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The keys to a healthy lifestyle lie beyond medical therapies.
By Amy Stankiewicz

How to make the right choice with this well-known supplement.

What to know about local SEO marketing for chiropractors.

We’ve got losses—and tax write-offs.

A natural path
The keys to a healthy lifestyle lie beyond medical therapies.
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BY BENJAMIN STEVENS, DC

Help them find you
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Stay on top of pain
Understanding the gate-control theory of pain management.

BY TINA BEYCHOK

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Second life
What you need to know about regenerative medicine.

BY MARK SANNA, DC

Ideal omega 3s
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BY TERRY LEMEROND

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Saturday, April 21-22nd 2018
Seattle, WA
Trevor Berry, DC, DACBN
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Saturday, April 21-22nd 2018
Greenville, SC
Dan Murphy, DC, DACBO
VITALITY - Anti-Aging, Performance & Healthy Living

Saturday, April 28-29th 2018
Shreveport, LA
Robert Silverman, DC, DACBN, DCBCN, MS
FORTIFY - A Systematic Approach to Functional Health

Saturday, May 5-6th, 2018
Boca Raton, FL
Don Murphy, DC, DACBO
VITALITY - Anti-Aging, Performance & Healthy Living

Saturday, May 5-6th, 2018
King of Prussia, PA
Jerome Rerucha, DC, BS, CCS, CHPS
Scott Cauble, DC, DACBO, CPC
Modern Practice: Expand your Services Through P.I. and Integrative Care

Saturday, May 12th, 2018
Las Vegas, NV
Don Murphy, DC, DACBO
VITALITY - Anti-Aging, Performance and Healthy Living

Saturday, May 19-20th 2018
Salt Lake City, UT
Don Murphy, DC, DACBO/
Jerome Rerucha, DC, BS, CCS, CHPS
VITALITY - Anti-Aging, Performance & Healthy Living with Advanced Session

Saturday, May 19-20th 2018
Bolso, ID
Robert Silverman, DC, DACBN, DCBCN, MS
FORTIFY - A Systematic Approach to Functional Health

Saturday, May 19-20th 2018
Chicago, IL
Trevor Berry, DC, DACBN
Back in Balance - Dealing with America's Health Epidemic from a Neurological Point of View

Saturday, May 19-20th 2018
Tulsa, OK
Kim Gayle, DC
Compass: Unlock the Fog (No Seminar)

Saturday, June 2-3rd 2018
Boston, MA
Trevor Berry, DC, DACBN
Back in Balance - Dealing with America's Health Epidemic from a Neurological Point of View (FREE Seminar)

Saturday, June 16-17th 2018
Palo Alto, CA
Jerome Rerucha, DC, BS, CCS, CHPS
L.I.T. - Build a High Performance Practice
— Laser Integrated Therapy (Advanced Seminar)

Saturday, June 16-17th 2018
Hattiesburg, MS
Robert Silverman, DC, DACBN, DCBCN, MS
FORTIFY - A Systematic Approach to Functional Health

Saturday, June 23-24th 2018
Bozeman, MT
Robert Silverman, DC, DACBN, DCBCN, MS
FORTIFY - A Systematic Approach to Functional Health (FREE Seminar)

Saturday, June 23-24th 2018
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Jerome Rerucha, DC, BS, CCS, CHPS/
Timothy Magno, DC
The Workshop - Mechanics of Sports Injury & Laser Therapy

Saturday, June 30-July 1st 2018
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Saturday, July 14th-15th 2018
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Saturday, July 14th-15th 2018
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FORTIFY - A Systematic Approach to Functional Health

Saturday, July 21-22nd 2018
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Saturday, July 28-29th 2018
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Saturday, August 4th-5th 2018
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VITALITY - Anti-Aging, Performance and Healthy Living Epidemic from a Neurological Point of View

Saturday, August 4th-5th 2018
Birmingham, AL
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Saturday, August 4th-5th 2018
Colorado Springs, CO
Trevor Berry, DC, DACBN
Back in Balance - Dealing with America's Health Epidemic from a Neurological Point of View

Saturday, August 11-12th 2018
Sarasota, FL
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FORTIFY - A Systematic Approach to Functional Health

Saturday, August 18-19th 2018
San Diego, CA
Trevor Berry, DC, DACBN
Back in Balance - Dealing with America's Health Epidemic from a Neurological Point of View

Saturday, August 18-19th 2018
St. Louis, MO
Jerome Rerucha, DC, BS, CCS, CHPS
Take Aim at Chronic Pain - Conquering America's Health Epidemics

Saturday, September 8-9th 2018
Scottsdale, AZ
Dan Murphy, DC, DACBO/
Jerome Rerucha, DC, BS, CCS, CHPS
VITALITY - Anti-Aging, Performance & Healthy Living with Advanced Session

Saturday, September 15-16th 2018
Daytona Beach, FL
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Saturday, September 22-23rd 2018
Bloomington, MN
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Beat the winter blues with the sunshine vitamin

You have probably heard vitamin D referred to as the “sunshine vitamin” because the best way to benefit from it is through direct exposure to sunlight, specifically ultraviolet B (UVB). Although there are some foods that are fortified with vitamin D, their levels are nowhere near what the human body requires. In fact, a 2011 study in Nutrition Research estimated that the prevalence of vitamin D deficiency among the general adult population to be as high as 41.6 percent.

This finding presents a dilemma for people who live in regions that may not get as much sunlight during the winter months compared to other regions further south. The closer a region is to the Arctic Circle, the shorter the days will be during winter.

Given that vitamin D is crucial for preventing bone loss, it’s easy to see why people may have a greater incidence of bone loss if they live further north than people who are located further south. How can you ensure that your patients are getting an adequate daily intake of vitamin D?

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Bruce Reimer
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Two stories in the news recently deserve your attention. The first comes from California University of Pennsylvania, which has entered into a partnership agreement with New York Chiropractic College, Logan University and Palmer College of Chiropractic. Under this arrangement, students at California University who want to attend a chiropractic college can do so after completing 90 credits. Then, after attending one year at an affiliated college, they can transfer 30 credits back to California University to complete their undergraduate degree—effectively shortening the time needed to become a doctor of chiropractic by one year.

Given the high cost of secondary education, participating students can save a considerable amount of time and money. According to Edwin Zuchelkowski, PhD, director of the Department of Biological and Environmental Sciences at California University, the growing popularity of chiropractic care largely stems from its holistic and non-invasive approach.

In addition, among patients, chiropractic has an 80 percent satisfaction rate, and the profession ranks among the top 10 in job satisfaction. These figures are correlated with the often immediate relief patients experience following treatment.

The other story comes to us from Missouri, where State Representative John Wiemann has introduced for the second year a bill that would allow doctors of chiropractic to treat Medicaid recipients for back and neck pain. This measure passed out of committee by a vote of 10 to 0. While the Missouri medical boards are lobbying against it, Wiemann points out the bill doesn’t expand the chiropractic scope of practice and is revenue-neutral.

While last year’s version of this bill stalled in the state senate, this year may see a successful passage buoyed by the need to reduce the cost of treating back pain and the ongoing opioid crisis—two areas where chiropractic is perfectly positioned. This is worth highlighting because the normalization of chiropractic in mainstream health care benefits you, and should this bill be signed into law your state board will be better able to lobby for similar treatment.

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Daniel Sosnoski, editor-in-chief
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THE CHIROPRACTIC PULSE

Research shows benefits of workplace clinics

At a time when U.S. health care costs are soaring, new research by Northwestern Health Sciences University shows that companies can save $8 for every $1 they invest in on-site health clinics focused on injury prevention, treatment and education. The new findings are based on more than two years of study with companies nationwide operating manufacturing, construction, assembly and warehouse operations.

The research also indicates a strong likelihood of similar benefits to employers in all industries if they open on-site clinics and make them available to employees during work hours. “The results our researchers have obtained are consistent and replicable for employers in any industry and in any location,” Northwestern President Chris Cassirer said. “At a time when our nation’s health care system is desperately in need of innovative solutions to protect people’s health and finances, we believe we have found an approach that all employers should consider.”

To read more, visit ChiroEco.com/workplaceclinic
Source: Northwestern Health Sciences University, nwhealth.edu.

Medicare low volume appeal settlement—don’t miss your opportunity

When Medicare claims are denied, especially the medical necessity denials, if the doctor does not agree with the denial, the claim must be appealed. However, for the past few years, Medicare has become woefully behind on processing appeals. So much so, in fact, that they have decided to cry uncle.

On February 5, 2018, CMS began accepting Expressions of Interest (EOIs) for a limited settlement agreement option for Medicare Fee-for-Service providers, physicians and suppliers (appellants) with less than 500 appeals pending at the Office of Medicare Hearing and Appeals (OMHA) and the Medicare Appeals Council at the Departmental Appeals Board. CMS will settle the portion of their pending appeals that have total billed amounts of $9,000 or less per claim in exchange for timely partial payments of 62 percent of the net Medicare-approved amount.

“When providers receive a Medicare denial code for lack of medical necessity, usually CO-50, it’s imperative to appeal,” said Kathy Mills Chang, founder and CEO of KMC University.

To read more, visit ChiroEco.com/medicareclaim
Source: KMC University, kmcuniversity.com.

Multi Radiance Medical super pulsed lasers receive FDA clearance for neck and shoulder pain

After extensive review and evaluation, the U.S. Food and Drug Administration (FDA) recently cleared Multi Radiance Medical’s MR4 Laser technology for neck and shoulder pain relief under the Product Classification NHN, making Multi Radiance Medical one of the few therapeutic laser manufacturers that have secured the NHN product class FDA 510(k) clearance.

While many therapeutic laser companies sell products in the U.S., only a limited number have received clearance under the NHN designation, indicating a non-thermal device.

“The reason for this,” stated Multi Radiance Medical President and CEO Max Kanarsky, “is the very rigorous and expensive process, which includes conducting and submitting data to support the claims of safety and effectiveness.” The results of the randomized, double blind, controlled study submitted show that Multi Radiance MR4 Laser technology is more effective than placebo for reducing neck and shoulder pain.

To read more, visit ChiroEco.com/MR4Laser
Source: Multi Radiance Medical, multiradiance.com.

BY THE NUMBERS

37.2

The millions of adults in the U.S. with hearing trouble.
Source: cdc.gov

1 in 5

The number of adults in the U.S. who have a mental health condition.
Source: mentalhealthamerica.net

64,000

The number of Americans who died from drug overdoses in 2016.
Source: drugabuse.gov
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Life U to host USA Rugby Men’s D1A National Semi-Final

For the second year in a row, Life University (LIFE) has been selected as one of two host sites for the USA Rugby Men’s D1A National Semi-Finals. The National Semi-Final match will take place at Lupo Family Field, on the campus of Life University, on Saturday, April 28, 2018. The kickoff is scheduled for 2:00 p.m. Eastern Time, and will be broadcast live on CBS Sports Network. The winner will advance to the D1A National Championship in Moraga, California, hosted by St. Mary’s College, on May 5, 2018.

“We are honored to have been considered and ultimately selected to host one of two USA Rugby D1A semi-finals in 2018,” said Head Men’s Rugby Coach Colton Cariaga.

To read more, visit ChiroEco.com/LIFEchiroRugby

Source: Life University, life.edu.

Palmer alum headed to 2018 Winter Games as Canadian Olympic-team chiropractor

Mike Caione, DC, West 2012, was recently appointed as one of the chiropractors to provide care for members of the Canadian team at the 2018 Winter Olympics in Pyeongchang, South Korea.

Caione maintains his practice at Back and Body Health in Calgary, Alberta. He was nominated for consideration as a member of the Canadian medical team based on the care that he’s provided the past two years as chiropractor for the Canadian men’s curling team (which won the World Men’s Championship in 2016).

The news of his official appointment ignited a wave of varying emotions. “First, I was in shock, quickly followed by excitement, and then an overwhelming sense of pride,” said Caione, who also is a member of the Canadian Pro Rodeo Sports Medicine Team.

Following eight years as an athletic therapist, and six years in practice as a DC, earning an Olympic appointment ranks as the proudest moment of Caione’s professional career.

“It’s the Olympics, the biggest show on earth, and I honestly don’t know what to expect,” he said.

To read more, visit ChiroEco.com/OlympicChiro

Source: Palmer College of Chiropractic, palmer.edu.

D.D. Palmer comes to life at Life West’s Chiropractic Museum

A life-size animatronic mannequin of D.D. Palmer finds its rightful place in the replication of his Davenport, Iowa office in Life West’s Chiropractic History Museum.

“We got the animatronic D.D. Palmer because we wanted to highlight the founder of the chiropractic profession,” Life West professor and chiropractic museum curator, George Casey, DC, said.

The D.D. Palmer mannequin was a gift from the President’s Circle. The mannequin can imitate muscle movements, create realistic motions in its limbs, and speak. The Chiropractic History Museum aims to use D.D. as a teaching method for students to engage with the history of chiropractic. “What we hope to do is to create snippets of content that D.D. will share—such as the discovery of the first chiropractic adjustment, the education of chiropractic, the dynamics of the subluxation complex, and more,” Dr. Casey said.

To read more, visit ChiroEco.com/LIFEddpalmer

Source: Life West Chiropractic College, lifewest.edu.

WHAT’S HAPPENING IN HEALTH?

Curcumin improves memory and mood

Lovers of Indian food, give yourselves a second helping: Daily consumption of a certain form of curcumin—the substance that gives Indian curry its bright color—improved memory and mood in people with mild, age-related memory loss, according to the results of a study conducted by UCLA researchers.

The research, published online January 19, 2018, in the American Journal of Geriatric Psychiatry, examined the effects of an easily absorbed curcumin supplement on memory performance in people without dementia, as well as curcumin’s potential impact on the microscopic plaques and tangles in the brains of people with Alzheimer’s disease.

Found in turmeric, curcumin has previously been shown to have anti-inflammatory and antioxidant properties in lab studies. It also has been suggested as a possible reason that senior citizens in India, where curcumin is a dietary staple, have a lower prevalence of Alzheimer’s disease and better cognitive performance.

To read more, visit ChiroEco.com/curcumin

Source: Science Daily, sciencedaily.com.
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IN FOCUS

Reimagining the ACA
An interview with David Herd, DC.

CHIROECONOMICS STAFF REPORT

Beginning in 2015, the leadership of the American Chiropractic Association assessed that it was time to take stock of the organization and ask some difficult questions. During the latter half of 2017, some two years later, the governing members exhaustively pored over the results of studies, surveys, and internal assessments. Then, in September 2017, the ACA rolled out their new logo, website, and overall rebranding. As Chiropractic Economics began to observe, additional examples of the changes taking place were clearly demonstrating that the new look of the ACA was more than a cosmetic update. Deep, substantive transitions have been taking place in the association’s governance and structure, and they have completely rethought what it means to be a member.

Most organizations devise a mission statement for themselves, and it’s usually the work of a committee. The end result is typically complicated, unclear, and filled with business buzzwords. Here’s the new ACA mission statement:

“To inspire and empower our members to elevate the health and wellness of their communities.” This is what it looks like when an association has a firm sense of itself and its goals. And under values, they list the following:

- We model excellence in patient-centered, evidence-based care.
- We serve our patients in the interest of public health.
- We participate in the health care community through collaboration and integration.
- We hold each other to higher standards.

Shaking things up

As of March 2018, the leadership structure of the ACA will reflect the new streamlined vision for the association. Working with the nation’s foremost expert on association governance, they shed layers of bureaucracy to create a command structure that can pivot quickly and deploy changes in far less time than before. For example, the ACA has eliminated the Council of Delegates and district structure, and the position of chairman of the Board of Governors (the ACA president now occupies that role).

To learn more, we met with ACA President David Herd, DC.

“Back in 2015 our steering committee took a look at the state of the ACA, and felt that without a strong, clear message, our efforts aren’t effective. We wanted to know what the public thought the ACA stood for,” Herd says.

They finally got the branding report in the summer of 2016, and saw they had to make internal changes, and started the work of changing their method of community support and internal systems. “We presented our findings at the National Chiropractic Leadership Conference (NCLC) meeting in March 2016, and we got a standing ovation from the members when we made the announcement. We’re still working on living the brand—when we stop talking about the brand then we’ll know that we’re living it.”

A major reorientation of the ACA was the decision to champion a patient-centered, evidence-based
conception of chiropractic. There’s no fuzziness, no lack of clarity about what the ACA plans to do. And that necessitated changing their stance from trying to represent all doctors of chiropractic. Now, they are focusing on supporting the ACA membership as a guiding star.

“We’re going to be true to our own values,” Herd says. “Where our values overlap with those of others, we’ll look for collaborations. We’re going to be more deliberate in what we’re doing with our brand.”

Bright notes
To name some recent ACA successes, Herd points to new changes at the Department of Veterans Affairs: “VA docs can start doing DOT physicals in the VA system—a expansion of work. The VA is the place where the majority of MDs are trained, and the ability of DCs to be treated as equal colleagues will elevate the impression that MDs have of DCs in the country. It really does help us all. And there’s an economic advantage with respect to revenue.”

Herd nods to Anthony Lisi, DC, with particular appreciation. “He has been a godsend to the profession and has done an outstanding job, and we couldn’t have a better person doing what he does.” Lisi was named national director of chiropractic services for the VA, and recently received ACA’s “Chiropractor of the Year” award, the association’s highest honor.

“Our biggest agenda item now is a Medicare equality bill, and we’re working on that with the House Ways and Means Committee. Medicare equality legislation is something we started focusing on four years ago. It would allow DCs to be reimbursed for all the services they provide under their state scope of practice.” Herd explains that it would mirror the language that describes what MDs and osteopaths can do. “Right now, we only get paid for spinal subluxation correction. We can provide an exam, but the patient has to pay for that.”

Spearheading this effort will be the ACA’s senior vice president of government relations, John Falardeau who recently received an honorary DC degree from the University of Western States.

So far, the rebranding effort is looking like a successful venture: “Since the relaunch, we’ve seen membership increase. Older members have returned to join us again, many saying, ’It’s about time.’ When we were trying to cater to everyone, we were unfocused. But when you decide where you want to be, it’s easy for others to decide to join you.”
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To tell chiropractors that they should floss, on first inspection, might seem as self-evident as telling them to get adjusted. Most of them are heavily into the game of self-preservation and prefer to practice what they preach. However, you may not be asking your patients to floss. I know I certainly am not doing so in my practice—I am flossing for them.

Roots in CrossFit

Approximately five years ago, in the surge of CrossFit’s exponential growth of popularity, a new form of self-care appeared on the health care landscape. Gyms around the world saw a rise in people partially wrapping their limbs with tight rubber compression bands, calling it “flossing.” Enthusiasts attributed this new tool to a famous physical therapist. What started in a small corner of the fitness realm has since gained wide popularity among self-hackers, clinicians and fitness gurus worldwide. In fact, a quick search on YouTube reveals nearly 10,000 videos about the topic.

As a clinician, it’s your job to guide your patients in a wide array of health endeavors. What do you need to know about the increasing use of compression bands? Where do you begin if you want to “floss” patients yourself? It will be helpful to review some of the uses of compression bands, commonly referred as “floss.”

Mechanism of action

First, floss is a mobility tool for immediately improving joint movement, reducing soft-tissue stiffness, and allowing athletes to access their available range of motion (ROM) more easily. This mobility is primarily facilitated through alterations in blood flow parameters as well as relative tissue glide. In every CrossFit gym across the country, as well as in most strength and conditioning facilities, floss is becoming as much a part of the warmup as stretching and foam rollers have traditionally been.

Floss is also commonly used to access new ranges of motion for sticky peripheral joints. For instance, a common problem in Olympic weightlifting, CrossFit and general resistance training is an inability to achieve the “front rack” position, whereby each upper limb needs to achieve the ROM required to touch the thumb knuckle to the anterolateral deltoid of the ipsilateral shoulder, with the elbows pointing forward at approximately

The science of ‘flossing’

Meet this mobility tool for improving joint movement.

BY BENJAMIN J. STEVENS, DC
Clinical Concerns

When this ROM is not accessible by the participant, floss is often the solution to enhance flexion of the elbow, pronation or extension of the wrist, and flexion and external rotation of the glenohumeral joint. Once these joints all achieve their full expression of end-range of motion in these directions, the goal of a properly executed front-rack position can be achieved and full-capacity training can be undertaken in these ranges.

In one study looking at elbow ROM in tennis players, all subjects who demonstrated normal elbow ROM showed no improvement from the use of floss. However, the participants who showed an abnormality in the ROM of the elbow experienced large improvements in their ROM following the use of floss with mobilizations. It takes minimal persuasion to convince chiropractors that improved ROM through the peripherals joints is not only desirable for many conditions that they treat, but can lead to safer training environments for the spine.

In forward-thinking clinics, floss is commonly used as a rehab tool. Although it may not seem immediately evident why localized compression around the limbs of your clients might enhance their outcomes, the science is finally catching up to what the floss forerunners have been doing for years.

As with many of your interventions, the desire to turn your clients into super-humans is not usually supported by the evidence, but an intervention such as floss can have a dramatic effect on clients who have notable deficits in various objective and subjective parameters. In a different study, investigating the effects of floss bands with joint mobilization stretching and strengthening exercises, those who used floss experienced a larger increase in certain parameters of strength around the ankle.

In another intervention-based study, participants who used floss around the ankle saw improvements in weight-bearing lunge performance, ankle ROM (both dorsiflexion and plantarflexion), as well as single leg jump performance.

Variations on a theme

Finally, floss can be multi-purposed, depending on the desired outcome and parameters of flossing. As the research develops in this field, experts are pulling information from many closely related disciplines to develop specific parameters for application of the bands.

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applied, activities to perform while they are on, and the subjective experience of the client are all currently being extracted from research and professional opinion from the study of blood flow restriction (BFR), strength and conditioning, and pain modulation.

Learning new techniques with new tools to add to your practice can sometimes be challenging, complex and even cost prohibitive. In contrast, the relatively inexpensive and simple approach afforded by rubber compression bands can be quickly and easily integrated into most practice styles for the treatment of various extremity complaints and findings.

BENJAMIN J. STEVENS, DC, is a sports chiropractor in British Columbia, Canada, where he serves an active population of primarily strength- and power-oriented athletes. He has started two multidisciplinary clinics and co-owns a continuing education business, Somatic Senses Education. He writes and teaches in his spare time, as well as lecturing for RockTape. He can be contacted at drbenstevens@somaticsenses.com or through benjaminjstevens.com.

To view the references for this article, visit ChiroEco.com/bstevens

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YOU DON’T WANT TO EXPERIENCE PAIN, NOR DO YOUR PATIENTS.

Unfortunately, the mainstream health care system is clearly failing those who suffer pain, particularly chronic pain (usually defined as daily pain lasting at least three months).

Most patients start with over-the-counter (OTC) pain remedies before turning to their regular doctor. This invariably leads to a revolving door of specialists, tests, diagnoses, and pharmacological treatments, none of which seem to provide much in the way of relief. Sadly, this story is all too common for far too many people.

Because of the far-reaching negative consequences of chronic pain, including effects on work, school and home life, it shouldn’t be surprising that patients are frustrated with the mainstream health care approach to pain management. Unfortunately, the standard model focuses on the symptoms of chronic pain, rather than trying to determine its root cause.

Research into gate-control theory, however, offers fascinating insight into the actual causes of chronic pain. Furthermore, understanding this theory can help researchers devise more effective treatments to combat pain.

The gatekeeper

For many years, pain perception was measured by the intensity and degree of tissue damage, regardless of patients’ prior experience with similar pain. In 1965, a landmark study was published forwarding the theory that there is a mechanism by which the nervous system acts as a gatekeeper to determine which pain signals to send to the brain. This was the beginning of what we now call gate-control theory to explain pain perception.1

According to gate-control theory, pain signals that are generated at a particular site of injury, such as the back or shoulder, do not go directly to the brain. Instead, there is a neurological gate inside the spinal cord that the pain signals encounter. This gate determines whether or not the signals will be passed to the brain.2 If this neurological gate is open, the pain signals are perceived by the brain as more intense. Conversely, if the gate remains closed, or only partially open, the pain is perceived as less intense.2,3

Gate control works through a combination of both thin- and large-diameter nerve fibers. Thin-diameter fibers carry information about pain, and large-diameter fibers transfer information about touch, pressure and vibration.2,3 This information is transmitted to two types of cells in the dorsal horn of the spinal cord: transmission cells, which pass the pain signal on to the brain; and inhibitory cells, which impede the activity of the transmission cells.

Activity from thin-diameter nerve...
fibers impedes inhibitory cells, allowing the transmission cells to fire and pass the pain signal along. Conversely, activity from the large-diameter fibers activates the inhibitory cells, blocking or reducing the pain signal that is passed on to the brain.² ³

How the theory helps patients
While this description of the mechanism of pain seems highly theoretical, it directly explains why certain therapies can effectively provide relief, particularly the use of topical analgesics. As explained earlier, greater activity from large-diameter nerve fibers activates the inhibitory cells in the dorsal horn, thereby blocking pain signals. Given that these nerve fibers show greater response to touch, pressure and vibration, it seems clear that treatments that capitalize on these inhibitory responses will blunt pain signals.

An example of one such treatment is the application of topical analgesics, such as those that include menthol, camphor, lidocaine, salicylate, and capsaicin (either individually or in combination), which have been shown to have many beneficial analgesic properties.⁴ Two recent studies appear to show promise for the use of topical analgesics that incorporate capsaicin.⁵ ⁶

The first study, published in the European Journal of Pain, compared the single use of an 8 percent capsaicin patch to one dose of pregabalin for treating dynamic mechanical allodynia (DMA), a little-understood condition in which even a slight brush of the skin can cause a burning pain sensation.⁵ DMA is often associated with neuropathy. A total of 253 patients were assigned to either the capsaicin patch or pregabalin. Those patients using the patch reported greater reduction in affected area and intensity of DMA, as well as a greater proportion of complete DMA resolution.⁵

The other study was published as part of the Cochrane Database of Systematic Reviews, which collects meta-analysis papers. These pool the results from a number of smaller papers on a given topic, aiming to discern patterns among the data. This paper compared a variety of topical analgesics to treat both chronic and acute pain.⁶ In particular, the combined findings for treating post-herpetic neuralgia showed a moderate amount of evidence to support topical, high-concentration capsaicin treatment.⁶

Capsaicin has a number of benefits beyond OTC or prescription painkillers, and poses no risk of dependence, addiction, or overdose. Combining a topical’s healing properties with large-diameter nerve-fiber stimulation takes advantage of the gate-control mechanism to alleviate your patients’ pain with little to no risk of adverse side effects.

TINA BEYCHOK is an editor and writer with expertise in technical, academic, and scientific materials. She is a regular contributor to Chiropractic Economics and resides in Long Beach, Calif. Her online portfolio can be viewed at thatwordgrrl.com, and she can be contacted at tbeychok@gmail.com.

References
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Second life
What you need to know about regenerative medicine.

BY MARK SANNA, DC, ACRB LEVEL II, FICC

The field of regenerative medicine includes emerging therapies that have the potential to heal damaged and painful tissues in ways that were unheard of a few years ago. Regenerative therapies have the potential to fully heal traumas and chronic conditions that might otherwise be beyond repair. And they provide an alternative to more invasive interventions such as surgery, while lessening the risk of developing dependence on painkilling drugs such as opioids.

An aging population has created a growing demand for alternative therapies to help them maintain their level of function and avoid the impact of chronic diseases such as diabetes, heart failure, and degenerative joint, bone and nerve conditions. The cell therapies that comprise regenerative medicine are health care solutions based on the concept that the body heals from within. You are likely familiar with this idea. If you’re not yet familiar with regenerative therapies, now is the time to learn.

An established modality
The earliest form of cell therapy was the transfusion of blood, which is now commonplace in clinical settings. Next was the transplantation of bone marrow, giving patients with radiation damage or blood cancer a chance to make new, healthy blood cells using the donor’s bone marrow stem cells.

Cell therapy using a patient’s cells is also used in cases of severe burn and scald injuries when a patient does not have a sufficient amount of undamaged skin for skin graft treatment. The first organ and bone marrow transplants were performed decades ago. Today, advances in cellular and developmental biology and immunology have opened the door to the refinement of existing therapies and development of new ones.

Regenerative medicine typically takes three interrelated approaches:

Rejuvenation: methods that boost the body’s ability to self-heal. Even tissues that were once thought beyond the ability to heal once they were damaged, such as nervous tissue, have been shown to remodel and self-heal to some extent.
The most recent research has shown there are many therapeutic options available that do not involve embryonic stem cells.

**Replacement:** the use of healthy cells and tissues to replace damaged ones. These tissues may come from living or deceased donors. Examples include organ transplants, such as the heart and liver, and tissues including skin, nerves, and heart valves.

**Regeneration:** the delivery of special types of cells and cell-based products (e.g., stem cells) to restore tissue and organ function.

**The master cells**
Stem cells are a key component of regenerative medicine. The body uses stem cells as one way of repairing itself. Studies have illustrated that if adult stem cells are harvested and then injected at the site of diseased or damaged tissue, reconstruction of the tissue is feasible under the right circumstances.

What sets regenerative medicine apart from many traditional interventions is that the former aims to treat the root cause of a patient’s condition by replacing lost cells or organs, whereas the latter mostly treat symptoms. This is because stem cells have the ability to differentiate—or mature—into the three primary groups of cells that form humans:

- **Ectodermal:** gives rise to the skin and nervous system.
- **Endodermal:** forms the gastrointestinal and respiratory tracts, endocrine glands, liver, and pancreas.
- **Mesodermal:** forms bone, cartilage, most of the circulatory system, muscles, connective tissue, and more.

Stem cells can potentially produce any cell or tissue the body needs to repair itself such as skin cells, brain cells, and lung cells. This “master” property is called pluripotency. Pluripotent stem cells have the ability to self-renew. This means that they can make more copies of themselves perpetually.

**Ethical considerations**
Stem cells have garnered considerable media coverage. The first research paper reporting how stem cells could be taken from human embryos was published in 1998. Since then, the most recent research has shown there are many therapeutic options available that do not involve embryonic stem cells.
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debates over the ethics of stem cell research have divided scientists, politicians and religious groups. However, the most recent research has shown that there are many therapeutic options available that do not involve embryonic stem cells.

Alternatives to using embryonic stem cells have broadened the acceptance of stem cell research and therapies. Scientists have discovered ways to take ordinary cells, such as skin cells, and “reprogram” them by introducing several genes that convert them into pluripotent cells. Researchers are just beginning to understand the subtle differences between the different kinds of pluripotent stem cells, and studying all of them offers the greatest chance of success in devising ways of using them to help patients.

**Regenerative medicine and chiropractic**

Every day regenerative medicine is making continual progress. Once this new technology becomes widely used in clinical practice, the potential benefits to the U.S. health care system and the economy will be enormous.

Regenerative medicine procedures must be performed by skilled medical professionals under the direction of a medical physician and are beyond the scope of most chiropractors. This means that chiropractors interested in having their patients receive stem cell therapies must make a referral to a medical doctor outside of their practice or work in collaboration with a medical doctor in a multidisciplinary practice setting.

Since its inception, the chiropractic profession has embraced non-drug health care that improves the body’s ability to heal itself. Given chiropractors’ understanding of anatomy and the self-healing nature of the body, it makes sense to explore alternatives to drugs and surgery that maintain the integrity of the original anatomy. Regenerative medicine provides patients with options that allow them to improve their function and quality of life, and decrease their possibility of becoming dependent on harmful medications.

**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.

**Reference**

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Take your vitamins, don’t drink that soda, and eat your vegetables. These words have become part of that adage that holds “you are what you eat,” and over the years proof of the effectiveness of healthy eating and nutritional supplementation in improving symptoms associated with pain and inflammation has grown.

How are chiropractors encouraging their patients to adopt these lifestyle practices as an adjunct to traditional care? Should you sit on the sidelines of integrative medicine or consider incorporating it into your practice? And if so, why?

We spoke with three experts in nutritional supplementation who have seen firsthand the power of healthy living when it comes to reducing pain, inflammation and other symptoms associated with many chronic conditions.

Growing adoption reigns
As health care practitioners and patients alike continue to embrace the positive effects of nutritional supplements and healthy eating at increasing rates, the latest terms used to refer to these and similar practices have gained significant acceptance.

“The terms functional or integrative medicine are now widely used and considered viable options,” says Corey Schuler, DC, the director of clinical affairs at a company that provides nutritional supplements through health care as well as through patient-focused distributors. He also maintains an active practice in Hudson, Wisconsin.

“Complementary medicine as a term had trouble gaining traction, but the terms integrative and functional medicine are more easily tolerated,” Schuler says.

A widely acknowledged term for this medicine certainly helps with greater acceptance, but the growing adoption of nutritional supplements and alternative therapies to improve pain and inflammation continues to thrive, thanks to sustained patient demand.

“I think with the information revolution, through smartphones and related technology, everyone is so much more educated when it comes to ingredients and sourcing products,” says L. Douglas Lioon, the CEO and cofounder of a nutraceutical company in Pittsburgh. His product line and formulations are available exclusively to health care practitioners—including chiropractors, naturopaths and MDs nationwide.

“All doctors, including chiropractors, have been more and more involved in nutritional supplementation, and a lot of it is patient-driven thanks to the information revolution,” he adds. “The traditional doctor is being asked about fish oil, curcumin and more because the patients coming in are more educated than ever.”

Schuler agrees. “I’ve long said we have to stay ahead of our patients’ knowledge of health, and doing so now is difficult because patients are very well-educated about their condition or their functional state, and they also know about dietary supplementation and the types of ingredients used or not used,” he says.

According to Stephanie Zgraggen, DC, founder and clinical director of a practice in Charleston, South Carolina, patients open to the idea of nutritional supplementation to improve symptoms associated with various conditions are seeing real results—and this reinforces their interest in functional medicine. Zgraggen performs clinical nutritional counseling and oversees whole-food supplement protocols with her patients as an adjunct to chiropractic care.
“Most people who choose chiropractic care are already in the right mindset for nutritional health and are looking for something different,” she says. “Patients are definitely open to it. Sometimes, patients will have chronic problems, and I will make one recommendation and they return to the office in a couple of weeks and can’t believe the improvement.

“Chiropractors have become more interested in nutrition therapy over the years because patients are asking for it,” she adds. “If we educate ourselves as practitioners and then send the information on to our patients, they’ll be happier and healthier in the long run.”

Education must go both ways, though, she says. “Many topics we discuss with patients revolve around behavior modification. Changing takes time, and I tell patients that it’s a process. I work on one or two major items or goals. For example, we’ll start with cutting out smoking or soda. The process is a build-up of small changes over time.

“Sometimes, it’s a lot easier to add something than it is to take something away,” Zgraggen says. “I typically start with adding things before taking things away. It’s also a psychological process.”

“A beautiful blend”
According to the experts interviewed for this article, chiropractors are in a perfect place to educate patients about nutritional supplementation and healthy eating.

“Chiropractic medicine and nutritional health are a beautiful blend,” Zgraggen says. “On the nutritional side, we are adding raw materials so the body can function efficiently, and on the chiropractic side, we are removing nerve interference so the nervous system and the brain can function at peak performance.”

Schuler refers to the damage that stress can inflict on the human body.

“My advice for chiropractors is to take one step forward, learn one new thing per quarter. If you’re already involved in supplementation or food counseling, still take one step forward and learn something new all the time.”

Meet the experts
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L. Douglas Lioon is the CEO and cofounder of the nutraceutical company TruGen3 LLC in Pittsburgh. trugen3.com
Stephanie Zgraggen, DC, MS, CNS, CCN, is the founder and clinical director of Lime and Lotus LLC in Charleston, SC. limeandlotus.com
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and explains how chiropractors and integrative medicine can help. “Where chiropractors routinely shine is working on the stress response,” he says. “Adapting to stressful environments is an issue for people with cardiovascular disease; there is a high level of cardiovascular disease in people who live off of adrenaline, and chiropractors, by virtue of their job, help people adapt to stress. In these cases, dietary supplements are extremely useful. Examples are adaptogenic herbs or brain nutrients, as well as nutrients that manage cortisol levels.”

Lioon agrees. “A chiropractor is one of the gatekeepers to natural health—they are positioned perfectly to be experts because anyone going to a chiropractor is likely already accepting of natural medicine.”

Specific nutritional supplements have proven highly effective in addressing pain in her office, Zgraggen says. These include fish oil and white willow bark, which contains salicin, a glucoside related to aspirin that accounts for willow bark’s long use as a traditional pain-reliever. Also effective for the management of inflammation and pain are omega-3 fatty acids, boswellia, turmeric and of course, healthy eating. “Essentially, the biggest inflammation creators are processed foods,” she says. “I recommend people go gluten-free and avoid drinking sodas. Refined sugar is the No. 1 item that causes inflammation. Foods that are anti-inflammatory include dark green vegetables, berries, salmon, walnuts and pumpkin seeds.”

Schuler recommends co-enzyme Q10. Bettering bioavailability

L. Douglas Lioon, one of the pioneers of chiropractic nutrition, is a big believer in the power of nutritional supplements that have anti-inflammatory properties, including hemp oil extract, curcumin and fish oil.

But effective delivery of these supplements is perhaps more critical than the benefits they provide, since fat-soluble nutrients are not readily absorbed by the human body.

“Just because you say there are 5,000 IUs of vitamin D3 doesn’t mean the body will absorb it,” Lioon says. “Bioavailability is critical when dealing with fat-soluble ingredients.”

To address this challenge, his company partnered with a Swiss company to devise a system that facilitates the bioavailability, or absorption factor, of fat-soluble ingredients.

They eventually arrived at a naturally self-assembling colloidal droplet delivery system that increases the absorption of bioactives, and it is currently used in a variety of nutritional supplements, food and beverages, cosmetics and pharmaceutical products.

The system centers around a lipid-based formulation that self-assembles on contact with an aqueous phase, mimicking the physiological mixed-micellar absorption pathway of nutritional lipids.

Other companies have developed alternative methods of improving the bioavailability of important nutrients. Curcumin supplements, for example, appear to be far more bioavailable when formulated with piperine, a derivative of black pepper. And making nutrition more accessible to patients seeking symptom improvement is always a positive.
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**Confront chronic conditions with healthy eating**

Chronic conditions such as obesity, metabolic syndrome and diabetes are increasingly showing up in the typical health care practitioners’ office. While chiropractic care remains a remarkable tool for improving these patients’ symptoms and function, it’s possible to address some of the underlying causes of these chronic issues with healthy eating habits and nutritional supplementation, says Stephanie Zgraggen, DC.

“Patients who suffer from these conditions have developed them not overnight but rather over years—or even decades—so it is unrealistic to think that we can reverse everything in one day,” she explains. “That being said, we can ask our patients to make small changes daily that over time will lead to big results.

“The first step is to decrease the amount of processed sugars, artificial sweeteners, additives and processed foods in the diet,” she says. “We can ask our patients to replace one negative choice each day with a positive one.

Q10 (CoQ10) when patients are given statins, because statins deplete CoQ10 and can cause rhabdomyolysis (muscle pain and fatigue). He also suggests the use of omega-3 fatty acids, vitamin D supplementation and therapeutic nutrients useful for blood sugar dysregulation such as the herb berberine.

“CEOs and accountants who have stressful lives are not immune to stress and cardiovascular disease,” Schuler says. “When they see their chiropractor, they don’t expect to get hooked up to an EKG, but they might go to them and say, ‘I went to my general practitioner and was told my blood pressure is high, what can you do to help naturally?’

“The first step is to decrease the amount of processed sugars, artificial sweeteners, additives and processed foods in the diet,” she says. “We can ask our patients to replace one negative choice each day with a positive one.

For example, replace the morning frosted pastry with a fresh fruit smoothie or boiled eggs, or replace soda with sparkling water. The next step is to increase good food in the diet. Encourage your patients to eat more fruits, vegetables and healthy fats like walnuts, seeds and avocados.”

If patients are healthy enough, Zgraggen likes them to go through her office’s whole-food-based cleanse and detox program. “At the end of this 21-day program, they are typically feeling better, looking younger and ready for the next step in their journey to good health,” she says.

Zgraggen says she suggests the following nutrients as part of a basic supplement protocol to support challenges associated with obesity, diabetes and metabolic syndrome: whole-food multivitamins, an omega-3 fish oil and a probiotic.

“Good nutrition doesn’t have to be complicated, but it does need to be consistent,” she says.

Sage advice

Although the majority of chiropractors have already adopted a range of measures to educate their patients about nutrition and healthy eating, there are still some who have yet to embrace the power of lifestyle changes when combined with traditional chiropractic care.

Experts interviewed for this article recommend that chiropractors seeking to learn more about the benefits of nutritional supplementation begin by taking it slow.

“First of all, there are so many different topics when it comes to nutrition in general,” Zgraggen says. “I suggest that chiropractors choose a topic they’re passionate about and learn it. Look at herbs and food for pain management and inflammation, and use supplements in your office. Find three companies that offer nutritional products to research and then choose the one that best fits your philosophy. Most supplement companies provide a lot of education on their products.”

Schuler advises pushing ahead one step at a time.

“My advice for chiropractors is to take one step forward, learn one new thing per quarter,” he says. “If you’re already involved in supplementation or food counseling, still take one step forward and learn something new all the time.

“Attend scientific conferences that aren’t sponsored by a single supplement company,” he adds. “Chiropractors can be minimally competent—they don’t have to get a Master’s degree in nutrition to recommend basic things to their patients, and they can be easily networked with people who have advanced degrees in this material.”

Lioon points to the practical power of an alliance between nutrition and chiropractic care. “I think there’s a great opportunity to answer and fulfill a need that is out there for the more nutritionally educated patient, and to use nutrition as an adjunct to spinal manipulation is synergistic,” he says. “Why wouldn’t you want to give the best results to a patient who is in need? It spurs referrals.”

**AMY STANKIEWICZ** is a freelance writer based in Cleveland. She has written for trade publications for more than 15 years. She can be contacted at amystan611@aol.com.
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Ideal omega 3s
How to make the right choice with this well-known supplement.

BY TERRY LEMEROND

CHANCES ARE GOOD THAT YOUR PATIENTS ARE ALREADY FAMILIAR with omega-3 fatty acids. But it may surprise your patients to learn that the very nutrients they hope will help could, in fact, hurt them. Although omega-3 supplements are readily available almost everywhere, from a patient’s perspective there is little differentiation among them as to what marks a high-quality product. And, unfortunately, the quality of omega 3s, most available in oil forms that may have been harshly processed and have a great likelihood of going rancid, is often open to question.

There’s no doubt that the sources of fish used in the processing of omega 3s matter. A single source, like salmon, is generally best. But sourcing isn’t the only thing that’s important. Whether the supplement has been tested to verify its purity is a must.

Testing and purity
There are several levels of testing that are required to assure the quality of a marine oil and extracts from marine sources. There must be an evaluation of heavy metal content. There must also be an evaluation of contaminant exposure, like PCBs and residual pesticide components.

All ocean fish have some level of contamination; people have been poor stewards of the environment. Unfortunately, the location of the fish harvest is no guarantee of purity—the proof is in the testing, no matter where or how a fish was obtained.

Along with purity, the form of an omega-3 supplement can add value for your patients, too. The typical extraction processes for fish oils twist the DHA and EPA omega-3 fatty acids out of shape, and then bind them to triglyceride oils. But cells in the body naturally prefer DHA and EPA bound to phospholipids, which boost the absorption of omega 3s and are deeply connected with specific fatty acids. For instance, DHA is typically connected to phosphatidylethanolamine (PE) and phosphatidylserine (PS), and EPA is associated with phosphatidylinositol (PI) in the brain.¹

So selecting a phospholipid-bound omega-3 supplement that’s been tested for purity, is more stable than oils, and procured from a single source—like salmon—makes the most sense.

Because this form is more stable, it virtually guarantees compliance. This is a real bonus for patients who have struggled with fish oil because they don’t like fishy-tasting burps or are so hit-and-miss with their supplement schedule that the oil goes rancid.

The absorption of omega 3s is much better with phospholipids than triglyceride-bound oils as well—it is simply a more natural fit for the body. And dosage levels of this form of omega-3 supplement, because of superior absorption, are low; only two capsules are needed per day. That’s a far cry from traditional oils, and it links back to better compliance as well.

A big difference
So, what goes into making a cleaner form of omega 3s from salmon? A unique process pioneered by French researchers at the Nancy-Université.
This process uses water and enzymes immediately following the catch—no intensive heat or harsh solvents that would otherwise damage or alter the natural structure of the omega 3s and other beneficial compounds. That means that the supplement supplies a wealth of phospholipids and peptides.\(^2\)

And that makes a big difference. Consider a 2006 in-vitro study published in the *Journal of Neurochemistry*. Researchers pre-treated neuronal cells with DHA from this phospholipid-bound omega-3 source for 48 hours before exposing these cells to soluble oligomers of amyloid-beta peptide, which are known to cause the brain cell damage associated with Alzheimer’s.

The DHA pretreatment greatly increased neuronal survival and reduced damage. The researchers concluded that “Such neuroprotective effects could be of major interest in the prevention of Alzheimer’s and other neurodegenerative diseases.”\(^3\)

Fish oil and, to a lesser extent, krill oil have been a standard for supplementation for a while, so it may be a challenge for patients to consider a different form. But even though fish oil provides DHA and EPA, those essential fatty acids are prone to rancidity and it can be difficult for people to get the levels they need from that source. And while krill oil can provide omega 3s and some phospholipids, its processing also changes the configuration of the DHA and EPA so it is less viable. It also doesn’t provide the heart and neuron-protecting peptides found in the phospholipid-bound form from salmon.

The benefits of having phospholipids as an inherent part of the supplement really can’t be discounted—it potentially makes what would otherwise be a standard omega-3 recommendation into a multi-nutrient addition to a patient’s regimen. The phospholipids provided by omega 3s from salmon reads like a “who’s who” of nutrients:

**Phosphatidylcholine (PC):** protects the “engine” of your cells—the mitochondria—from oxidative damage.

**Phosphatidylethanolamine (PE):** helps build the myelin sheath around nerve cells to keep nerve signals firing properly.

**Phosphatidylinositol (PI):** plays a major role in nerve and brain signals, helping to keep your brain healthy and your mood positive.

**Sphingomyelin (Sph):** a strong supporter of overall brain health.

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Phosphatidylserine (PS): one of the most widespread phospholipids, often recommended as a standalone supplement for brain health.

Multiple benefits
Without a doubt, omega-3 fatty acids have shown remarkable benefits. Essential fatty acids hold cells together and protect them against invaders. EPA and DHA from fish oil improve heart health and blood profiles, relieve pain through anti-inflammatory action, enhance immunity, elevate mood, alleviate the symptoms of ADHD and menstrual pain, promote brain and vision development in infants and children, and help treat depression.4-9

A diet rich in omega 3s has been well-established as being truly essential. But they are only valuable if they are bioavailable and not oxidized. If you have patients who have struggled with keeping an omega-3 regimen, it may be time to rethink the delivery of these nutrients with a clean, pure, and effective source for consistent, ongoing benefits. This phospholipid-bound form of omega-3s from salmon can help reset your patients’ experiences and expectations as they notice concrete results on their path to optimal health.3

TERRY LEMEROND is a natural health expert with more than 40 years of experience. He has owned health food stores, founded dietary supplement companies, and formulated more than 400 products. A published author, he appears on radio, television, and is a frequent guest speaker. He can be contacted through europharmausa.com.

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Help them find you
What to know about local SEO marketing for chiropractors.

BY CAITLIN GUSTAFSON

For many chiropractors, the language of search engine optimization (SEO) is just as foreign as subluxation to the general public. However, learning a few basics about SEO can help improve your search rankings and, most importantly, get your information to the people who are looking for it.

Put simply, SEO is the art of getting your website to appear as the answer to the search queries of your target market. “Chiropractor near me” and “chiropractor + [city name]” are examples of search queries that potential patients might use.

There are a variety of factors that influence SEO and rankings, but local businesses typically can excel simply by having a solid website, a social media presence, and enough local citations or links.

**Google My Business**
This helps you show up when customers search for your business or businesses like yours on Google. Google My Business lets you post updates to tell patients what’s new, and you can respond to reviews to build trust.

Do a search for your business on Google and claim your page (look for: “Are you the business owner?” or “Manage this page”). Fill out all the information, including your website, hours, and description. Add photos of your practice to make your page more eye-catching.

Once you complete those steps, consumers in your area searching for a local chiropractor on Google will see your practice show up on the map listing on the top of the search results page (also known as the “local 3-pack”). Since many people are not using Google Plus to their advantage, there is a lot of potential for those who do it right to stand out.

**Review sites**
Is your practice listed on Yelp, FourSquare, or MerchantCircle? All of these local networks not only provide links to your website but they are used by consumers to find and compare businesses.

Reviews sites like Yelp often factor the number of reviews and quality of reviews into their ranking algorithms.
Once you have your page set up and completely filled out, concentrate on getting reviews for your business. You can do this by leaving reviews for other local businesses that you regularly interact with. This could be the coffee shop or sports bar down the street, as well as therapists and doctors you’ve worked with. Yelp prohibits you from paying for reviews or offering certain incentives, but it doesn’t hurt to ask satisfied patients and friends to leave a short review on your page.

Yelp is one of many feeds for mobile search as well. Since mobile search is growing significantly every year with the popularity of smartphones, it is vital to make sure your business is visible on mobile platforms as well.

Bonus Tip: Yelp, FourSquare, and Facebook also have a feature called “check-ins.” If your business has a presence, your clients have the ability to check in at your business.

Local listings
You can claim your listings on YellowPages, WhitePages, Local.com, and more—but it’s faster and easier to use a data manager like Yext or Moz Local (formerly GetListed). Both will manage your business listing and disperse your information to hundreds of local websites and vertical directories. A data manager is beneficial if you add a partner to your practice or you change your address, because you can easily update it in the data aggregator instead of going to 50-some websites to change your information manually.

Local search puts a high value on name, address, and phone (NAP) information consistency. If you use a data manager to ensure that your business information, website, and social media links are all the same, this will positively benefit your rankings. Not only will you have links going back to your website, but these links correspond to higher visibility and rankings as well.

Many local newspapers and news organizations also have databases for local businesses. Look to see that your website is included with your business listing, as people will often use these databases to find businesses.

Local relationships
More than likely you’ve partnered with local physicians, therapists, medical centers, and insurance agents who refer patients to you. These relationships are great, but make sure you take them online too. See if they have a place on their websites where you can be listed as a resource or a recommended practitioner.

If you are a member of your local chamber of commerce, ensure that your business name and website are listed on the chamber’s member list. This is an excellent way to create SEO value from an offline relationship.

Similarly, if you are a member of any chiropractic associations, look for membership lists to which you can add your website address. Many of these organizations have a database of chiropractors that you could join. For example, the American Chiropractic Association’s website has a “Find Your ACA Doctor” search feature, while Spine-Health.com and the International Chiropractic Pediatric Association have similar ones as well.

If you employ massage therapists or other wellness staff, look for websites that offer service directories for their line of work, like Massagebook.com. If there are local schools that offer massage therapy certification, see if you can be added as a potential employer. Even if you aren’t hiring right now, you may be down the road.

Would you consider having an internship or a chiropractic student shadow you? Contact local schools that offer chiropractic degrees and ask to be cited as a resource for them.

Recognize that your clients are
coming from your local area. To bolster your digital marketing efforts, be sure to take part in local trade shows, sponsor events, attend networking meet-ups, and speak at educational seminars. These are all critical aspects of building your chiropractic brand in your region. Your offline community involvement can be translated into SEO value.

If you are sponsoring an event, ask to be listed on the event’s webpage. If you’re offering an educational seminar, submit a press release to the local online newspaper. If you’re attending a networking event, connect with people on LinkedIn or put your social media URLs on your business card so you can continue those relationships online.

In the end, SEO is about building relationships online. With Google’s constant algorithm updates, search has become more personalized and local, making ranking as a local practitioner a little easier. A basic understanding of SEO strategies will equip you well to take control of your digital marketing. 

CAITLIN GUSTAFSON has extensive experience in digital marketing for chiropractors and others in the wellness field. She now lives as an expat in Bogotá, Colombia, where she works as a freelancer helping clients to maximize their online marketing strategies. She can be contacted through Twitter @CaitlinJDodds.

Quick Tip

Subluxations in practice

Often, chiropractors ask in a bewildered fashion, “What does my CA do with their time?” And then there are the CAs wondering “Who ate my time?” On days when the appointment book is sparse and appointments are booked randomly, the above questions tend to arise.

What your CAs may be discovering is that when clients are spread out across the shift it takes longer to care for each one, and a few phone calls in between really do eat their time.

The challenge is that if clients are “staggered” in the appointment book there is no “real” time to complete other tasks.

Most chiropractic teams would agree that when the appointments are flowing and booked together, the energy is higher and focus is easier. The healing quotient is higher when the energy is up, and the team is in sync.

— The Baseline of Health Foundation JonBarron.org
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LOSSES COME IN MANY SHAPES AND FORMS. THERE ARE LOSSES that result from dishonest employees and patients, financial losses from bad business decisions or a poor economy and, of course, natural disasters. Although insurance, such as “business continuation insurance,” provides protection from some losses, it is the tax laws that can help reduce the bite of losses.

Surprisingly, many professional practices and businesses are actually profiting from their losses. Taking full advantage of and correctly using the tax laws that apply to the losses of a chiropractic practice can mean survival and, in many cases, profits.

CASUALTY LOSSES

Today, cyberfraud, theft losses and embezzlement appear to be taking a backseat to hurricanes and wildfire-generated casualty losses. Casualty losses are the damages or destruction of property caused by fire, theft, vandalism, floods, earthquakes, terrorism or some other sudden, unexpected or unusual event.

Of course, to be tax deductible, there must be some external force involved in order for a loss to become a “casualty.” What’s more, a casualty loss deduction can be claimed only to the extent that the loss is not covered by insurance or otherwise reimbursed. In other words, if the loss is fully covered, no tax deduction is available.

The IRS measures the amount of damage to property using a conservative yardstick. A chiropractic practice must use the lesser of:

- The property’s adjusted tax basis immediately before the loss, or,
- The property’s decline in fair market value as a result of the casualty.

DISASTER BUSINESS LOSSES

Generally, casualty losses must be deducted in the year the loss event occurred. However, to help cushion losses suffered by businesses and practices, the tax laws contain a special rule for disaster losses in an area that is subsequently determined by the President of the U.S. to warrant federal assistance. For those losses, the chiropractor or his or her practice has the option of

- Deducting the loss on the tax return for the year the loss occurred, or
- Choosing to deduct the loss on the tax return for the preceding tax year.

In other words, you have the option of deciding whether your loss would be most beneficial used to offset the practice’s tax bill for the current year or better used to reduce the previous year’s tax bill—generating a refund of
previously paid taxes.

In order to accomplish this, you or your practice simply files an amended tax return for the preceding year, figuring the loss and the change in taxes exactly as if the loss actually occurred in that preceding year. While this choice must be made by the due date (not including extensions) for the tax return of the year the loss actually occurred, the resulting refund can help a damaged chiropractic practice recover.

Proving a loss is required
After each disaster, the IRS reminds all taxpayers of the need for records to support loss claims. In order to claim a casualty loss deduction, you must be prepared to prove not only that property was lost in a casualty but also the amount of the loss. This requires a knowledge of—and documentation to support—a number of factors including:

- That the chiropractor or practice owned the property.
- The amount of the basis in the property. (Adjusted basis for property is generally equal to the cost of acquiring it, plus the cost of any improvements and minus any depreciation deductions or earlier casualty losses.)
- The pre-disaster value of the asset.
- The reduction in value caused by the disaster.
- The lack or insufficiency of reimbursement to cover the loss.
- The one bearing the risk of loss must be the owner or co-owner of the property.

Obviously, the best way to document a loss, especially disaster losses, is to file an insurance claim. However, even insurance companies require documentation. To help when records have been lost or destroyed, the IRS has an excellent tool—“Disaster Assistance Self-Study—Record Reconstruction” available at: irs.gov/businesses/small-businesses-self-employed/disaster-assistance-self-study-record-reconstruction.

Gaining from a loss
As mentioned, some professional practices and businesses actually profit from casualty losses. If, for instance, the amount of the insurance reimbursement received is more than the book value or adjusted basis of the destroyed or damaged property, there may actually be a gain. The fact a gain exists does not necessarily mean that it will be taxable right away. Most chiropractic practices are able to defer the gain to a later year (or perhaps indefinitely) simply by acquiring “qualified replacement property.”

In calculating that gain, any expenses incurred in obtaining the reimbursement, such as the expenses of hiring an independent insurance adjuster, are subtracted. Then, if the same amount as the rest of the insurance money received was spent either repairing or restoring the property or in purchasing replacement property, tax on the gain may be postponed. Of course, the replacement must occur within two years of the tax year when the gain was realized.

Handle with care
Losses come in many forms, even from excessive tax deductions. If a chiropractic practice has too many tax deductions, and too little income, a net operating loss (NOL) results. Many chiropractors and their practices have used losses incurred during the economic downturn—or casualties—to reduce income from prior tax years, providing a refund of previously paid taxes.

The NOL carryback period is usually two years preceding the loss year, and then forward to the 20 years following the loss year. A three-year carryback period exists for eligible losses, including the portion of an
NOL relating to casualty and theft losses.

Some losses can be controlled, e.g., a loss is allowed for the abandonment of an asset. If a depreciable practice asset or income-producing asset loses its usefulness and is subsequently abandoned, the loss is equal to its adjusted basis.

Far more common are those occasions when practice property is taken, legally or illegally, and often as a result of a natural disaster. The government may, for example, legally take property by the simple act of “condemnation.” The loss of any business property by actions outside the control of the chiropractor or practice are usually labeled as “involuntary” conversions.

These actions are unusual in that they frequently result in a taxable gain. Fortunately, the rules governing involuntary conversions permit the property to be replaced with property of a “like kind,” eliminating the need to report and pay taxes on that gain.

Chiropractic professionals in unincorporated practices who are forced to sell or liquidate their operation at a loss are allowed to deduct those losses against their ordinary income. Principals in incorporated chiropractic practices who sell or liquidate their operation at a loss are required to deduct those losses against their capital gains.

If their capital losses exceed their capital gains, they are allowed to divide the loss into increments of up to $3,000 per year and deduct that amount against their ordinary income. Depending on the amount of the capital loss, it may be many years before the entire loss is deducted.

Losing the loss deduction

Whether as a result of economic conditions, competition, or factors outside the control of the chiropractor, every practice is at risk of losses. Under the present tax rules, any loss sustained during the taxable year or a loss not covered or “made good” by insurance can be claimed as a tax deduction.

Would a refund on taxes paid by the formerly profitable chiropractic practice in years past help ease the pain of lingering losses this year? What if last year’s losses from the practice could be used to offset next year’s profits and reduce the tax bill for years to come? All this, and more, is possible with “loss” planning.

Too much loss

A number of unfortunate chiropractors, particularly those whose practices operate as so-called “pass-through” entities, have discovered that there can be such a thing as too much loss. Under the tax rules, a partner or S corporation shareholder cannot take a loss in excess of the amount invested in the practice.

For S corporations, a shareholder’s “basis” includes equity investments as well as direct loans. That basis is increased by profits and reduced by losses and distributions. Once the basis is reduced to zero, additional losses are suspended.

The answers to questions about the complex and often confusing casualty-loss tax rules can be found in the IRS Publication 547, Casualties, Disasters and Thefts (irs.gov/pub/irs-pdf/p547.pdf).

Unfortunately, recoveries via tax law are not always smooth, often requiring professional assistance or at least an understanding of how the tax rules work. Could you or your practice profit from its losses?

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.
ONE OF THE MOST COMMON QUESTIONS STUDENTS ASK as they begin their career is, “How can I start building my audience and brand before or right after I graduate?” And it’s not just student DCs wondering how to position themselves and their practice for success. Building a brand is essential whether you have been in practice only one day or for 50 years.

A brand is how you distinguish your practice from your competitors in your consumer’s eyes; it’s how someone will choose you as their chiropractor. Here is the good news—there has never been a time when it has been easier or cheaper to build your brand and position yourself as a local health care leader.

Back in the day, you needed a lot of money and influence to build a brand. And today, given the high cost of tuition, most new DCs don’t have tens of thousands of dollars per month to spend on branding. So where is the underpriced attention? It’s on your smartphone. You can find an audience’s attention across popular social media platforms such as Instagram, Facebook and Twitter.

Documenting the process of starting your practice may be one of the most potent branding strategies you can implement because people love watching other people tackle challenges. We are all voyeuristic; it’s a part of our natural psychology and one reason reality TV became so popular. But you don’t need a film crew following you around 24/7 to make an impact. Rather, just start using platforms like Instagram, Facebook and Twitter to document your daily life.

While being in chiropractic school may not seem so exciting to you and your classmates, most people are fascinated by the process of becoming a doctor. Then, you can continue documenting your journey as you look for a location to practice and start your journey as a doctor of chiropractic.

Showing your progress, exposing the struggles and challenges, and highlighting how you overcome them will help you build trust and rapport with your community. People will see that you are real, that you care, and that you are willing to go above and beyond to become a local leader.

Think of the advantage you will have in the marketplace as you document meeting with local contractors for your practice build-out, chatting with local journalists for articles featuring your practice opening, and mingling with other local business owners as you work toward your grand opening. Highlighting and tagging them will not only give them exposure and build goodwill, but they will, in turn, share those posts on their platforms, and you will get exposure to their audience. And that is how you grow exponentially.

Everyone loves being featured and promoted. And when you highlight others on your channels, people will share those posts with their audience. Joint ventures and cobranding are easier after you’ve provided value for others and their businesses.

What if you intend on becoming an associate? Building your brand may be even more important. If you start to document your lifestyle by posting your daily workouts, tagging and highlighting local grocery stores and restaurants with your healthy meal choices, and showcasing some of your health knowledge, you will build a following.

With thoughtful tagging and careful use of hashtags, within a few months you can quickly create an audience of a few thousand people on Instagram and other social media. A large or even modest audience has the potential to give you massive leverage when negotiating an associate contract. Exposure to that audience could be extremely valuable to a chiropractic practice. Especially if members of your online audience are the ideal patients for that practice.

JEFF LANGMAID, DC, is the founder of the Evidence Based Chiropractor and co-founder of the Smart Chiropractor and Body Signals, which provide research-based marketing solutions for chiropractors around the world. As a leader in the profession, Langmaid has been featured on Yahoo Health, Prevention Magazine, Chiropractic Economics, BS News, MSN Health and more.
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