chief of *Chiropractic Economics*. He can be reached at 904-567-1539, [dsosnoski@chiroeco.com](mailto:dsosnoski@chiroeco.com), or through [ChiroEco.com](http://ChiroEco.com).



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# Natural digestive rehabilitation

There are easy steps you can take to heal the gut.

BY STEVEN R. FRANK

**T**HE PERVASIVE USE OF PRESERVATIVES IN THE FOOD SUPPLY and the drastic increase of modified foods in the Western diet have caused the current generation more digestive problems than any other. It has caused food in the U.S. to be among the most highly processed and least nutritious on earth, and peoples' high rate of sugar and carbohydrate intake promotes the growth of fungus (like Candida) in the gut.

The preservatives in food that are designed to kill bacteria in food products also kill the beneficial bacteria that are needed for proper gut health. Widespread and over-prescribed antibiotics also disrupt the body's bacterial balance, resulting in numerous digestive problems.

While there is a rising effort to

avoid processed foods and reduce carbohydrate and sugar intake, the U.S. population is plagued with disease and obesity because of dietary habits. People need to learn how to correct and then maintain healthier alternatives and lifestyles. It is just as important to repair the debilitated state of gut health, as it supports the other systems of the body.

## Can probiotics help?

If you have tried probiotics then you know that they can have a positive effect. You have also seen them all too often fail to make a significant change. For instance, if your front yard were a huge patch of weeds, would you sprinkle thousands of dollars of high-quality seed on it expecting a beautiful lawn to emerge? Of course not. You would first get rid of the weeds.

Similarly, the bacteria and fungus in an imbalanced gut have covered every square inch of livable space. They protect themselves with exotoxins that make it virtually impossible for any new bacteria (the good ones from your probiotics) to grow and survive. There's no room at the inn. The expensive probiotics either die or just move on down, providing no net gain.

Consider this three-pronged approach to the gut rehabilitation process: The first step is to get rid of the weeds; kill off as much of the bad bacteria and irritating fungus as possible. The second step is to reseed the gut with good bacteria, which will aid in digestion and keep fungus out. Third, you need to repair the damage that has been done to the epithelial lining of the intestines by

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## WELLNESS APPROACH

the fungus and bad bacteria. This can be done holistically and naturally.

### What you need to do

A broad-spectrum antimicrobial that is biocompatible and significantly kills bacteria and fungus will help with the first step. An enhanced aqueous colloid of silver greater than 40 ppm will accomplish this nicely. It is best taken on an empty stomach and in bolus dosing of two ounces every two hours. This can be continued for two or three days by consuming one eight-ounce bottle. Note that mixing a colloid of silver with anything containing salt will ruin it, and food tends to make it less effective.

Taking colloid of silver on an empty stomach and fasting for an hour afterward maximizes the effect. After two or three days of this protocol, you will have significantly attenuated the bacteria and fungus in the gut. Another side benefit of this is that the level of *Helicobacter pylori* in the stomach will also be dramatically reduced. While you won't "sterilize" the gut (it's not possible in this manner), you will make room for beneficial bacteria to live and thrive. This is of critical importance.

Once you have knocked down the population of bad bacteria and fungus in the gut, it's time to reseed with the probiotic of your choice. This will reestablish the bacteria necessary to support proper digestion and nutrient extraction from food. The probiotic ingestion should be continued for at least a month. (Note: It is not critical to take the most expensive probiotics available.)

A healthy gut contains over 200 types of bacteria. Most probiotic supplements have only a few dozen. The most important task is to provide an environment in which good bacteria can multiply and thrive.

The third step is to repair the epithelial lining. Years of exposure to antibiotics, preservatives, and sugar can allow pathogens to eat away at the intestinal lining. This tissue needs to be healed.

The reduction in the mucus layer caused by Candida overgrowth leaves microvilli unprotected. This allows direct food contact to the tissue, which feels like an invasion to the body. This spurs the immune system into a state of heightened response. The subsequent inflammation reduces the body's ability to fight infections and can cause a host of other systemic problems.

### The healing process

To facilitate healing, take a mixture of herbs designed to heal the tissues, increase mucus to protect the region, and reduce local inflammation. This will encourage the reconstruction of the epithelial lining and restoration of the insulating mucus layer.

Look for plantain, licorice, aloe vera, peppermint,



marshmallow root, and slippery elm bark. These can be encapsulated or made into a tea.

As with colloidal silver, taking the capsules or drinking the tea on an empty stomach is best. When food is regularly introduced into the gut, encapsulated herbs are better than tea as they will tend to be released in the area most in need of repair.

Building new tissue requires some basic building blocks. Take 2,000 mg of vitamin C, 10,000 IUs of vitamin D, and a good B-complex daily. Taking 250 mg of magnesium can also help support the mucus layer.

The GI tract is critical not only to the absorption of nutrients through digestion but also to the proper function of the immune system. A poorly functioning digestive system can cause myriad health problems as it results in nutritional deficiencies and a compromised immune system.

Diseases such as arthritis, autoimmune disorders, and many skin conditions have been traced back to problems of the gut. Obviously, conditions such as irritable bowel syndrome, small intestinal bacterial overgrowth, and Crohn's disease are problems of the gut.

Kill, reseed, restore. Put your gut back on track and watch your health improve. **CE**



**STEVEN R. FRANK** is an herbalist from the Front Range of Colorado, with many years of experience in treating musculoskeletal injuries with plants and herbs. He has studied these natural remedies in the clinic and the laboratory so that he can bring you the best that science and wisdom have to offer. He can be contacted at 800-991-7088, [stevelf@naturesriteremedies.com](mailto:stevelf@naturesriteremedies.com), or through [mynaturesrite.com](http://mynaturesrite.com).

## Quick Tip

### Benefits of melatonin

Melatonin is a natural hormone made during sleep in the pineal gland, located in the brain. The trigger for production of melatonin is total darkness—any light in the room will inhibit the body's production.

Melatonin is one of the most powerful antioxidants produced in the body. In addition, since it is both water and fat soluble, melatonin can reach almost every cell in the body. However, since it cannot be stored in the body, it must be replenished daily.

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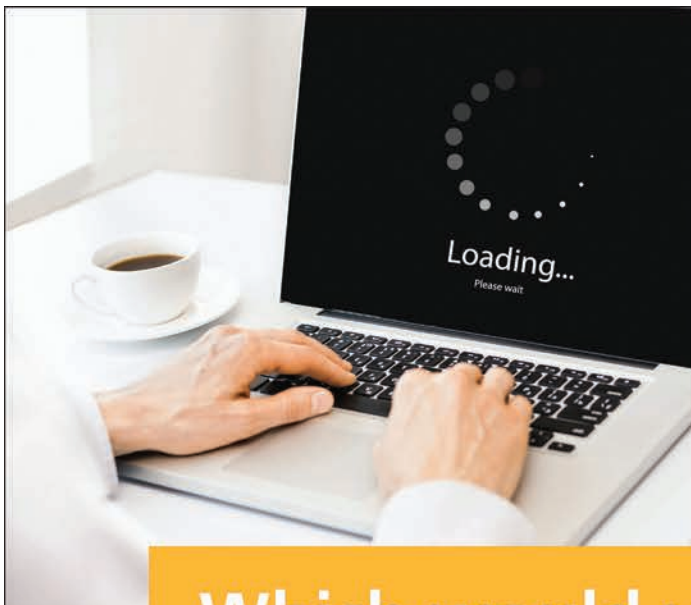
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ADOBE STOCK

## Going electronic

Filing your taxes doesn't need to be a burden.

BY MARK E. BATTERSBY

**A**LTHOUGH ONLY SOME LARGE BUSINESSES ARE REQUIRED TO file government forms and reports electronically, the number of professionals, practices, and businesses filing their taxes electronically this way has increased by 10 percent since 2015. This change has led to a total of more than seven million electronic reports. Is your chiropractic practice taking advantage of the IRS's e-file program?

### Taxes (electronically)

The IRS offers options for paying user fees and federal taxes electronically. All federal tax payments, including federal tax deposits (FTDs), installment agreements, and estimated tax payments can be made using the

government's Electronic Federal Tax Payment System (EFTPS).

The center of the IRS e-file program is the Modernized e-File (MeF). MeF allows you to e-file corporate, exempt organization, individual, partnership, and excise tax returns through the internet. And, if more time is required to master electronic filing, e-filing Form 7004, a request for extension, can be submitted through the MeF platform. However, keep in mind that Form 7004 does not extend the time for payment of tax.

Among the electronic filing options for both chiropractic practices and the self-employed chiropractor are the corporate tax returns, including Forms 1120, 1120S, and 1120F. Professionals as well as those who

authorize others to prepare, sign, and e-file their practice's returns can electronically file all partnership tax forms as well as Form 940, Employer's Federal Unemployment Tax Act (FUTA) Return, Form 941, Employer's Quarterly Federal Tax Return, and Form 944, Employer's Annual Federal Tax Return.

### Payments (electronically)

The Electronic Federal Tax Payment System (EFTPS) is a free service offered by the U.S. Treasury Department that allows millions of professional practices, businesses, individuals, organizations, tax professionals, and payroll services to pay all federal taxes electronically. In fact, EFTPS must be used for federal tax

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## MONEYMANAGEMENT

deposits, including deposits of employment taxes, corporate income, and corporate estimated taxes and the taxes on the unrelated income of tax-exempt organizations. Employers are required to deposit all employment taxes electronically through EFTPS, and employers who do not are subject to a 10 percent penalty.

### An electronic Social Security

The Social Security Administration currently allows employers to verify the names and Social Security numbers of current and prospective employees before Forms W-2 are submitted. Form W-2 can be filed electronically and wage reports can be checked using a software program before they are sent.

Up to 50 W-2s can be completed and printed with copies suitable for distribution to employees. Corrections can be accomplished with W-2 online that allows an employer to complete up to 25 forms W-2c and print copies suitable for distribution to employees.

### The Department of Labor

The U.S. Department of Labor requires employers to file a number of reports, and many can be filed electronically. EFAST2 is an all-electronic system designed by the Department of Labor, Internal Revenue Service, and Pension Benefit Guaranty Corporation to simplify and expedite the submission, receipt, and processing of the Form 5500 series.

The Form 5500 series is an important compliance, research, and disclosure tool for the Department of Labor, a disclosure document for plan participants and beneficiaries, and a source of information for other federal agencies (including the IRS), Congress, and the private sector in assessing employee benefit, tax, and economic trends and policies. The Form 5500 series is part of the Employee Retirement Income Security Act (ERISA) reporting and disclosure framework, which is intended to ensure that employee benefit plans are operated in accordance with prescribed standards and regulations.

Today, Form 5500 and Form 5500-SF, along with any required attachments, must be completed and filed electronically. This can be accomplished using EFAST2-approved third-party software or IFILE, a free online software application provided by the government that creates and submits Form 5500 and 5500-SF filings.

Not all of these reports involve labor issues. Plan administrators are currently required to file a one-time "top-hat plan notice" with the Department of Labor and provide plan documents in the unlikely event they are requested. (Top-hat plans are unfunded fringe benefit plans, and they cover only a select group of highly compensated employees).



These plans are exempt from the participation, benefit accrual, vesting, and fiduciary rules of ERISA—but perhaps not for much longer. Under a newly proposed regulation, the top-hat plan notice must now be filed electronically.

### Required electronic filing

The Financial Crimes Enforcement Network (FinCEN) requires the electronic filing of quite a few of the agency's reports. E-filing allows chiropractors to electronically and securely file discrete and batched FinCEN financial transaction reports often overlooked by small practices. A registered user can also send secure messages to FinCEN (and receive responses where appropriate).

FinCEN also offers the option of electronic filing of Form 8300, which is for cash payments received over \$10,000. While Forms 8300 may continue to be filed on paper, filers have the option of e-filing.

In addition, Currency Transaction Reports (CTRs), Suspicious Activity Reports (SARs), Registration of Money Services Businesses (RMSBs), and Designation of Exempt Persons (DOEPs) must be e-filed. FBARs (Reports of Foreign Bank and Financial Accounts) must be filed electronically, too.

### Keeping tabs electronically

Most of the government's requirements that apply to hardcopy books and records also apply to electronic storage systems that maintain tax books and records. When hardcopy books and records are replaced, you must maintain the electronic storage systems for as long as they are material to the administration of tax law.

The original hardcopy books and records can be destroyed, but only if the electronic storage system has been tested to insure the records are being reproduced in compliance with IRS requirements. Furthermore, proce-


dures must be established to ensure continued compliance with all applicable rules and regulations.

### Changes are here

Electronic filing often exacerbates crime. The IRS estimates it paid \$4.1 billion in fraudulent identity theft refunds in the 2016 filing season, while preventing an additional \$63 billion attempts at such fraud.

The current filing deadlines are a problem because W-2 wage data from employers is not available until months after the IRS issues most tax refunds. While in the past employers typically had until the end of February if filing on paper, or the end of March if filing electronically.

However, the Protecting Americans from Tax Hikes Act (PATH Act) of 2015 included a new requirement for employers: They are now required to file their copies of Form W-2 to the Social Security Administration by January 31. The new January 31 filing deadline also applies to certain Forms 1099-MISC reporting non-employee compensation such as payments to independent contractors.

Although the Social Security Administration has found that e-filing would increase if employers filing as few as 5 to 10 W-2s were required to e-file, the 250-return threshold mandating e-filing of Form W-2s by employers remains. Seeking professional advice and guidance might reveal the amazing savings potential of electronic filing and bring your practice into compliance before it becomes mandatory. 



**MARK E. BATTERSBY** is a tax and financial adviser, freelance writer, lecturer, and author located in Philadelphia. He can be reached at 610-789-2480.

**Disclaimer:** The author is not engaged in rendering tax, legal, or accounting advice. Consult your professional adviser about issues related to your practice.

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According to Medicare, only **34.6%**\* of chiropractors have a registered, certified EHR, **84.2%**\*\* of DC's received a penalty in PQRS reporting in 2014, and CMS projects that **98.4%**\*\*\* of DC's will receive a decrease in reimbursement under the new payment system in 2019.

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Sources:

\*www.cms.gov EHR Incentive Programs

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

\*\*\*www.federalregister.gov Medicare Access and CHIP Reauthorization Act of 2015 (MACRA)

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# Beware of false prophets

Credentialing alone doesn't guarantee compliance expertise.

BY DIANE M. BARTON, DC, MCS-P, AND JAMES MINX, MCS-P

ADOBE STOCK

**W**HEN ONE OF THE AUTHORS OF THIS ARTICLE HAD THE opportunity to attend a seminar on street gangs sponsored by a university in Illinois, the instructor for the class was touted as being an expert on various gangs across the nation. While attending the morning session, however, he was disappointed and, rather than returning for the afternoon portion, he returned to the training academy to get some work done.

On returning to the police academy, he was questioned by his supervisors why he had left the gang seminar. He explained that the instructor didn't have a clue about street gangs so he decided to make better use of his time. He already had a working knowledge of the Chicago area street gangs and mentioned that he had never seen palm trees in downtown Chicago.

The supervisors asked what palm trees had anything to do with street

gangs. He advised them that during the class, this so-called "gang expert" displayed a picture of gang members with palm trees in the background, and said the photo was taken in downtown Chicago.

His opinion was affirmed several days later when his supervisors were notified by the university that all the attendee registration fees were being refunded as the "gang expert" was a fraud, not an expert.

## Experience matters

So, you may be wondering what a phony street gang expert has to do with compliance. Our advice is to *beware of false prophets and those claiming to be compliance experts*. Just like the person posing as an expert on gangs, there are many people claiming to be compliance experts who have little or no knowledge and expertise in the field.

You can certainly find people who are honestly knowledgeable in

compliance matters. But you can also come across those with questionable credentials who are leading people astray along with bilking them out of their money.

For example: At a recent chiropractic conference, a certain vendor was touting himself as being a compliance expert, selling Medicare Office of Inspector General (OIG) and HIPAA compliance manuals. Yet the person who had written the manuals had credentials we had never heard of or seen before.

After leaving the conference, we tried to determine what these claimed certifications were, but were unable to locate anything about them in the compliance realm. It turned out the credentialing was in other subject areas, not compliance.

As we delved deeper into this vendor's training materials, it appeared there was little substance to the manuals he was selling. It would have been difficult if not impossible

## Even if a person does have proper compliance credentials after their name, remain vigilant.

for someone to develop an effective compliance program based on the material.

### Due diligence

Even if a person does have proper compliance credentials after their name, remain vigilant. Credentialing does not always make someone knowledgeable or a compliance expert. Look into the real-life experience they have in auditing patient files as well as developing effective compliance programs for clients. Request references—don't just take their word.

Selecting a compliance consultant to assist you in making your practice Medicare OIG and HIPAA compliant is no trivial matter. It involves more than just purchasing a manual or

having a consultant come to the office to conduct a compliance or chart audit. There are things to consider such as expenses, time, effort, emotion, and self-reflection that go into building an effective compliance program.

Be certain the consultant is actually knowledgeable in compliance regulations and requirements. They should provide you with correct and up-to-date information for building compliance programs and guide you toward correcting any deficiencies. In the event serious problems are found, the consultant may enlist an attorney knowledgeable in the area of compliance issues.

Some doctors who have hired compliance "experts" later felt like

they did not get their money's worth. Others have purchased so-called "do-it-yourself" compliance programs only to find they were designed so that the owner has to buy more add-on pieces. Frustration abounds with these types of products.

### Erroneous information

In another case, the owner of a practice management business with several chiropractors stated that her clients did not need assistance with compliance because she was well-versed in the regulations. She insisted there were no Medicare guidelines regarding patient care or frequency of care, and the federal sentencing guidelines in addition to the seven elements of a compliance program were irrelevant to chiropractors.

The wife of another chiropractor said her husband had bought a practice along with the records from

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a doctor several years prior. She thought her husband was 100 percent compliant, even though she admitted they did not have OIG and HIPAA compliance programs and manuals for the practice. This type of misinformation could cost the doctors and their practices dearly if they were audited or investigated.

### The elements of a compliance program

One of the seven elements of a Medicare OIG compliance program is to institute auditing and internal monitoring. The OIG has stated the auditing portion must be conducted by an independent certified entity with expertise in compliance regulations.


You're looking for a neutral and knowledgeable viewpoint to create a baseline for your compliance program. A "do-it-yourself" audit kit

won't fulfill the requirement of an independent entity despite some who say it is OK to self-audit. Contrary to common belief, an effective compliance program is more than having manuals on a shelf. In addition, the OIG requires that 10 charts be reviewed to establish a valid baseline audit.

When you make the decision to develop a compliance program, seek the assistance of consulting specialists who will discuss the following items with you:

- ▶ Their lineage of certification and compliance philosophy.
- ▶ The specific compliance training certifications they have.
- ▶ The continuing education and additional training they have taken.
- ▶ Their experience in conducting audits and developing compliance programs.

Just as you follow a chiropractic philosophy, the same goes for compliance specialists. Proper compliance programs and patient chart documentation give you the ability to rebut and defend yourself during an audit.

You will be able to sleep easier. And beware of false prophets and compliance "experts." 



**DIANE M. BARTON, DC, MCS-P, CIC**, is a graduate of Palmer College. She has been in practice for 28 years in the Chicago area.



**JAMES MINX, MCS-P, CIC**, graduated from Western Illinois University with a degree in law enforcement. He retired as a sergeant from the Illinois State police in 2010. Barton and Minx have presented sessions on compliance matters and own Medical Compliance Specialists. They can be contacted through [medicalcompliancespecialists.com](http://medicalcompliancespecialists.com).

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## Digital marketing for new DCs

BY BRYAN HAWLEY, DC

**H**AVING BEEN DOWN THIS ROAD PERSONALLY, I CAN SAY THAT getting traction in the market is not always easy for the new practitioner. Usually, new doctors have to shoulder the weight of student loans, relocation, transitions into new offices, and, if they don't go the associate route, opening up a practice from scratch. The challenge for any new doctor is getting patients in the door fast.

To accomplish that, you need to let your community know you're there and what you provide. The problem is that getting the word out can cost money, and there is a steep learning curve to it. So what are some of the best ways to leverage time and money to get the best ROI when starting out?

### Getting seen

**Scenario 1:** You just walked the stage and got a passing letter from Greely, Colorado, along with approval to practice in your state. You scoured the landscape looking for that perfect location. You find it and negotiate the terms with the precision of a prosecuting attorney in the courtroom. Your equipment is set up and you are ready to go on your first day. Great, now what? Do people know you are there and what you do?

**Scenario 2:** You just got out of school and have lined up a sweet associateship position at a prestigious and well-established chiropractor's office. You have negotiated your

contract and have everything in place—you even have your own office and adjusting room. Way to go, tiger! If you are like many others, you have negotiated a percentage of the patients you will see. Sure, you will be getting some spillover from the established DC, but you need to start gaining your own clientele.

Let's look at some traditional ways of getting seen:

**Dine with a doc:** I have done several of these but, as you know, costs for food and room can be up there—especially for a new DC.

**Newspapers:** They still have those? Yes, we did a ton of advertising in the papers. We even focused on size, shape, section, day of the week, and side of the page that brought in patients (we were analytical geeks for monitoring our marketing performance).

**Mailers:** The old "lick-stick-and-seal" method can be pricey for a new DC.

Times have changed. No longer are the days of baggy pants, big hair, and Jenny's number 867-5309 still working. What is a payphone?

### Getting started

1. Make sure you are being seen on several different search engines.


2. Double-check that the engines have your correct information (phone, email, address, etc.).

3. Keep monitoring these websites to ensure your information remains accurate.

4. Ask customers to post positive reviews and then manage them.

### Your No. 1 marketing priority

A top concern should be developing a five-star online reputation right from the start, because your other marketing efforts, whether they be online such as SEO, social media, PPC, or offline such as direct mail, magazines, radio, or TV, will ultimately lead the consumer to learn more about you online. Make sure a less-than-sterling or even worse non-existent reputation doesn't drive them away.

Most clinicians fail to realize that patients want information that will help them feel confident that they're making the best, most well-reasoned choice. 



**BRYAN HAWLEY, DC**, has been in healthcare for more than two decades and owned and operated several high-end clinics. He is an international speaker, author, and coach. He is also CEO of SocialMediaDigimark, an online ad and marketing agency that specializes in helping DCs. His partnering company Brighthaus is an international SEO agency. He can be reached at [info@drbryanhawley.com](mailto:info@drbryanhawley.com).



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| Jan. 28-29  | <b>Spinal Ligament Injury in Motor Vehicle Injuries</b>              | Phoenix            | American Academy of Motor Vehicle Injuries | 480-664-6644 |
| Mar. 1-2    | <b>CEAS 1: Ergonomics Assessment Cert. Workshop</b>                  | San Antonio        | The Back School                            | 404-355-7756 |
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| Mar. 22-23  | <b>CEAS 1: Ergonomics Assessment Cert. Workshop</b>                  | San Bernardino, CA | The Back School                            | 404-355-7756 |
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| July 14-15  | <b>Outcomes and Assessment Tools for Motor Vehicle Injuries</b>      | Phoenix            | American Academy of Motor Vehicle Injuries | 480-664-6644 |
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| Aug. 16-17  | <b>CEAS I: Ergonomics Assessment Certification Workshop</b>          | Denver, CO         | The Back School                            | 404-355-7756 |
| Sept. 8-9   | <b>Case Management for Motor Vehicle Injuries</b>                    | Phoenix            | American Academy of Motor Vehicle Injuries | 480-664-6644 |
| Sept. 15-16 | <b>Outcomes and Assessment Tools for Motor Vehicle Injuries</b>      | Davenport, IA      | American Academy of Motor Vehicle Injuries | 480-664-6644 |
| Sept. 29-30 | <b>Documentation for Motor Vehicle Injuries</b>                      | Lombard, IL        | American Academy of Motor Vehicle Injuries | 480-664-6644 |
| Sept. 6-7   | <b>Spinal Ligament Injury in Motor Vehicle Injuries</b>              | Davenport, IA      | American Academy of Motor Vehicle Injuries | 480-664-6644 |
| Sept. 20-21 | <b>Concussions and Cranial Nerve Exam</b>                            | Phoenix            | American Academy of Motor Vehicle Injuries | 480-664-6644 |

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|   |               |
|---|---------------|
| A.C.E. Program.....                       | 46, 57        |
| Advanced Medical Integration.....         | 56            |
| Bintz Company.....                        | 32            |
| Biotics Research.....                     | 27            |
| Breakthrough Coaching.....                | 18            |
| CBD Clinic.....                           | 26, 57        |
| CBD For Life.....                         | 57            |
| ChiroFusion.....                          | 21            |
| ChiroHealth USA.....                      | 33            |
| Chiropractic Business Academy.....        | 56            |
| Chiro-Resources.....                      | 57            |
| Chirowealth Learning Systems.....         | 13            |
| Daiwa Health Development.....             | 50            |
| Dee Cee Labs.....                         | 5, 54         |
| eChiroEHR.....                            | 47            |
| Eclipse Software.....                     | 16            |
| Erchonia.....                             | 7             |
| EuroMedica.....                           | 20            |
| Everyway4All.....                         | 38            |
| Foot Levelers.....                        | 11, 60        |
| Functional Medicine University.....       | 57            |
| Hill Laboratories.....                    | 58-59         |
| K-Laser.....                              | 36            |
| Medicfusion.....                          | 44            |
| Multi Radiance Medical.....               | 14            |
| NCMIC.....                                | 39            |
| Northwestern College of Chiropractic..... | 48            |
| OnlineChiro.....                          | 22            |
| PainZone by MedZone.....                  | Outsert       |
| Parker Seminars.....                      | 42-43         |
| Performance Health.....                   | 9             |
| Pivotal Health Solutions.....             | Belly Band    |
| PracticeStudio.....                       | 34            |
| Profession Co-Op.....                     | 41            |
| Pulsed Energy Technologies.....           | 35            |
| Rebel Herbs.....                          | 53            |
| Relief & Recovery.....                    | 56            |
| Rocktape.....                             | 24            |
| RX Pain Management System.....            | 25            |
| S.A.M.....                                | 57            |
| SDO-Orthotics.....                        | 56            |
| Sigma Instruments.....                    | 51            |
| Singleton Systems.....                    | 30            |
| Solutions4.....                           | 31            |
| Standard Process.....                     | 2-3           |
| TOTOTEC.....                              | 57            |
| Vetrolaser.....                           | 57            |
| Ward Photonic Systems.....                | Cover Tip, 19 |



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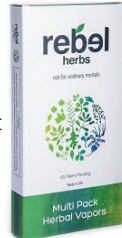
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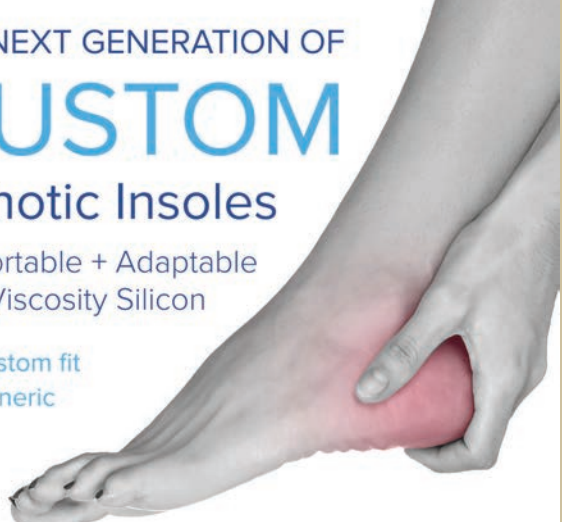
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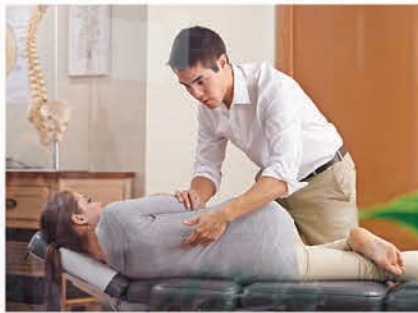
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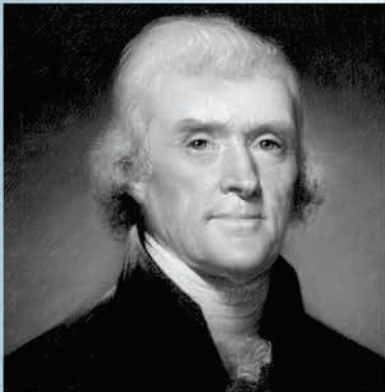
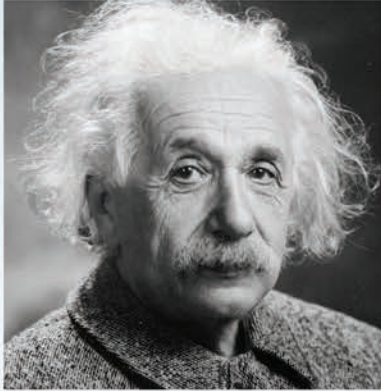
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