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Issue 16: October 8, 2019 chiroeco.com



CONNECTING THE DOTS

**22nd Annual Fees &
Reimbursements Survey Results**

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"You should respond and appeal improper denials, especially on medical necessity. Use scores and grading scales to prove care was beneficial."

— Marty Kotlar, DC, CPCO, CBCS

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PHOTO CREDITS: ALL IMAGES ARE FROM ADOBESTOCK.COM UNLESS OTHERWISE NOTED.

Chiropractic Economics (ISSN 1087-1985) (USPS 019-178) is published monthly except semi-monthly (twice a month) in January, February, April, May, June, August, September, and October; 20 issues annually. Address: Chiropractic Economics Inc., 820 A1A N, Suite W18, Ponte Vedra Beach, FL 32082. Phone: 904-285-6020; Fax: 904-285-9944. Website: www.chiroeco.com. (A Florida Corporation) Postmaster: Please send form #3579 to Chiropractic Economics, PO Box 3521, Northbrook, IL 60065-9955. Periodicals class postage paid at Ponte Vedra, Florida and at additional mailing offices. GST #R131868416. Subscription Rates: U.S. and possessions, \$39.95 one year, Canadian subscribers add \$35 per year shipping and handling; overseas subscribers add \$60 per year shipping and handling. Students, \$19.95. Single copy, \$4. Statement: While encouraging the free expression of opinion by contributors to this publication, Chiropractic Economics and members of its staff do not necessarily agree with or endorse the statements made in the advertisements or contributed articles. Chiropractic Economics is owned by Chiropractic Economics, Inc. a Florida Corporation, Joseph D. Doyle, President and CEO, and Nicholas Doyle, Co-CEO. Authorization for the use of photographs and/or illustrations is the responsibility of the author(s). All materials submitted for publication shall remain the property of this magazine until published. Change of Address: Six to eight weeks prior to moving, please clip the mailing label from the most recent issue and send it along with your new address (including zip code) to the Chiropractic Economics Circulation Department, PO Box 3521, Northbrook, IL 60065-9955. For a faster change, go to www.ChiroEco.com and click on "Magazine."

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THERE IS A WAVE GAINING MOMENTUM IN THE CHIROPRACTIC INDUSTRY, driven by organizations such as the American Chiropractic Association (ACA) and Foundation for Chiropractic Progress (F4CP). But it's a movement that cannot succeed without the support of doctors of chiropractic on the ground in the United States.

The latest drivers:

- The legislation H.R. 3654 currently before the U.S. Congress, otherwise known as the Chiropractic Medicare Coverage Modernization

Act of 2019, seeks to align Medicare's coverage of chiropractic services with that of other federal health care providers;

- The F4CP reported in September that opioid prescription volume dropped by a record-breaking 17% in 2018; and
- The F4CP will be airing five commercials during the 2020 Summer Olympics to both inspire athletes and others to consider a career as a DC, as well as motivate consumers to seek chiropractic care for themselves and their families.

Grassroots support

"Each practicing doctor must become active by attending group meetings like the National Chiropractic Leadership Conference in Washington, D.C., becoming a member of the American Chiropractic Association (ACA) and their state associations, and joining local societies," wrote Jeffrey Tucker, DC, current president of the ACA Rehab Council, this past spring in *Chiropractic Economics*. "The chiropractic profession as a movement needs to band together and educate medical doctors and health system leaders...We can't wait for hospitals to open doors for us; we need the practitioners who have already created access and 'done it' to help the profession as a whole ... Don't wait for an answer from Washington to do this. Chiropractors should be taking the lead on health care expansion."

Assess your involvement in local, state and national chiropractic organizations. For ACA advocacy resources such as the National Medicare Equality Petition, Medicare parity, the National Chiropractic Legal & Legislative Action Fund and

the Legislative Action Center, go to acatoday.org/advocacy. For F4CP resources such as Opioid Toolkits, media responses, webinars and research, go to f4cp.org.

The opioid crisis and outreach

With the help of "boots on the ground" DCs and various chiropractic organizations, the word is getting out regarding non-drug alternatives. DCs across the country are also utilizing the traditional "letter to the editor" in numerous newspapers to raise awareness.

"The opioid epidemic is the largest public health crisis America has ever faced and it's far from over," wrote Rick E. Cox, DC, in a letter printed in *The Columbus Dispatch* in Ohio. "Chiropractic care focuses on reducing pain by increasing function rather than relying on medications to mask the pain... Members of Congress want to hear from you, the constituent voter, more than anyone else."

Make a difference

Cox pointed out in his letter that H.R. 3654, The Chiropractic Medicare Coverage Modernization Act, would give 55 million Americans covered by Medicare full access to all services provided by DCs.

"The ACA is encouraged that this bill would finally give Medicare beneficiaries access to the same safe and effective chiropractic services that members of our military, veterans, and federal employees now enjoy," adds ACA President Robert C. Jones, DC.

Veterans are awaiting drug-free care, as the VA over the last six years has reduced its opioid prescription rate from 41% to now 10% of VA patients receiving opioids, according to the F4CP.

This month block out just 15-20 minutes from one of your days to sign up in support of H.R. 3654, write a letter to the editor of your local paper, or renew your support of local, state or national chiropractic organizations.

If there ever was a time for chiropractic to receive widespread support and acceptance as effective non-drug care for back, neck and other musculoskeletal conditions, that time is now.

To your practice's success,

Richard Vach
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*Dr. John Brockway
of Denver, CO*

"Yesterday was my first day back in the office after the seminar. I think I scanned every patient, and I ordered 3 or 4 pair of orthotics. Not bad for the first day back, right? **I implore docs to make it out to a Practice Xcelerator seminar.** There is absolutely no excuse for not making it a priority. Call, register, show up, and do what they say. Thank me Monday morning."



*Dr. Enrique Flores,
of Poughkeepsie, NY*

The Practice Xcelerator gave me the tools to better educate my patients as to how and why orthotics from Foot Levelers go hand-in-hand with a good adjustment.



*Cyndy Shaft-Toll,
of Canton, MI*

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TRENDING STORIES



Chiropractic good for migraines, research says

Studies are showing that migraines are significantly reduced by chiropractic care — the lone non-drug care to impact the debilitating condition to a high degree. Migraine headaches involve severe, stabbing or throbbing pain that can be incapacitating for anywhere from four to 72 hours. These headaches affect 39 million U.S. adults and children, and 1 billion people worldwide.

A study published in April in the journal *Headache* performed a meta-analysis on six small studies, which covered 677 patients, 75% of whom were female. In pooling findings across all six studies, the researchers found that spinal manipulation reduced migraine days and pain/intensity.

—Tina Beychok
[ChiroEco.com/migraines-chiropractic](#)



Study shows drop in opioid prescriptions

A 2019 study by the IQVIA Institute for Human Data Science found opioid prescription volume in the U.S. had dropped by a record-breaking 17% in 2018.

The study also noted that prescription opioid volume had increased annually since 1992, reaching its highest level in 2011. Greater awareness of prescription opioid dangers, combined with changes to regulations, laws and reimbursements, effectively helped reduce prescription opioid volume by 4% per year from 2012-16, followed by a 12% drop in 2017, and the historic decline of 17% last year. This drop was especially profound among high-strength opioid formulations, which dropped by 61% since 2011, researchers found.

[ChiroEco.com/opioid-drop](#)



Award-winning McAllister brings chiropractic industry together

Sherry McAllister, DC, received the PRNews Top Women in Healthcare Award, Directors Category, at the awards luncheon in July at The Yale Club in New York City.

The award was not only validation of McAllister's work in chiropractic, but the industry's giant leap forward over the last few years in combating the U.S. opioid epidemic and receiving increased U.S. government backing.

"The greatest honor was being nominated for our public relations campaigns and notable membership growth," said McAllister, who is the executive vice president of the Foundation for Chiropractic Progress (f4cp.org) in addition to maintaining her practice as a chiropractor.

—Rick Vach
[ChiroEco.com/mcallister-award](#)

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SOCIAL MARKETING

Don't make these 8 social media mistakes

Here are eight common missteps people make with their social media marketing — and advice on how to fix them.

Mistake #1: Not finishing your profile. **The Fix:** Fill out your profile with photos, keywords and posts.

Mistake #2: Not updating often. **The Fix:** Updating your profile gives you better algorithm standing and helps users find you.

Mistake #3: Not engaging with readers. **The Fix:** Responding to comments is effective at building engagement with your page.

Mistake #4: Not valuing your account enough to set the priorities yourself. **The Fix:** Don't leave it to an intern — at least not entirely. At the very least, set the priorities yourself and get others to help you.

Mistake #5: Focusing strictly on ads to boost traffic. **The Fix:** Advertising costs money. Keep your cash and focus on building better SEO (search engine optimization). Use the right keywords to build organic traffic to your profile.

Mistake #6: Asking users to share your info without providing relevant motivation. **The Fix:** Provide motivation. If users don't have reasons to share your content, why should they?

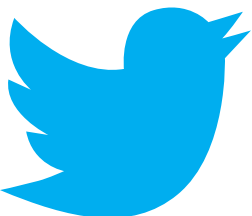
Mistake #7: Not inviting engagement. **The Fix:** Invite users to engage with your profile. Ask them to participate, and give them ways to do it that are motivating and fun.

Mistake #8: Not being willing to experiment. **The Fix:** Experiment a little to find out what works for you on your profile — it's worth it. —Kaitlin Morrison

For more information on social media marketing, visit the [Business Tips](#) section of [ChiroEco.com](#).

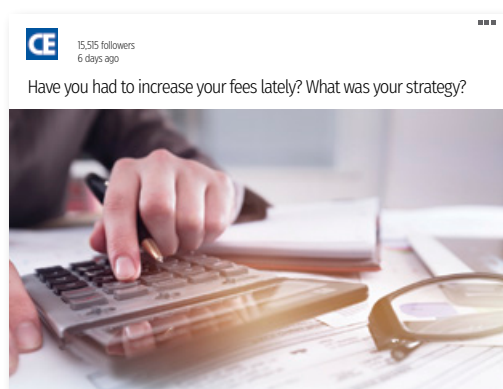
TWITTER DISCUSSION

Besides adjustments, which chiropractic procedures bring the most revenue into your practice?



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FACEBOOK QUESTION



Each month we'll ask a new question on our Facebook page. Join the conversation at [facebook.com/ChiroEcoMag](#)

MISSED THE LAST ISSUE?

Is There a Doctor in the House?

Advocating for chiropractic amidst coming doctor shortage

[ChiroEco.com/magazine](#)



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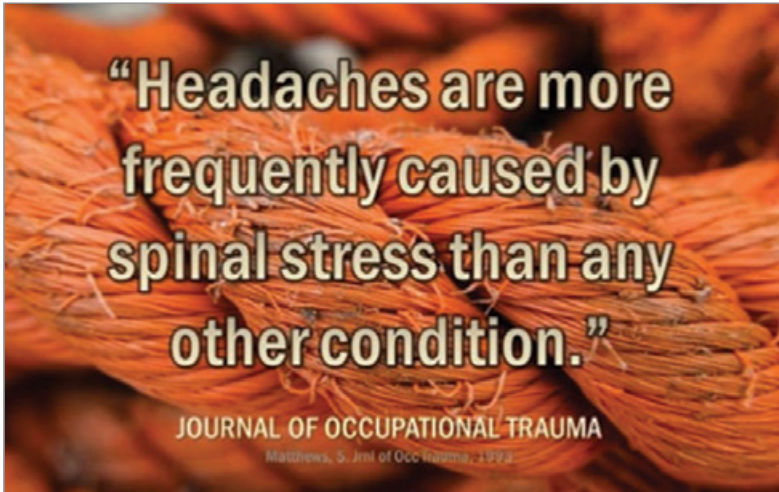
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TOP INSTAGRAM POSTS

Tag #ChiroEcoMag for your chance to be featured



fargo_chiropractor_dr_dan
What causes headaches?



fostercsw
Kick off your holiday weekend feeling great! Get adjusted!



chiroecomag
BIG shout out and thank you to FCA for a fantastic weekend at the National!



identitychiropractic
Meet O L I V E R ! Here's a warm welcome to the newest member of the Identity Chiropractic team!



letschalkaboutchiropractic
CORRECTION: Earlier versions of this graphic listed the incorrect creator; the graphics are by letschalkaboutchiropractic.



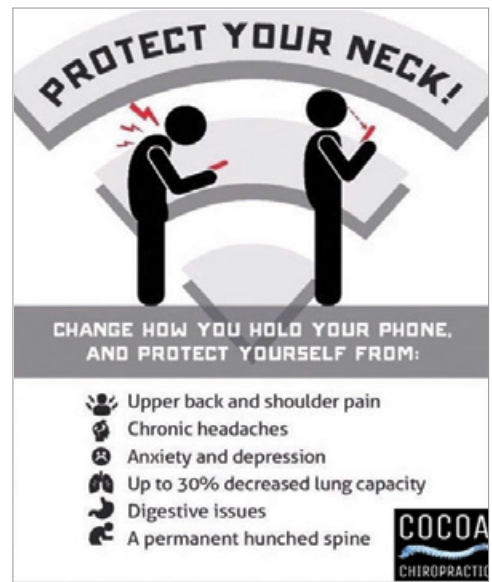
pattchelsea
This onesie is pretty punny!



drblemer
"I fell in love with chiropractic because it emphasized..."



wildermanpt
#neckpain #backpain #chiropractor



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“WHEN REIMBURSEMENT CHANGES, SO DO MEDICAL PRACTICE AND MEDICAL EDUCATION.”

— DEAN ORNISH

DON'T MISS CONFERENCES

Back in Balance — Dealing with America's Health Epidemic from a Neurological Point of View

November 16-17 • Bloomington, MN

Dr. Trevor Berry, a board-certified chiropractic neurologist and low-level laser expert, will explore the nervous system's many connections to other parts of the body. He will discuss the generation of advanced treatments for many of the brain diseases that are greatly affecting our society and those he sees daily at his Chiropractic Neurology Center. Organized by Erchonia.

Sport Injuries of the Lower Extremity from Assessment to Rehab

November 16-17 • Salt Lake City, UT

Learn to skillfully perform and define basic physical, neurological and orthopedic exams related to the extremities. Perform a gait and postural evaluation, with a special focus starting from the feet up the kinetic chain. Skillfully perform and define selected soft tissue and joint manipulative procedures for the extremities, and more.

WEBINAR

None of Your Business

October 22 @ 2:15 p.m. ET

Strategies from the best-selling Amazon book by Shawn Dill, DC, on marketing, sales, mindset, and entrepreneurship that will help you reach more people, grow your business, and create the lifestyle you've always dreamed about.

Learn more at ChiroEco.com/events.

CHIROPRACTIC NEWS

Chiropractic to feature in 2020 Tokyo Summer Olympics TV commercials



To honor chiropractic's upcoming 125th birthday, the Foundation for Chiropractic Progress, a not-for-profit organization dedicated to educating the public about the value of chiropractic care, has announced its securement of five commercial placements to air during the 2020 Summer Olympics, July 24-Aug. 9 in Tokyo.

The 30-second commercials are sponsored by the National Board of Chiropractic Examiners (NBCE).



“There is no better time than now to showcase the value that chiropractic offers, both professionally and as a patient, which is why we fully support the historic development of an Olympic commercial,” said Norman Ouzts, Jr., DC, chief executive officer, NBCE, an international testing organization for the chiropractic profession. “Taking chiropractic to over 23 million households

during such a monumental event grants the profession access to millions of consumers and builds the connection between what a rewarding career in chiropractic looks like, and how individuals can utilize chiropractic care to maintain optimal health.”

The storyline is set to feature a past Olympic athlete discussing the challenges of competing against the world's best and how chiropractic care enhanced their performance and competitive edge, resolved their injuries and ultimately inspired them to pursue a career in chiropractic. The commercial, which will air on five weekdays, Monday-Friday, between the hours of 12-5 p.m. EST during the 2020 Summer Olympics, will result in promoting a career in chiropractic to 23.7 million U.S. households.

F4CP Chairman and CEO of Foot Levelers, Kent S. Greenawalt, says, “For years, the Foundation has dreamt of pursuing opportunities of this grandeur for the profession. The chance to create this commercial would not have been possible without the support of NBCE. We are going for the gold, and are pleased to showcase chiropractic care to the world during the highly-televised 2020 Summer Olympics.”

— Foundation for Chiropractic Progress, f4cp.org
Read more: ChiroEco.com/chiro-olympics

HEALTH NEWS

Flavonoid-rich diet protects against cancer, heart disease



Consuming flavonoid-rich items such as apples and tea protects against cancer and heart disease, particularly for smokers and heavy drinkers, according to new research from Edith Cowan University (ECU).

Researchers from ECU's School of Medical and Health Sciences analyzed data from the Danish Diet, Cancer and Health cohort that assessed the diets of 53,048 Danes over 23 years.

They found that people who habitually consumed moderate to high amounts of foods rich in flavonoids, compounds found in plant-based foods and drinks, were less likely to die from cancer or heart disease.

Lead researcher Nicola Bondonno said while the study found a lower risk of death in those who ate flavonoid-rich foods, the protective effect appeared to be strongest for those at high risk of chronic diseases due to cigarette smoking and those who drank more than two alcoholic drinks a day.

"These findings are important as they highlight the potential to prevent cancer and heart disease by encouraging the consumption of flavonoid-rich foods, particularly in people at high risk of these chronic diseases," she said.

"But it's also important to note that flavonoid consumption does not counteract all of the increased risk of death caused by smoking and high alcohol consumption. By far the best thing to do for your health is to quit smoking and cut down on alcohol.

"We know these kind of lifestyle changes can be very challenging, so encouraging flavonoid consumption might be a novel way to alleviate the increased risk."

— *Science Daily, sciencedaily.com*

Read more: ChiroEco.com/flavonoids

FEES & REIMBURSEMENTS

"Chiropractic is health insurance; premiums small, dividends large."

— B.J. Palmer



2026

The year the hospital insurance (HI) trust fund could be depleted, which would force the Medicare fund to rely on tax revenues to pay out claims

Source: 2018 Medicare Trustees Report

\$150 billion

The cost of obesity-related health issues annually in the U.S.

Source: MedAlertHelp.org



9.1%

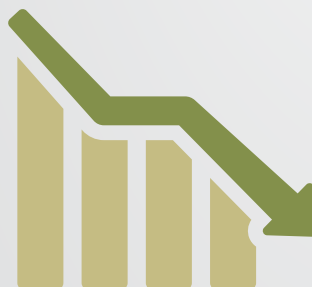
Americans with no health insurance in 2017

Source: Statista

\$5,000

What a retiree in the U.S. can expect to pay out of pocket each year for medical expenses

Source: Fidelity Investments



4%

American population that declares bankruptcy as a result of high medical bills

Source: *New England Journal of Medicine*

SCHOOL NEWS

Parker University opens Synapse: Human Performance Centers



Parker University has announced the grand opening of its new Synapse: Human Performance Centers. A celebration took place on Oct. 4 at the university's north Dallas, Texas, campus, during the Parker Seminars conference on Oct. 4-6.

Synapse brings chiropractors and other health care professionals together with the latest technology and brain science innovation to help patients heal.

"During my professional training in the 1980s, we were taught that the brain and central nervous systems were static, unchanging, and unable to adapt or recover from injury," said William E. Morgan, DC, Parker's president and CEO. "But now we

know that the brain is dynamic and capable of reorganization and able to recover from certain injuries."

Morgan continued, "Synapse: Human Performance Centers are equipped to explore and enhance the brain's ability to reorganize and heal. It is our intent to be the world leader in clinical enhancement of neuroplasticity and research. We have equipped our prototype center on the Parker University campus with some of the world's most remarkable technology intended to stimulate brain reorganization and healing."

— Parker University, parker.edu
Read more: ChiroEco.com/synapsehpc

STAFF PICK



FLEXIBLE CHIROPRACTIC TABLE Facet Release Table (SC-DC220)

Why we love it

The Synergistic Concepts Facet Release Table model SC-DC220 adjusts in many ways to accommodate a variety of chiropractic procedures, including facet distraction, traction and disc decompression, as well as functioning as a traditional chiropractic table. It can also be raised or lowered up to 8 inches to provide precise positioning of the patient relative to the practitioner.

Why you should choose this product

The SC-DC220's variety of positioning options makes it a versatile addition to your office, ideal for many common treatments. It is Americans With Disabilities Act compliant and may be eligible for a tax credit. The company also offers a less expensive model, the SC-DC110, which has all the flex capabilities of the 220 but without the vertical lift feature.

Learn more at syncontables.net.

PROFITABLE PRACTICE

Fees and new practitioners

New practitioners often struggle with the issue of setting fees. Immediate sources include fellow chiropractors who are open to sharing and discussing fees, checking Medicare limits on items, and making inquiries with the state chiropractic association.

Price averages are one thing, but pricing for specific neighborhoods or ZIP codes of practice, whether affluent or below-average, is another.

Attempting to lowball the competition is often a bad idea, as patients who seek out a practice on the basis of low fees are likely to go elsewhere once the fees go up. New DCs also need to properly value their practices, skill sets and services. If you set higher-than-average rates, are you offering more service-wise for these fees?

If you find it difficult to pull the trigger on setting fees for a new practice, start with the averages for like services in the area – you can always go up from there. Once you show value, and continue to reaffirm that value, price point will no longer be a major consideration. And don't forget to discuss with patients the continued value of chiropractic as part of a wellness lifestyle.





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22ND ANNUAL FEES & REIMBURSEMENTS SURVEY

STAYING THE COURSE

Where does *your* practice stand?

BY ALLISON M. PAYNE

IN 2017 AND 2018, WE SAW AN OVERALL LEVELING OF FEES AND REIMBURSEMENTS, and this trend has continued this year among our survey participants.

Chiropractic has been seen as a viable option to fight the opioid epidemic, and we have seen ample research to back up its effectiveness. In particular, in 2019, chiropractic continues to be elevated as a viable solution for pain management by the medical community. For example, the bill H.R. 3654, the Chiropractic Medicare Coverage Modernization Act of 2019, was introduced in the U.S. House of Representatives in July; if passed it will enable seniors to receive as covered benefits all services chiropractors are licensed to provide, instead of just manual spinal manipulation. This could allow patients to use their chiropractors for primary-care services previously only covered by Medicare if they visited an MD.

The results from our survey show a slight decline of several trends we have been seeing over the past few years. Fees remained about the same from \$69 in 2017 to \$72 in 2018, but dropped to \$61 in 2019. Reimbursement averages dropped to \$38 this year, after a slight decline from \$46 to \$45 in 2018. These trends reflect leveling off or slight decline in the chiropractic industry.

According to the data collected from chiropractic school enrollments, it's apparent that more women have started

entering the industry. Over the past few years, we have started to see those numbers trend positively in our survey, as more women have responded to our calls to take the survey. This year we had the highest number of women respondents seen yet at 30% of total replies. Statistics point to more women entering the chiropractic field in coming years and closing the gender gap.

Although the economy as a whole is looking strong in terms of growth and employment, with inflation in check, the health care industry (MDs, DCs and specialists) has been in a holding pattern. It is possible that uncertainty in the insurance markets, along with rising co-pays and deductibles, have consumers skittish about health care services in general, presenting a countervailing headwind against positive economic trends.

It is likely, then, that if and when some measure of certainty and stability return to the health care environment, an upturn in business can be expected.

As always, our survey is subject to statistical variation, and all figures herein presented should be considered as approximate. Normal fluctuations in most categories occur year over year, and we suggest that our results are best used for spotting general trends to guide strategic planning.

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

Midwest pulls ahead

In this year's survey, the East reported the highest reimbursement rates at 71%. This finding is a bit lower than last year's findings, where the West had the highest reimbursement rate at 73%.

Group work

This year 21% of respondents reported operating in a group setting. This dropped 3% from last year, where 24% reported working in a group, which was the highest percentage of group practice participants recorded in 19 years. The most common specialist in the group was a licensed massage therapist, which was indicated by 36% of groups with specialists on board. This finding suggests that the percentage of chiropractors in groups working with specialists is on the rise.

About this survey

During August and early September 2019, *Chiropractic Economics* extended an invitation to readers to complete a web-based survey on fees and reimbursements. Additionally, we encouraged a number of state, national and alumni associations to distribute the survey to their members.

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

- **Number of participants:** This year's analysis is based on responses from 240 respondents.
- **Regional distribution:** Participants hailed from the Midwest (28.5%), the West (27%), the South (26%) and the East (18.5%).
- **Averages:** Unless indicated otherwise, all numbers are given as averages.
- **Cash-only practices:** Cash-only practices reported fees only.

Our survey results are provided for informational purposes only. They are not intended to be used as a recommendation for setting fee levels.

PROFILE OF RESPONDENTS	2019	2018	2017	2016	2015	2014
PERSONAL CHARACTERISTICS						
MALE	69.60%	73%	78%	74%	73.7%	73.3%
FEMALE	30.40%	27%	22%	26%	26.3%	26.7%
AVERAGE AGE	50.2	50	51	50.3	49.3	48.2
AGE RANGE	22-81	27-81	27-79	27-80	26-81	26-82
AVERAGE YEARS IN PRACTICE	21	21.02	21.8	21.7	20.1	19.5

TYPES OF PRACTICE	2019	2018	2017	2016	2015	2014
SOLO	69%	63%	65%	70%	74.1%	76.4%
GROUP	21%	24%	28%	27%	23.6%	22.4%
ASSOCIATE	3.8%	7%	3%	3.25%	2.3%	1.2%
IN A FRANCHISE OPERATION	4.9%	6%	4%	4.30%	3.8%	6.6%
INTEGRATED HEALTH CARE PRACTICE (DC+MD/DO)	N/A	6%	8%	6%	5.3%	6.2%
CASH-ONLY PRACTICE	16%	12%	10%	13%	15.9%	19.1%

FEES AND REIMBURSEMENTS	2019	2018	2017	2016	2015	2014
AVERAGE FEES	\$61	\$76.50	\$68	\$63.20	\$66.2	\$67.2
AVERAGE REIMBURSEMENTS	\$38	\$38.20	\$44	\$44	\$43.4	\$42.6
AVERAGE REIMBURSEMENT RATE	61.7%	50%	65%	63.80%	65.6%	63.4%

GEOGRAPHIC LOCATION	2019	2018	2017	2016	2015	2014
EASTERN REGION	18%	16%	19%	16.30%	20.7%	15.0%
SOUTHERN REGION	26%	35%	37%	34.70%	33.1%	41.6%
MIDWEST REGION	29%	23%	25%	26.50%	19.5%	22.3%
WESTERN REGION	27%	22%	19%	22.50%	21.8%	21.0%
OUTSIDE U.S. / UNSPECIFIED	0%	4%	0%	0%	4.8%	0.01%

LICENSURE	2019	2018	2017	2016	2015	2014
ONE STATE	79%	76%	80%	78%	80.2%	80.9%
TWO STATES	17%	17%	14%	15%	13.6%	13.9%
THREE OR MORE STATES	4%	6%	6%	7%	6.2%	5.2%

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Additionally, group practices had average fees of \$65 and average reimbursements of \$39, while solo practices had average fees and reimbursements of \$57 and \$41.

Cash-only fluctuations

Cash-based practices had been on the decline for the past few years, according to *Chiropractic Economics* survey results, before making a jump last year. In 2016, 13% of practices were cash-only,

decreasing to about 10% in 2017. In 2018, that number leapt to 19.9%, and then dropped this year to 16%.

Payment plans

According to our 2019 data, 58% of chiropractors offer patients payment plans. Discounts for cash continue to be a popular option; our survey results showed that about 30% of DCs currently offer this type of plan.

CODES AND FEES BY REGION	2019			EAST		
	PROFESSIONAL CARE	FEE	REIMB	% REIMB	FEE	REIMB
98940 CHIROPRACTIC MANIPULATIVE TREATMENT, 1-2 REGIONS	\$50	\$33	67%	\$47	\$36	75%
98941 CHIROPRACTIC MANIPULATIVE TREATMENT, 3-4 REGIONS	\$59	\$40	68.00%	\$56	\$39	71%
98942 CHIROPRACTIC MANIPULATIVE TREATMENT, 5 REGIONS	\$64	\$44	69%	\$57	\$43	74%
98943 EXTRA SPINAL MANIPULATION, ONE OR MORE REGIONS	\$42	\$26	63%	\$39	\$31	79%
99201 NEW PATIENT EVALUATION AND MANAGEMENT SERVICES	\$78	\$50	65%	\$84	\$65	77%
99202 NEW PATIENT EVALUATION AND MANAGEMENT SERVICES	\$100	\$67	67%	\$98	\$70	71%
99203 NEW PATIENT EVALUATION AND MANAGEMENT SERVICES	\$135	\$84	62%	\$132	\$83	63%
99204 NEW PATIENT EVALUATION AND MANAGEMENT SERVICES	\$167	\$106	64%	\$177	\$152	86%
99212 ESTABLISHED PATIENT EVALUATION AND MANAGEMENT SERVICES	\$63	\$41	65%	\$53	\$34	64%
99213 ESTABLISHED PATIENT EVALUATION AND MANAGEMENT SERVICES	\$87	\$59	69%	\$73	\$58	79%
99214 ESTABLISHED PATIENT EVALUATION AND MANAGEMENT SERVICES	\$109	\$68	62%	\$92	\$92	100%
PROCEDURES AND MODALITIES						
97012 TRACTION, MECHANICAL	\$35	\$17	48%	\$27	\$12	43%
97014 OR G0283 ELECTRICAL MUSCLE STIMULATION	\$28	\$16	59%	\$28	\$17	61%
97035 ULTRASOUND	\$29	\$16	55%	\$29	\$13	44%
97110 THERAPEUTIC EXERCISES	\$42	\$26	62%	\$46	\$33	72%
97112 NEUROMUSCULAR RE-EDUCATION	\$46	\$28	61%	\$49	\$39	80%
97124 MASSAGE	\$39	\$22	57%	\$47	\$30	63%
97140 MANUAL THERAPY	\$45	\$25	55%	\$44	\$20	46%
97530 THERAPEUTIC ACTIVITIES	\$44	\$25	57%	\$44	\$25	58%
95851 RANGE-OF-MOTION MEASUREMENT	\$13	\$9	67%	N/A	N/A	N/A
95831 MUSCLE-TESTING, MANUAL	\$21	\$6	27%	\$30	N/A	N/A
97750 PHYSICAL PERFORMANCE TEST OR MEASUREMENT	\$61	\$41	66%	\$50	N/A	N/A
LASER & DECOMPRESSION						
S8948, LOW-LEVEL LASER, EA. 15 MIN.	\$48	\$32	67%	\$25	\$7	26%
S909 SPINAL DECOMPRESSION THERAPY.	\$63	\$23	37%	\$58	\$0	0%
AVERAGES	\$61	\$38	62%	\$60	\$43	71%

REGIONAL FEE COMPARISONS

Across the nation, average fees and reimbursements among chiropractic practices continue to vary by region. The East reported the highest reimbursement rate in 2019 at 71%. This year the Midwest followed close behind at 67%.

While overall fees (\$61) decreased this year, reimbursements

stayed the same as last year's at \$38. The reimbursement rate is 61.7%, which is an increase from last year's average reimbursement rate of 50%.

The South had the highest average fees but trailed the other regions with an average reimbursement rate of 59%, down from last year's 66%.

The Midwest's reimbursement rate of 67% represents an increase from the previous year at 65%.

WEST			SOUTH			MIDWEST		
FEE	REIMB	% REIMB	FEE	REIMB	% REIMB	FEE	REIMB	% REIMB
\$55	\$36	65%	\$50	\$35	69%	\$47	\$30	64%
\$64	\$42	66%	\$61	\$43	70%	\$55	\$36	65%
\$74	\$50	67%	\$67	\$48	71%	\$56	\$38	67%
\$50	\$31	62%	\$45	\$29	65%	\$35	\$20	55%
\$98	\$60	62%	\$73	\$45	61%	\$61	\$41	67%
\$117	\$80	68%	\$107	\$66	62%	\$83	\$58	70%
\$145	\$91	63%	\$154	\$86	56%	\$115	\$79	69%
\$163	\$72	44%	\$189	\$122	65%	\$158	\$101	64%
\$77	\$55	71%	\$68	\$39	58%	\$50	\$35	71%
\$98	\$60	61%	\$103	\$71	68%	\$69	\$49	71%
\$125	\$55	44%	\$127	\$87	68%	\$87	\$52	59%
\$29	\$19	64%	\$28	\$16	57%	\$27	\$18	69%
\$48	\$18	38%	\$30	\$16	52%	\$30	\$15	51%
\$29	\$17	61%	\$29	\$16	55%	\$29	\$16	55%
\$46	\$25	54%	\$44	\$28	63%	\$37	\$23	63%
\$48	\$27	57%	\$46	\$23	49%	\$41	\$28	68%
\$41	\$19	47%	\$44	\$24	55%	\$29	\$19	67%
\$51	\$24	48%	\$44	\$25	56%	\$40	\$26	64%
\$54	\$27	49%	\$45	\$29	63%	\$35	\$22	61%
\$7	\$0	0	\$28	\$18	65%	\$5	\$3	60%
\$7	\$0	0	\$49	\$10	21%	\$8	\$3	36%
\$25	\$25	100%	\$151	\$92	61%	\$5	\$3	60%
\$63	\$45	71%	\$57	\$21	37%	\$32	\$36	110%
\$88	\$33	37%	\$62	\$20	31%	\$31	\$29	92%
\$66	\$41	63%	\$71	\$42	59%	\$49	\$32	67%

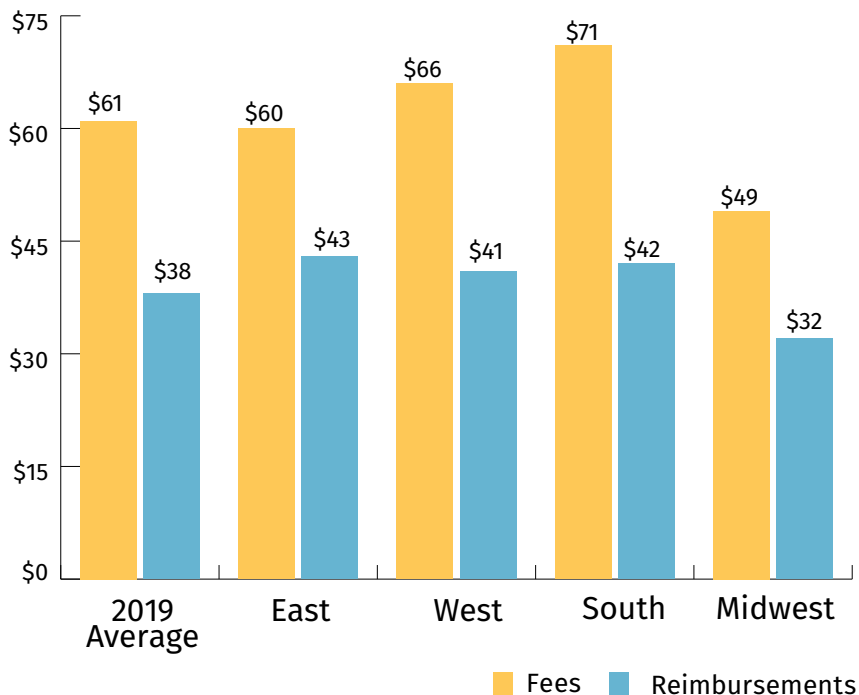


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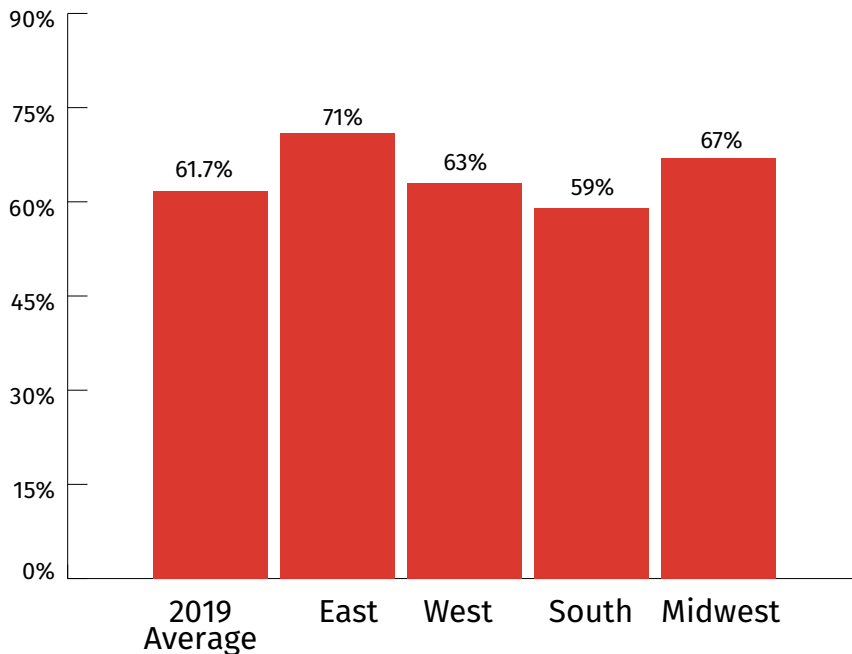
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Comparison by Region



Percent Reimbursed by Region



FEES AND REIMBURSEMENTS

In 2017 and 2018 we described an era of increased confidence in the chiropractic industry, with an overall leveling of fees and reimbursements post-recession. Generally, however, fees and reimburse-

ments decreased among our 2019 survey participants.

Our 2019 annual survey showed that fees decreased from \$72 in 2018 to \$61 in 2019. Reimbursement followed a similar

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THE IDEAL HEALTHCARE PROVIDER WOULD HAVE TO KNOW EVERYTHING and provide every service needed to make every patient well. The integrated clinic solves this and does so much more.

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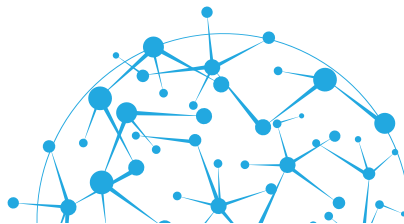
The goals of medical integration

We can change the medical system from a disease-maintenance model toward a well-care model -- switching the focus away from symptoms and towards function. We can level the playing field for owners of chiropractic practices by eliminating unfair economic bias.

Financial freedom

Chiropractors are in the business of making people well, but they have to survive financially to do it. The doctor must also wear a business hat and wear it right to provide the fuel to energize their practice. Combining a holistic approach with the latest regenerative medical technology is at the core of the medical integration model. It provides

opportunities not traditionally open to a chiropractor by expanding what your business can offer. Medical treatment without needless drugs or invasive surgery, focused on allowing the body's systems to heal itself in the way it was designed is truly the way forward.



Treating the chronic pain epidemic

Approximately 50 million Americans suffer from chronic pain -- that's one-fifth of the adult population.

In February of this year the St. Louis Regional Health Commission released its Chronic Pain Prevention and Treatment Policy paper and gave four key recommendations:

- ▶ Target chronic pain as a public health problem
- ▶ Increase education about chronic pain for patients and providers alike
- ▶ Recognize chronic pain as a chronic disease and target holistic, collaborative, and more cost-effective treatments
- ▶ Create treatments in a patient-centric, trauma-informed manner

"When we discovered that so many patients have been burdened with chronic pain, we understood that their

suffering and functional loss couldn't be reversed without policy changes that directly empower patients and equip providers with the right tools," says Heidi B. Miller, MD, medical director for GBH (Gateway to Better Health).

More and more medical practitioners and U.S. government officials are sharing the belief that providing access to alternative drug-free services will help ease patients' suffering and lower costs in the process. Treating the root of the matter rather than throwing dangerous drugs at the problem is something we have long advocated for. We see this as the beginning of a trend in the United States of accepting non-invasive, non-narcotic treatments for chronic, long-term pain.

Is there any hope?

The present "disease maintenance, symptom treating, pill dispensing as the only fix" health care system may be replaced by health care providers who rely on natural healing modalities and who do not write prescriptions or utilize invasive surgery except when totally necessary. This system is implemented through medical integration of medical doctors and chiropractors who collaborate in all phases of diagnosis through treatment of individual patients. Nutrition, exercise physical therapy and natural means are used to heal. This is the answer. **CE**

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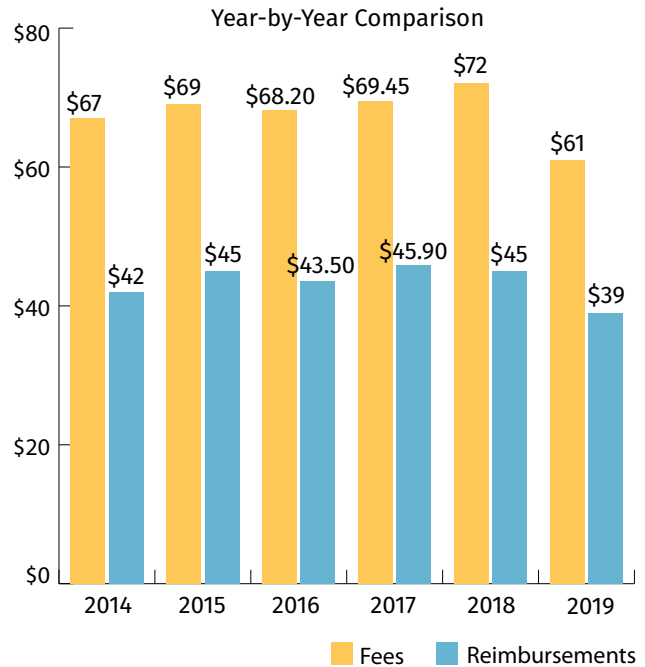
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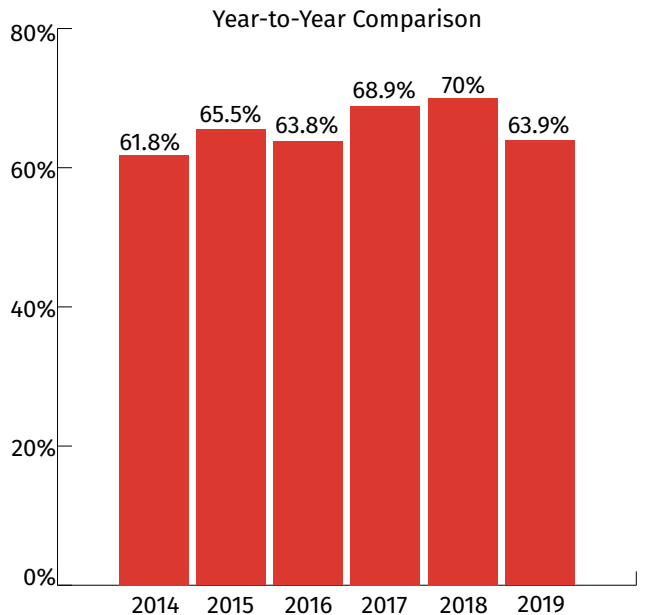
trend, with a \$45 average in 2018 to \$38 in 2019. The overall reimbursement dipped a bit, from 63.8% last year to 61.7% this year.

The last three years' reimbursement rates have held steady between approximately 61-65%; this year we saw the numbers remain among those averages. While only time will tell how major changes in health care will affect the industry, this year's results show a consistency that indicates a relatively stable chiropractic market for the time being.

Fees and Reimbursements 2014-2019



Reimbursement Rates 2014-2019

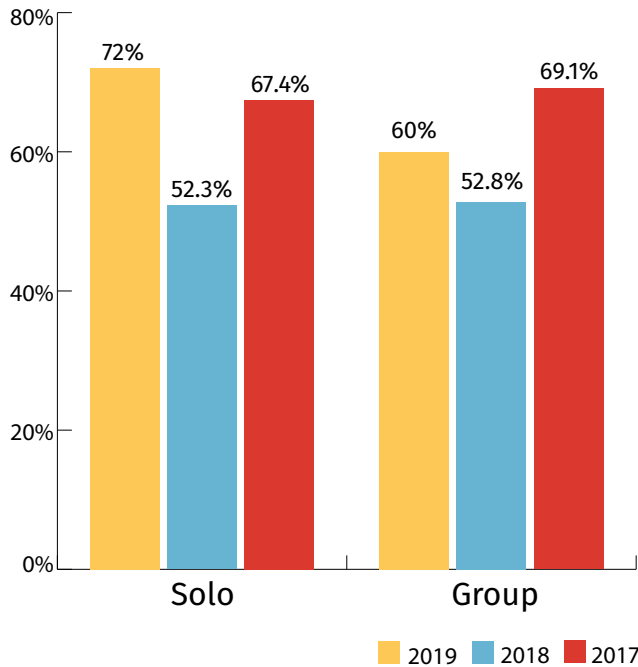


TEAM PLAY

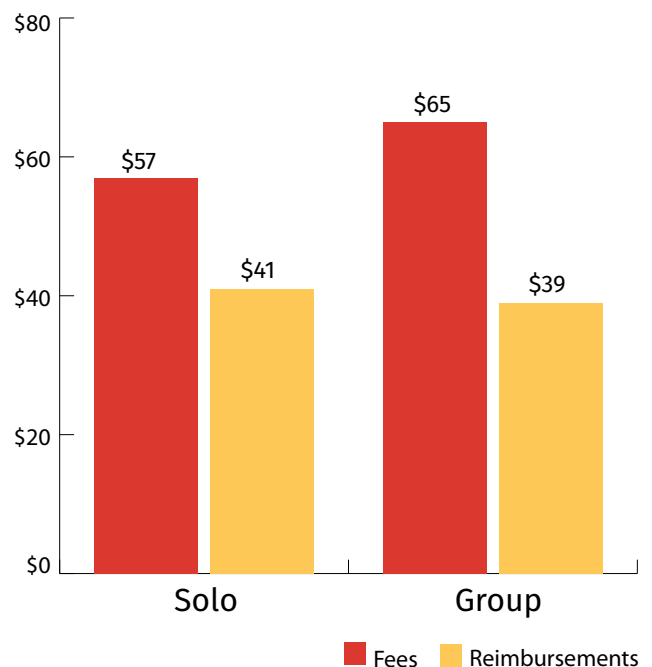
Among our survey participants this year, 21% reported operating in a group setting. This dipped slightly from 2018, where 24% reported working in a group, which was the highest percentage of group practice participants recorded in 19 years.

We had fewer responses from associates this year, which made up for a total of 4% of responses, and about 7% indicate they're working as independent contractors in a practice. At 69%, DCs with solo practices made up the vast majority of our survey respondents.

Solo vs. Group Reimbursement Rates



Solo vs. Group Fees and Reimbursements



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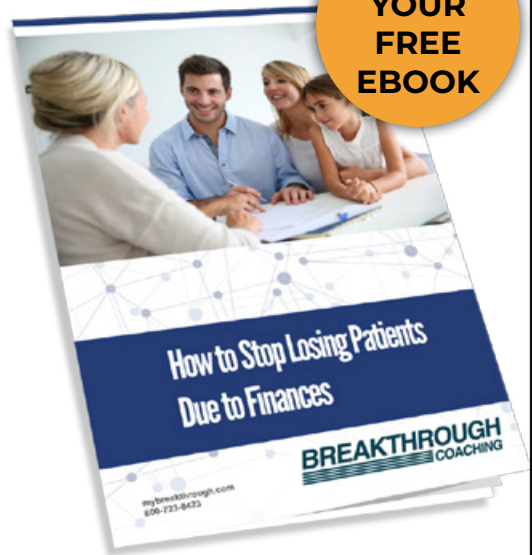
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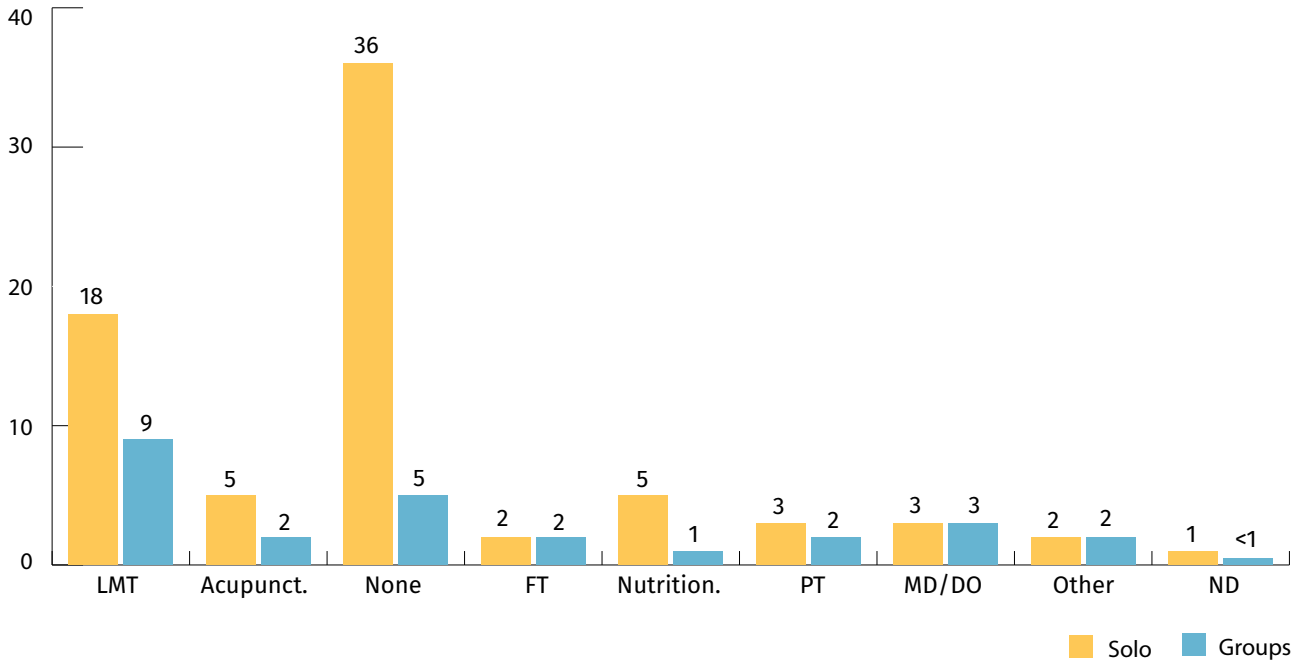
On average, group practices reported higher fees, reimbursements and reimbursement rates than solo operations in 2019. Group practices had average fees of \$49 and average reimbursements of \$39, while solo practices had average fees and reimbursements of \$48 and \$41, respectively.

Reimbursement rates in group practices increased from last year's 52% to 60% this year, and solo practices increased from

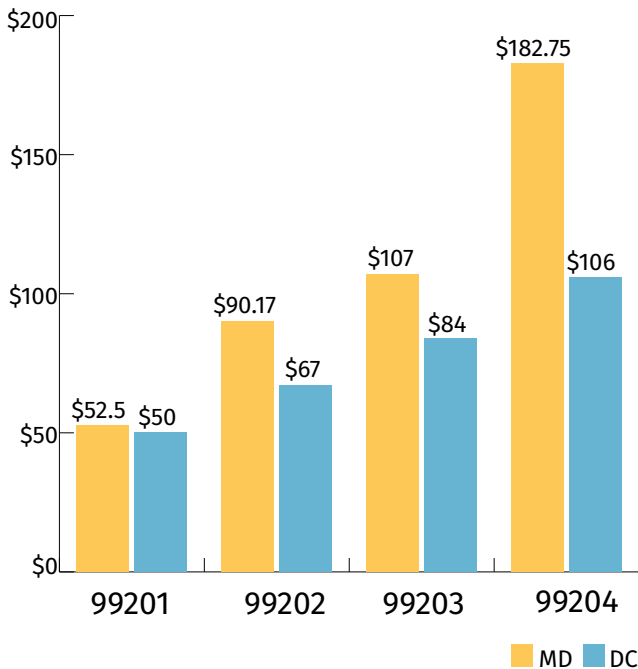
67% to 72% over the same period.

As expected, group practices reported a higher percentage of specialists working in their clinics. About 88% of solo DCs answered "none" when asked what specialists they employed, while just 12% of group practitioners answered the same. The most common specialist in a group practice is an LMT, which 33% of group practitioners reported.

Specialists Working in Solo and Group Clinics



Comparison of MD and DC Reimbursements



DCs AND MDs

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

For example, in 2018, an overall stagnation in MD reimbursements noted by *Physicians Practice*, a business journal for medical doctors, was in contrast with the slight growth or leveling of these same codes for DCs. While dollar value of MD reimbursements for these codes remained higher on average than those values reported by their DC counterparts, our results

show a financial gap between the professions with regard to these core codes.

In 2019, DCs (per this survey) and MDs (according to 2018 insurance company estimates, the latest figures available) reported mixed reimbursements on average for all four codes. MDs were seen to be reimbursed at a higher rate for all four codes.

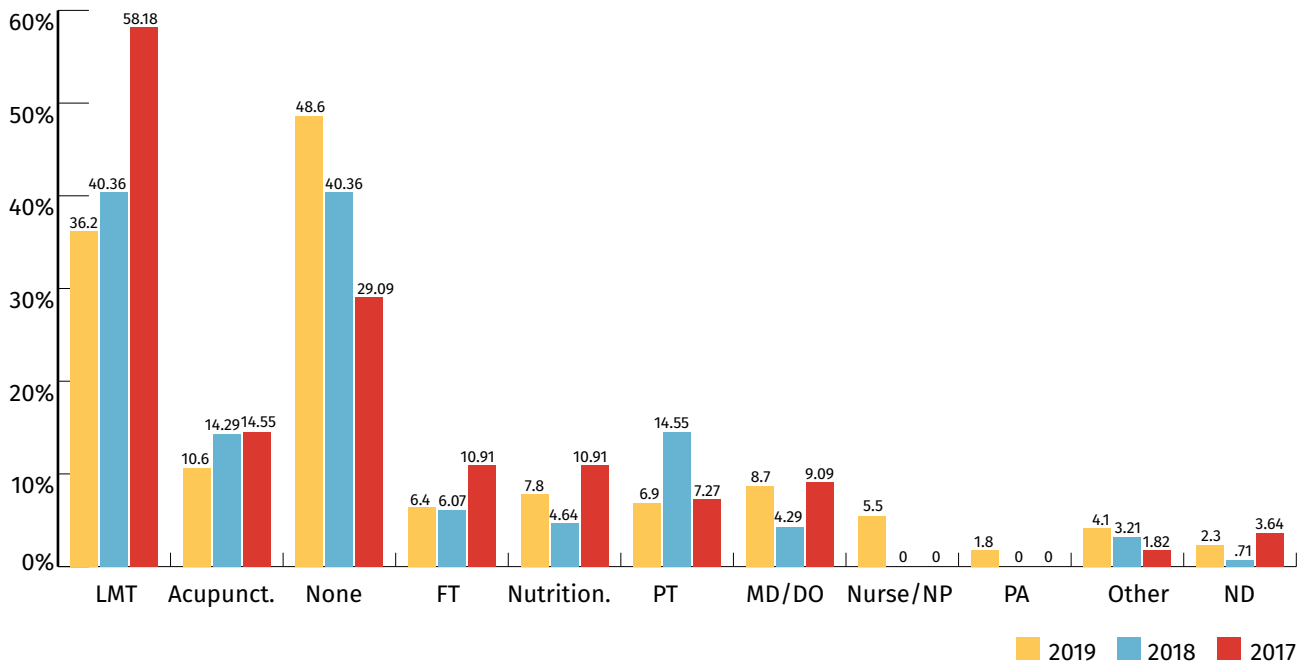
While both industries bill for these codes, the 2018–19 results illustrate a cleft dividing the industries. Because the MD data we obtained applies solely to reimbursements, our comparisons

will be limited to DC reimbursements as well. The breakdown of specific codes in 2018–19 is as follows:

For code 99201, DCs averaged reimbursements of \$50, while MDs' reimbursements were \$52.50. For code 99202, MDs' reimbursements were \$90, and DCs reported an average of \$67.

For code 99203, MDs' reimbursements averaged \$107, while DCs' reimbursements averaged \$84. For code 99204, MDs reported a reimbursement average of \$182.75, while chiropractors reported average reimbursement of \$106.

Specialists on Staff in Chiropractic Practices



SPECIALIZING PAYS OFF

In May 2019, our annual Salary and Expense Survey showed multidisciplinary and integrated practices achieving new levels of success, and increased salaries and reimbursement rates have followed. That said, chiropractors who have been in the industry longer have seen the larger paychecks that come with more experience.

Those salary survey participants with specialists working within their practice reported average total compensation of more than \$146,830, compared to the \$104,300 reported by strictly solo operations.

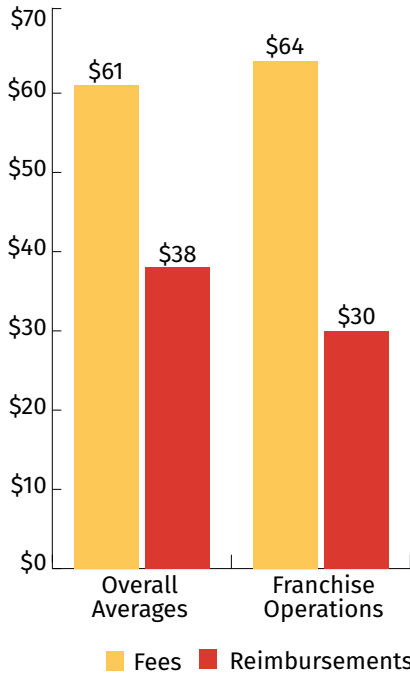
In addition, multidisciplinary practices participating in this survey reported higher fees and reimbursements than those without specialists. The results demonstrate

the multifaceted benefits of running a practice with diverse specialties.

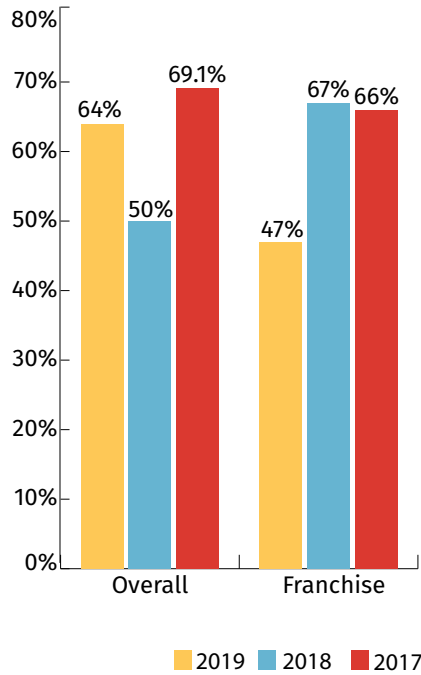
Specifically, practices with specialists reported average fees and reimbursements of \$86 and \$58, compared to the overall average fee of \$61 and reimbursement of \$38.

Licensed massage therapists (LMT) remained the most popular practice add-on, with 36% having one on board. LMT was followed by acupuncturist (10.6%); MD or DO (9%); nutritionist (7.8%); physical therapist (6.9%); fitness trainer (6.4%); and nurse or nurse practitioner (5.5%). Fewer than 5% of participants employed a naturopath or physician's assistant.

Comparison of Franchise Fees and Reimbursements



Franchise Reimbursement Rates



FRANCHISE FACTS

Although we saw an increase in survey participants reporting as franchises over the three years prior, we saw the percentage drop slightly in 2018 to 5%. This year, that number essentially stayed the same at 4.9%.

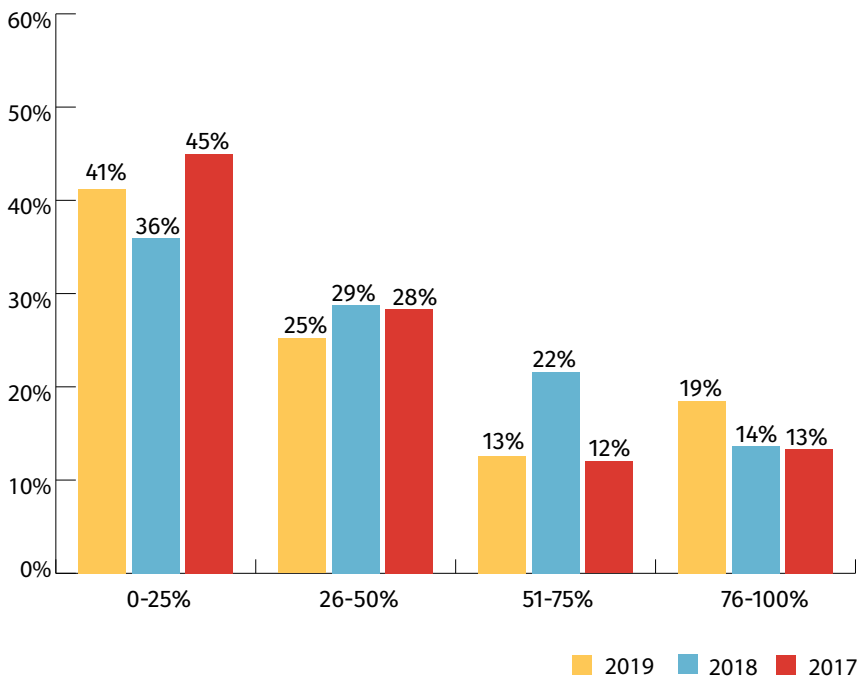
The financial picture for franchisees decreased slightly from last year's survey. The average reimbursement decreased from 67% in 2018 to 47% this year. Also, average fees decreased from \$76 to \$44 this year.

This year's survey indicates that franchise owners are the same average age as the overall group of chiropractors (50 years old).

The average franchise owner is male, has been practicing for 20 years, owns one practice, and is licensed in one state.

This year's survey showed that 6% of franchise owners are operating a solo practice. Twenty percent of respondents in a franchise were independent contractors in a practice.

Percentage of Collections that are Cash Payments



CASH, PLEASE

Although the percentage of cash-only practice survey participants increased from 10% in 2017 to 19.9% in 2018, the percentage of cash-only practices decreased a bit this year to 16%.

For cash-based practices, average fees were reported at \$50, an amount that is less than overall average fees of \$61. In 2017, cash fees came in at \$77, then decreased slightly to \$74 in 2018, so this year's data serves as an indication that cash collections have declined.

This year we asked what percentage of your collections is cash-based to dig deeper into this type of practice. Almost 41% answered that their practice had less than 25% cash income. Twenty-five percent had 25-50% cash, and 18% had

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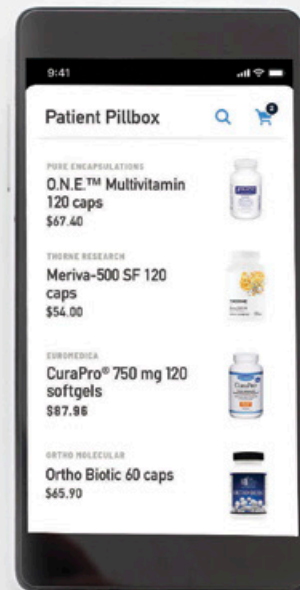
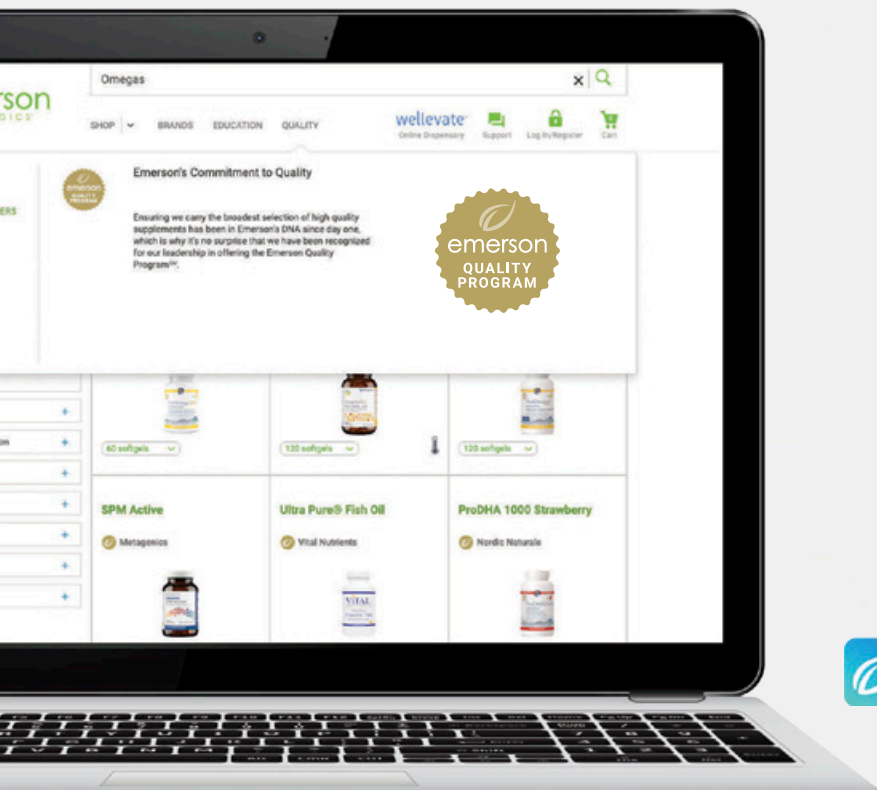
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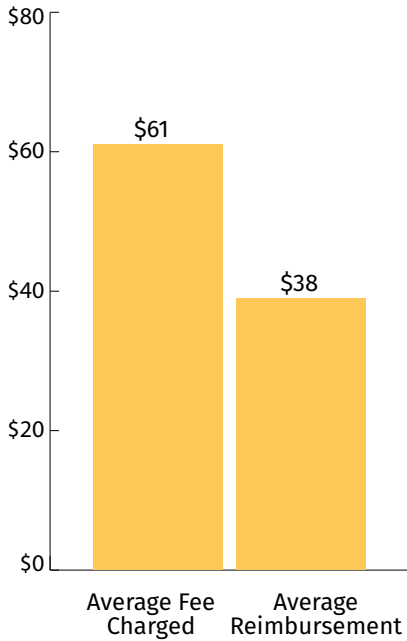
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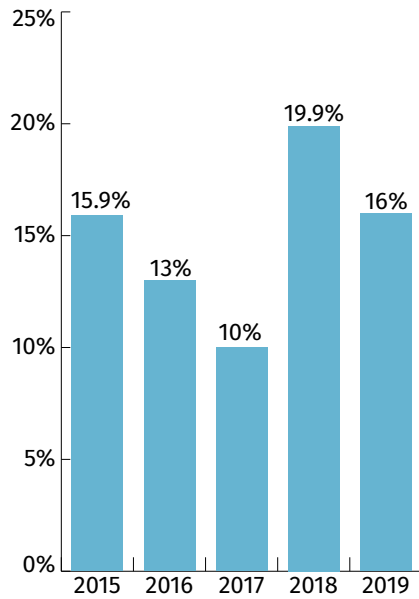
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Fees vs. Reimbursements



Decline of Cash-Only Practices

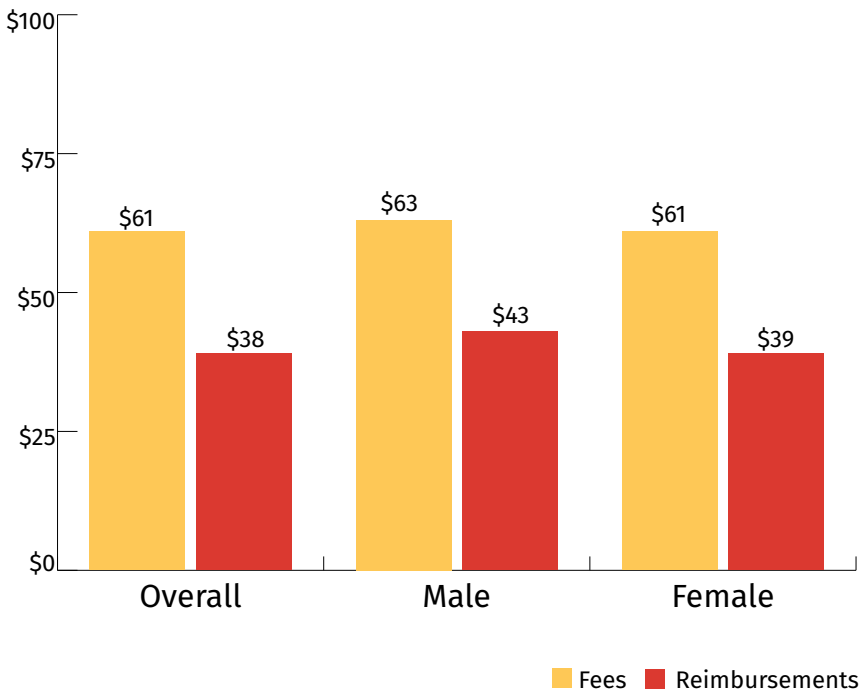


76–100% cash collections.

Your typical cash-only practice respondent is male (84%), with women making up 15.5% of this group. Cash-based practice survey participants had an average age of 50, and typically work in a solo clinic (84%). These respondents have been working as a practitioner for 21 years on average.

Regarding cash-only practices: 15% offer instrument adjusting, 9% offer ultrasound, 11% offer electrotherapy, 15% offer nutrition, 17% offer kinesiology taping, 12% offer exercise programs, 12% offer massage therapy, 8% offer physical therapy, 14% offer laser therapy, 18% offer instrument assisted soft tissue mobilization, 12% offer acupuncture, and 22% offer homeopathy.

A Gender Comparison of Fees and Reimbursements



CHIROPRACTIC AND GENDER

Over the past few years the number of female survey respondents has hovered around one-quarter of all participants. In 2012, we saw an all-time high of 28%, and last year, 27% of our respondents were female. In 2019, we are pleased to see that number rise once again, reaching 30% female respondents.

Female chiropractors reported slightly lower average fees than male DCs (\$61 compared to \$63), with lower reimbursement averages (\$43 to \$39). Female practitioners also reported lower reimbursement rates than male DCs (63% compared to 68%).

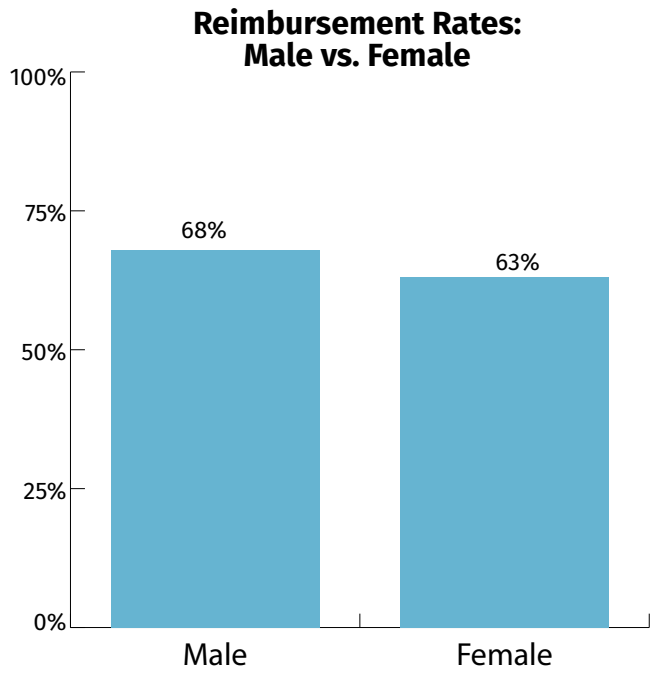
The 68% reimbursement rate for men is up from 56% last year, and reimbursement rate for women this year is 63%, also up a bit from last year.

Women respondents reported an

Female chiropractors reported slightly lower average fees than male DCs

average younger age (47), compared to men (52). In addition, female DCs reported being in practice for fewer years (16), while male respondents have been in practice for an average of 23 years.

With regard to modalities, kinesiology taping (18%), laser therapy (14%) and IASTM (9%) were the most popular among women. The most popular modality reported by male practitioners was also kinesiology taping (35%). Laser therapy was another popular modality among males (28%) as well as decompression (25%).



COMPARISONS BY GENDER

	OVERVIEW	MALE (70%)	FEMALE (30%)
PERSONAL			
AGE	50	51.5	47
YEARS IN PRACTICE	21	23	16

	OVERVIEW	MALE (70%)	FEMALE (30%)
TYPES OF PRACTICE			
SOLO	69%	69%	31%
GROUP	21%	31%	26%
ASSOCIATE	4%	8%	4.1%
OWNS FRANCHISE	4.9%	6%	4.2%
CASH ONLY	16%	17.8%	14.5%

	OVERVIEW	MALE (70%)	FEMALE (30%)
MODALITIES			
CHIROPRACTIC	99.4%	99.5%	99.3%
INSTRUMENT ADJ	68%	47%	21%
ULTRASOUND	58%	41%	17%
EXERCISE	53%	39%	15%
NUTRITION	52%	32%	20%
ELECTROTHERAPY	54%	40%	14%
MASSAGE	46%	32%	14%
PT/REHAB	42%	29%	13%
CRYOTHERAPY/DRY HYDROTHERAPY	30%	24%	6%
FUNCTIONAL MEDICINE	25%	15%	10%
FLEXION DISTRACTION	38%	30%	8%

	OVERVIEW	MALE	FEMALE
MODALITIES			
IASTM	26%	17%	9%
DECOMPRESSION	30%	25%	5%
LASER	42%	28%	14%
ACUPUNCTURE	18%	12%	6%
WEIGHT LOSS	24%	17%	7%
FITNESS DEVICES	14%	10%	4%
OTHER	12%	6%	6%
HOMEOPATHY	13%	8%	5%
MD/DO	8%	8%	1%
KINESIOLOGY TAPING	53%	35%	18%

	OVERVIEW	MALE	FEMALE
SPECIALISTS			
NONE	44%	31%	14%
LMT	33%	23%	10%
ACUPUNCTURE	10%	7%	3%
PT	6%	5%	1%
MD/DO	8%	6%	2%
FT	6%	3%	3%
OTHER	4%	3%	1%
NUTRITION	7%	2%	5%
NATUROPATH	N/A.	2%	0.5%
NURSE/NP	5%	4%	1%

HOW PATIENTS PAY

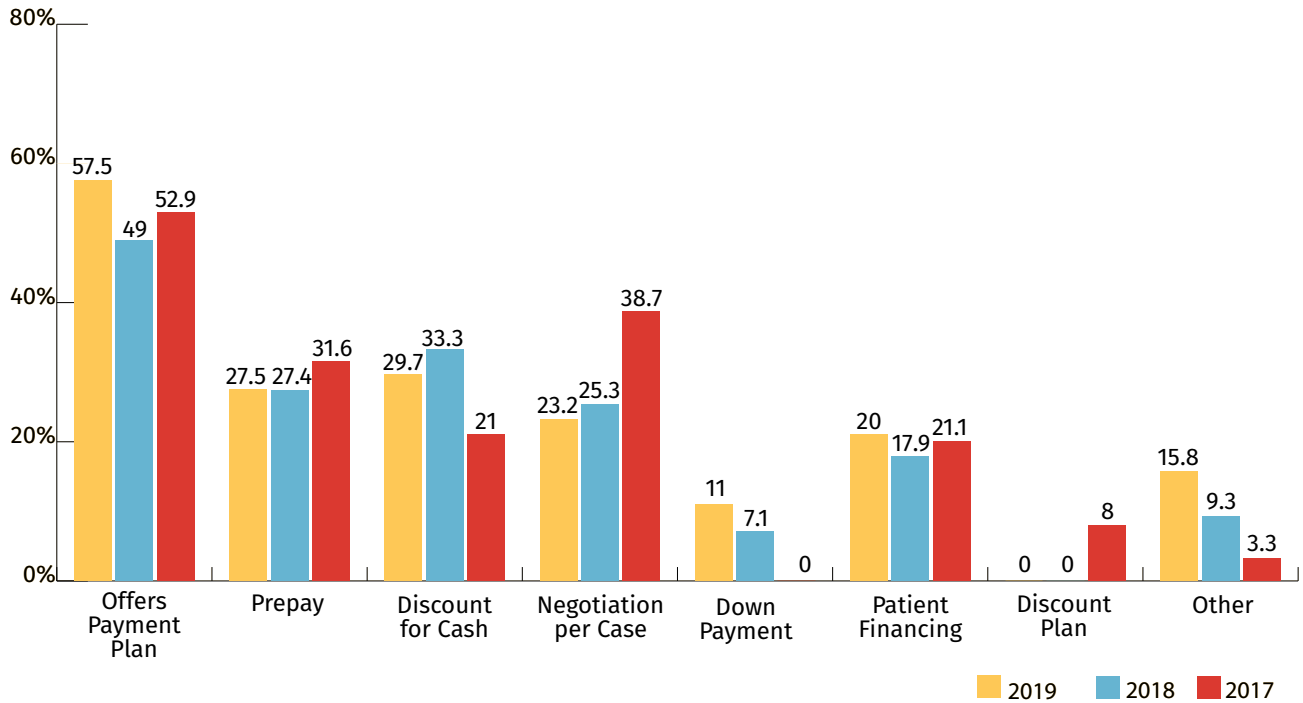
The number of doctors offering payment plans to patients this year increased almost 10% (58% in 2019 compared to 49% in 2018).

A significant number of chiropractors also offer discounts when patients pay in cash. Last year, DCs saw a 33% discount for cash, and this year about 30% of DCs have this type of payment option in place.

Negotiations per case saw a decline from nearly 26% last year to 23% this year. Although this is a slight setback, the numbers should fall into place within the next few years and reach an equilibrium.

The remaining responses were “prepay” (27%), “patient financing” (20%), “down payment” (11%), “discount medical plan organization” (8%) and “other” (3.3%).

Payment Options



Additional Codes



3 MORE CODES

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

Average fees for range-of-motion testing were \$13, while average reimbursements were \$9 — a reimbursement rate of 67%.

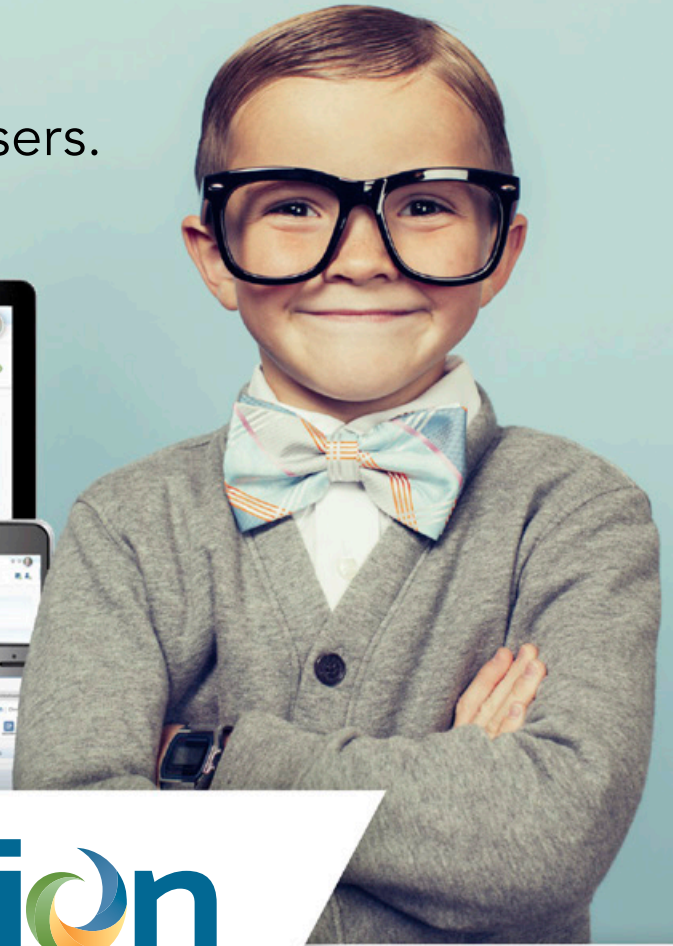
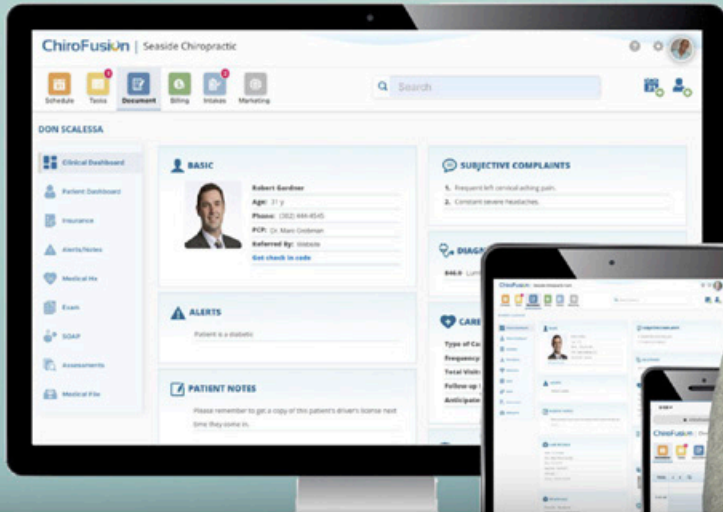
Average fees for muscle testing were \$21, with an average reimbursement of \$6 — a reimbursement rate of 27%.

Average fees for physical-performance evaluation were \$61, with an average reimbursement of \$41, and a reimbursement rate of 66%. **CE**

Allison M. Payne is the associate editor of *Chiropractic Economics* and *MASSAGE Magazine*. She can be reached at apayne@thedoylegroup.com.

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CBD TOPICALS AND THE ‘LAG EFFECT’

It's not only in the product, but also the application

BY JEFFREY TUCKER, DC, DACRB

TIME TO READ: 8-10 MIN.

THE TAKEAWAY

In the current “Wild West” of CBD, health care practitioners need to educate themselves not only on quality, but also new finds on application for maximized results and healing.

MANY PRACTITIONERS ARE MOST INTERESTED IN CBD salves, serums, creams, lotions, oils, sprays, liniments and patches on the market that they can legally recommend to patients.

Legal products for chiropractors (for the time being) are products that contain hemp-derived cannabidiol (CBD). Hemp-derived CBD by law can only contain a miniscule amount of THC — no more than 0.3%. The number one thing to look for in a cannabis topical is to make sure it is legal to dispense to patients.

Terms and definitions

When it comes to terms and products, doctors of chiropractic need to understand what they are getting — hemp is hemp, and marijuana is marijuana:

- ▶ CBD is a phytocannabinoid;
- ▶ CBD is found in the flower, seeds and stalk;
- ▶ Full spectrum is from the whole (full) plant;
- ▶ Isolate is pure CBD. The terpenes, non-CBD cannabinoids like THC, chlorophyll and organic matter are removed. It has no taste or smell;

- ▶ Distillate — CBD distillates are not as pure as a CBD isolate. A CBD distillate contains different cannabinoids, terpenes and plant materials;
- ▶ Hemp oil is a carrier or base made from the seed and/or stalk only. It has virtually no CBD; it contains omega 3 and 6;
- ▶ Hemp extract is usually a code word for CBD (ex. 28 mg per 1-ml serving);
- ▶ CBDA, CBDV, etc. — If you see additional letters with CBD it is likely a cannabinoid, but you won't know how much is CBD unless it was tested.

THC-free

Hemp cannabidiol (CBD) products are legal everywhere in the U.S.; as long as the CBD comes from hemp, it is legal. The confusion comes from the fact that hemp is a cannabis plant and marijuana is a cannabis plant. Hemp is a cannabis plant that contains less than 0.3% THC. As long as the CBD product stays below 0.3 percent THC, there's no chance of any psychoactive effects.

Some products are being sold to chiropractors that contain

Hemp is grown for more than just CBD production. Plenty of companies grow their hemp with chemicals and contaminants.

marijuana-derived CBD, which contain much more — up to 25% in dried marijuana buds (THC). The low amount of THC is extremely important when looking for a CBD supplier for two reasons:

- 1) This low amount (0.3%) of THC CBD is what makes CBD products legal, and;
- 2) When CBD isn't extracted from hemp but rather marijuana, it can contain higher levels of THC.

The take-home message: Higher amounts than 0.3% THC could potentially get you in trouble with the law.

Manufacturing and product quality

Contamination can occur anywhere along the manufacturing process, from the growing process to the extraction process to the bottling process to the delivery process.

It's a good idea to ask if the company has testing standards. A medical-grade CBD manufacturer and supplier will test for contaminants. These are the top things they should be testing for in their hemp:

Heavy metal contaminants: tests for arsenic, cadmium, mercury and lead. All these heavy metals have long been known to cause lasting health problems, especially when they are vaporized or smoked.

Microbiological contaminants: tests for yeast and different kinds of mold. Some forms of mold are not harmful to humans, but testing for mold helps ensure that the hemp is of the highest quality and grown with care.

Pathogenic contaminants: Bacterial testing is used to test for things like E. coli and salmonella. These bacteria can cause gastrointestinal issues and can be contagious. Normally, these types of bacteria only appear in hemp plants that were grown and stored in a dirty environment.

Pesticide contaminants: one of the most commonly-used contaminants in the production of hemp. While some pesticides, like Spinosad, are used on humans to help with problems like head lice, other pesticides, like daminozide, have been proven toxic to humans and are only allowed to be used for growing ornamental plants or anything that's not going to be consumed by humans or animals.

Because hemp is grown for more than just CBD production (i.e. textiles and wares), there are plenty of companies out there that grow their hemp with all sorts of chemicals and contaminants. However, you don't want to use that same hemp to create CBD products for human application or consumption.



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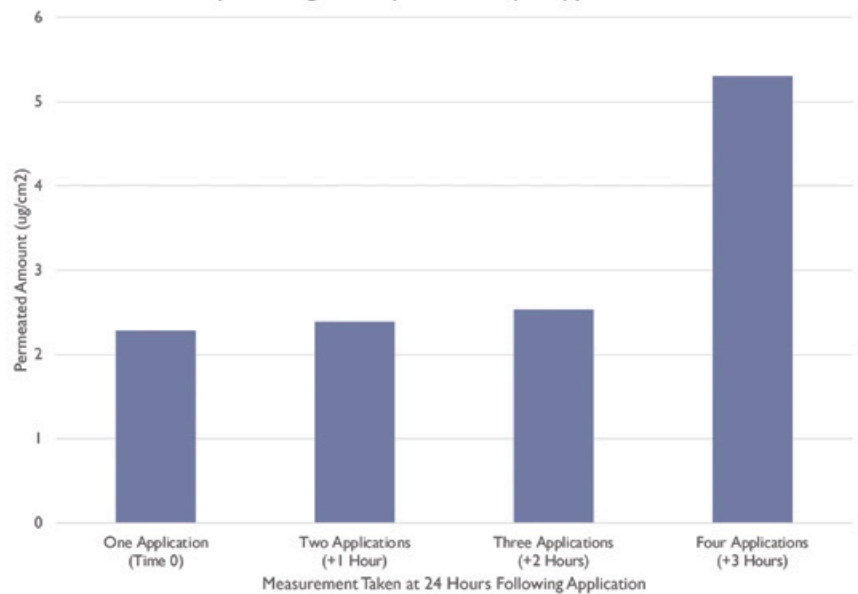


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Permeation of [company name redacted] CBD Improves Significantly after Multiple Applications



Quality testing and manufacturing

When one looks for quality CBD suppliers, investigate where they send samples to be tested, and look for lab results. This is called a Certificate of Analysis (COA). It's a good idea to make sure patients can see the results, too.

When extracting CBD for a topical that's going to be applied to the skin, it's always best to use medical-grade CBD and organic materials.

Labeling

The label should inform you about the directions for use and any warnings. We also want to know if there are specific risks.

Dosing and data

Few CBD topical companies have made a deliberate effort to prove skin permeation at the site of pain.

One prominent company designed a formulation with dosing instructions for its product designed in order to maintain a consistent concentration over a specific period of time (*see graph*). This formula results in a deeper penetration to target the painful area. I have found this improves therapeutic outcomes and enhances patient compliance.

The testing was of skin permeation, called a Diffusion Study. They found that skin retention is consistent, and that if applied multiple times at the beginning of use the topical will result in a "lag effect" that improves permeation significantly within the first 24 hours.

Dose recommendations are application, then repeated application an hour later, then repeat for a total of four applications an hour apart. Continue to apply the topical 3-4 times per day as needed. Continuous applications have been demonstrated to improve results and provide maximum CBD delivery.

Multiple early applications result in consistent retention and a "lag effect" that significantly improves CBD permeation at the target site, and is seen within the first 24 hours of use.

Measure dosage

Hemp-derived CBD products come in many varieties of container, i.e. bottles, jars, etc. Consider a container with a pump to allow you to look at the milligrams included in the dose. The milligrams of CBD are what counts. Rub it in to about the size of a deck of cards; using a pump will make it easy to dose.

Chiropractors need to stay knowledgeable to keep up with CBD sales reps and settle on the best products and applications for patients' well-being. **CE**

JEFFREY TUCKER, DC, DACRB, is an expert in the field of posture, muscle and joint therapy, pain management, and nutrition. He is the current president of the ACA Rehab Council (CCPTR.org). He is also a world-renowned speaker and author of more than 100 articles on subjects of his expertise. His website is DrJeffreyTucker.com.

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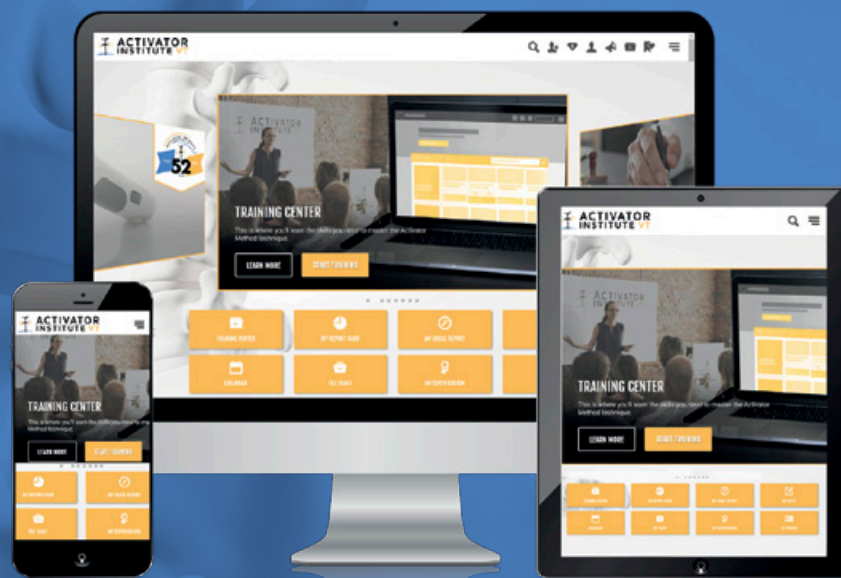
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4 PILLARS OF RUNNING A CASH- BASED PRACTICE

Tools for developing high
enrollment and retention rates

BY MILES BODZIN, DC, AND AMBER SHEPHERD

TIME TO READ: 8-10 MIN.

THE TAKEAWAY

One of the keys to a cash-based practice is retaining clients. The four pillars of a cash-based practice are critical for correctly documenting results, constructing accessible payment plans, and automating payment processing and marketing tools.

AFTER EXPERIENCING CHALLENGES WITH INSURANCE as early as the mid-'90s, the writing was on the wall. If I was going to thrive in practice in spite of insurance reimbursements getting lower while copays and deductibles were steadily on the rise, I had to master running a cash-based practice.

Prepays seemed like a good approach until one week where three military families suddenly had to leave town due to being transferred. That resulted in writing more than \$10,000 in refunds that week — not fun. I realized I could not continue running my practice by borrowing money from my patients. That's what prepays are — borrowed money.

True cash practice

Let's define what cash-based practices and insurance practices are, and more importantly, what they are not. Many people think that simply not accepting insurance means they are an all-cash practice. This may not necessarily be accurate.

Do you accept personal injury or worker's compensation cases? That's insurance. Do you provide patients with a superbill for them to submit to their insurance for reimbursement? That's insurance. Even without an assignment of benefits, these scenarios mean a person is not necessarily 100% cash. And that's OK — it is even more of a reason to be compliant in coding, documentation, collections and discounting.

There are a ton of benefits to being cash-based — it's more fun, more profitable, better for retention, and the list goes on. But make no mistake: Being "cash-based" requires expertise and knowledge.

A successful cash-based practice depends on having a high retention rate, a large enrollment rate and healthy collections. To do this we have identified the four pillars of running a cash-based practice (or in other words, the four pillars of increasing patient retention). Each of the four pillars addresses a key component of patient retention.

Pillar #1 — Track and report clinical results

Some patients who come to chiropractors have been to another doctor. If you ask them, “Why are you coming to me and not going back to your prior doctors?” the patient may say something like, “I just don’t know how I was doing over there.”

The prior doctor likely failed to let the patient know how they were progressing with care in an easy-to-understand format. People stick with things much better if they know they are making progress.

Why do you think Fitbits and Apple Watches have become so popular? People love to know they are making progress and the smart watches do a great job of giving people feedback. We like to use a letter-graded report showing the need for care, which increases enrollment. It also allows us to compare side-by-side the progress being made, which helps with retention.

Pillar #2 — Offer affordable payment plans

One of the biggest mistakes is “Let’s adjust you and see how you do” or “Let’s use your insurance visits first and then discuss a plan after that.” What happens? The patient magically gets “better” and you never see them again, or you see them when their insurance kicks back in. This kills your patient retention and prevents the patient from ever actually getting better.

Practices that offer their patients comprehensive care plans that cover all the care required (cash and insured visits) into one financial plan routinely have much higher patient follow-through and retention.

We include visits covered by insurance and non-covered visits in one care plan and offer three options to pay:

- ▶ Option 1 is recurring monthly payments split evenly over the course of care;
- ▶ Option 2 is an initial payment followed by smaller monthly payments (our favorite — the best of both worlds!);
- ▶ Option 3 is pre-paying for the entire course of care.

Most people pay for larger purchases using monthly payments. It is for this reason that we offer monthly payments or an initial down payment with smaller monthly payments. Not only do we see higher patient retention this way, we see a much higher number of patients transition to maintenance or wellness care programs.

Imagine having dozens (or even hundreds) of patients paying you monthly for their care plans. How reassuring would it be for you if you knew you had \$15,000, \$20,000 or more in recurring payments coming into your practice each and every month?

Pillar #3 — Automate all payment processing

Every time your patient has to make a payment, it opens the door to them choosing not to continue purchasing care. The more they “think” about the money they’re spending, the less likely they will continue to spend it.

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Why do you think Fitbits and Apple Watches have become so popular? People love to know they are making progress and the smart watches do a great job of giving people feedback.

You don't even think about it because it's all automated. Why do cell phone companies do that? They do it because it simply reduces the likelihood of you questioning the money you're spending and shopping around for better prices. In essence, it increases their client retention. The more the patient has to touch their

wallet, the more it reminds them of the money when they should be focusing on care.

Pillar #4 — Automate patient education

Patient education has been a pillar of chiropractic from the very beginning of history. Nothing new here. Much of

it can be enhanced with automation, whether that be TVs in your office with educational content, weekly educational handouts for your patients, or email campaigns preprogrammed to go to your patients each week.

The overall concept is "drip-education" where we "drip" our message to our patients consistently and automatically. Think of it like a drip-irrigation system. Instead of flooding the patient with information, we are slowly educating them, bit by bit. Educated patients are more likely to stay under care, especially when combined with the prior pillars discussed above.

The structure needs all 4 pillars

Patients who are very well-educated on chiropractic will still drop out of care if pillars 1-3 are not addressed.

You may already be doing a great job of educating your patients — most chiropractors are. But if you are struggling, review to see if you are instituting all the pillars above. You may find you are missing one, or all.

Keep in mind that the end game is to ultimately be free from insurance dependency. I did not say get rid of insurance — I said be free from dependence on it. By focusing on these four pillars, you can have a stress-free, fun practice, increasing the quality of life for as many patients as possible. **CE**

MILES BODZIN, DC, is founder and CEO of Cash Practice® Systems, and became known as "the king of patient retention." He has appeared in the Wall Street Journal and on The Brian Tracy TV Show; contributed to the best-selling book SuccessOnomics with Steve Forbes; and speaks internationally on the topic of client retention. Learn more at CashPractice.com or call 877-343-8950.

AMBER SHEPHERD has served in chiropractic since 2007 as a chiropractic assistant and for the past nine years as coordinating manager for Cash Practice® Systems.



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GET STARTED WITH DIGITAL MARKETING

Newspaper-type ads don't work on social media

BY BRYAN HAWLEY, DC

TIME TO READ: 8-10 MIN.

THE TAKEAWAY

Performing digital marketing on Facebook and other platforms in-house can save your practice thousands of dollars and bring the new generation of digital-savvy patients flowing into your office.



AMERICAN CONSUMERISM IS CHANGING — ESPECIALLY ON SOCIAL MEDIA. Designing and placing ads for the local paper, full-page color or quarter-page upper-right in black and white outlined in hot pink: Those were the attention-grabbers that said, “Wow, look at this on page 7.” This was an earlier way of “driving newspaper page traffic” to your ad.

These were all great as one-time call-to-action campaigns. Now things have changed as we have moved into the digital world and online advertising.

Still, many are using the structure based on the newspaper ad concept above on their social media and expecting a flood of patients rolling in after one ad placement. They are soon disappointed when nothing happens. You cannot place newspaper ads on social media; it does not work that way.

Consumers today are more educated and, thanks to “Dr. Google,” will first seek information about you and your service before contacting you. The trick is to position yourself as the one providing (or at least directing them to) the information. Here is just one example:

By using all the social media platforms, you are creating a very wide net that will position you as being everywhere.

Plan 90 days for marketing

First, identify the services you offer that have the biggest return on investment (ROI) and that are also the most in-demand for your area. Take your smartphone and shoot 10-20 five-minute short education videos on that subject. Now throw out the five-dollar words along with medical jargon and simply talk to the person about the symptoms and causes, and even give solutions to try. But don't make any offers to come into the practice — this is only to educate. Keep it simple and don't stress about doing this. Let it come off as natural and inviting.

During this time, start gathering emails and drafting simple weekly tips and information, then send them in a weekly natural health email. You can talk about any specials in the closing remarks of the email.

Set up your ad

Next set up a Facebook ad, for \$5 a day to start, that will show excerpts of your YouTube videos, giving your best stuff away and directing them to your YouTube channel.

Now that you have a targeted "cold audience" that is watching your videos, you can set up a second ad that will target everyone who has watched at least five seconds of

your videos — this is now a "warm audience" you can invite to download your e-book or pamphlet, or fill out a lead form to have you call them. You are adding emails to your list now as well.

Re-target ads and proliferate

Start re-targeting ad campaigns for everyone who has watched your videos or landed on your information page (you install a Facebook tracking pixel on the pages). You can also place short versions of your videos on Instagram with links to a landing page and forms.

You can take the audio portions of your videos and rehash them into podcasts, or transform them into different e-books with very little effort. You can find people to do this at a very low cost on fiverr.com.

By using all the social media platforms, you are creating a very wide net that will position you as being everywhere. People need to see and hear you multiple times and perceive you as an authority on the subject.

If there is a Facebook group that has several thousand people who would be your ideal customers, simply join the group, make some general helpful comments, and then post



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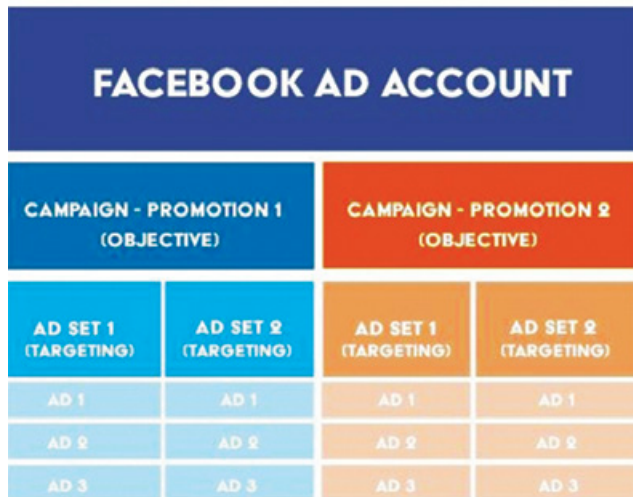
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The beauty of digital advertising is you can easily change the images, ad copy, targeting, and everything on-demand to see what works for your area.

a link to one of your videos. Most admins don't mind as long as there is no solicitation and the info is pertinent and helpful. Then simply set up a Facebook campaign and target everyone who watches your video in that group with a call-to-action ad. That is how you can target groups.

Generating long-tail leads

Generally speaking, people will see your ad, and our statistics show that roughly 10-15% will take action immediately (like the old newspaper call to action). Within 3-4 weeks another 30% will take action if they keep seeing your ads or information. Then 60-90 days out another 40% will take action, and the remaining 10% you don't want. So, the bigger volume is in the latter part of the game, and they will be the more educated and higher-quality leads. Unfortunately, most only market for the first 15%. This is thinking in a newspaper-ad mentality that results in poor leads and no-shows.



Like doing group talks or lunch-and-learns? Have a staff person film that — and you now have a great educational webinar or YouTube video. Many people also start off by simply doing a PowerPoint and recording a webinar, then taking a snippet of some of the best portions and using it in an ad to drive people to the full recorded webinar. On the page where the webinar is hosted you will place a lead form or free e-book.

One of the easiest ways to build a landing page is from Leadpages at leadpages.net. One of the best ways statistically is to create a Facebook campaign for “engagement” where people like, share and comment on your ad. This is done in the ads manager section of Facebook.

Facebook ads manager

The format we typically start with is two overall campaigns, four adsets, and eight ads:

Campaign = your topic for \$10/day each — let's do “personal injury” and “functional med”

Adset = where you choose your target audience, say “auto accidents” and “weight loss”

Ad = your video or image with link to your landing page. We recommend doing two different images, along with slightly different wording for each ad. That way it gives the Facebook algorithm choices.

Now you can, under that No. 1 campaign (personal injury), create multiple “adsets” for different audiences. Let's say the next one would be auto body shops, or auto accident attorneys, car rentals, collision, whiplash or a host of others. Choose five of these and run as separate adsets. After 2-3 days you can monitor and see which audiences are responding better in your area. Trim out the ones that are underperforming and scale up the ones that are getting engagement.

Expand on your strengths

You can do this for weight loss, functional med, PRP, thyroid, and just about anything else you can think of. Some are even creating virtual offices and treating nationwide, along with stores that sell products.

The beauty of digital advertising is you can easily change the images, ad copy, targeting, and everything on-demand to see what works for your area.

You can track who has been on your site or watched your videos, and re-target them from multiple social media channels.

So if you are considering expanding or trying to get the word out about your services, consider looking at digital marketing. One of the best ways to do it is to have a dedicated staff person handle everything and schedule postings for the month. This way you keep everything in-house and can save thousands. **CE**

BRYAN HAWLEY, DC, had been in health care for more than 20 years before he decided to shift careers and help health and wellness professionals in growing their business. He is proficient in social media marketing, B2B and B2C marketing, and leading a web presence. He can be contacted at drbryanhawley.com.



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Yes, I'm a DC and My Toughest Cases Will Give You The Best Training in Lab Analysis and Patient Care

By Van D. Merkle DC, DABCI, DCBCN, CCN

I'm Dr. Van D. Merkle. I've treated patients with serious problems for over 30 years. I have more documented cases with objective laboratory results than any chiropractor. No one I have heard or seen comes close. That's a bold statement; I don't make it lightly or frivolously.

Saving Lives

I routinely help patients with cancers, lupus, MS, IBS, Psoriasis, CFS, severe pain, CF, Diabetes, kidney and liver disease. The results are objective third-party laboratory proof. Lives are truly being saved and families and communities are saving thousands of dollars because of the work we do. There is no denying it. Your patients have these problems, too. I will train you to help them, and obviously, they will respond even better to their adjustments.

You can wait for symptoms: however, you can only have 20% liver, kidney or pancreatic function left and have no signs or symptoms of disease! Do you think that some of your patients might have cancer or other serious problems? Remember: **diseases and conditions will show in the blood long before symptoms occur.**

One of the things I tell doctors and all patients is that *"even serious problems sometimes have simple, safe, natural, and inexpensive solutions."*

DON'T BE SCARED- I don't treat cancer, lupus, MS or any other diseases but I'm a health expert. SBN nutrition and vitamin therapies optimize health and assist the body's natural ability to fight cancer and other disease.

"If a person gets healthy enough, does it really matter the name of the disease"

Testimonial from an SBN member:

"In 2015 your Science Based Nutrition program saved my life AND my practice. I became a chiropractor in 2005 due to adjusting and haven't taken antibiotics for 15 straight years; my SC joints were surgically removed in 2009, I suffered a severe whiplash injury in 2008 which led to 7 years of pain meds: oxycontin, percocets, cymbalta, valium, neurontin, etc. All at the same time, 18 neck injections, visits to Cleveland Clinic, 9 neck MRI's, and failed NK surgery in 2014. I was questioning life. Finally in 2015 I received a SBN flier, didn't think it would help. I attended one of your seminars in Chicago, half alive taking many many meds. After the initial report I WAS 100% PAIN FREE IN 2 WEEKS!! So within 6 months I was able to completely get off ALL of my pain medications and today I am 100% medication free. I have taken many patients through SBN reporting but my case was truly a miracle.

Your program and supplements, I believe, literally saved my life. THANK YOU, THANK YOU, THANK YOU for being a pioneer in nutrition!" DM, 2018

Remarkable Cases

In 35 years of practice, I've seen just about everything. A few of my patient cases:

- **Tough Case A:** My nephew, Jason, at age 13 - diagnosed with a brain tumor. A wheel chair was his best prognosis. His tumor shrank in half in 3 months, (no chemo, radiation or surgery) and he is tumor free, alive and well today. Married with 3 children, has no impairments and is over 35 yr/o.
- **Tough Case B:** Rochelle 48yr/o - diagnosed with stage 4 breast cancer, given at most 10 years to live with chemo and radiation. Following her SBN program: cancer marker CA 27-29 dropped from 185 down to 29 in 3 months (no chemo or radiation). PET scan cleared in 6 months and she is alive and well today going on 12 years now, never receiving chemo, radiation or drugs. No impairments and tumor markers are still less than 25. (CA 27.29 <38 is clinical range). She is also on no medications.
- **Tough Case C:** Walt, 74 yr/o male - stage 4 renal cell carcinoma (kidney cancer), given 4-6 months to live. Followed his SBN program and is going on 4 years with no symptoms, never taking chemo, radiation or surgery, and is medication free.
- **Tough Case D:** Gina - MS patient in a wheelchair prior to seeing me. Following her SBN program, she is now going on 16 years not needing a wheelchair, has no impairments and is on no medications.
- **Tough Case E:** Cindy - very extreme Lupus patient (her uncle and cousin died from Lupus), in wheelchair and failing fast. Following her SBN program she is alive and well with no disabilities, has not used a wheel chair for 25 years.
- **Tough Case F:** 57 yr/o male - cholesterol over 1,090 dropped to 194 in 2 weeks.
- **Tough Case G:** 72 yr/o male with Parkinson's. On the SBN program for 4 months, got off all medications. Tremors and other symptoms: gone and able to walk 3 miles a day.
- **Tough Case H:** 6 yr/o girl - colon birth defect, colitis, and several failed surgeries. Now colostomy recommended (for a 6 yr/o girl!). In 3 months on the SBN program: normal function of colon and bowel, no need for further medical care or colostomy. Patient is going on 14 years old and doing fine, no symptoms, and no medications.

**Think of the lives changed on
just these few cases.**



Patented Reporting System

SBN members use a patented computerized system that I developed. This proven system provides the most comprehensive medical and nutritional analysis; light years ahead of anything else. Blood, hair and urine testing, a patient symptom survey, medications, vitals, medication side effects, and nutrient deficiencies caused by those medications are all incorporated into the SBN report. This SBN analysis provides the most comprehensive, beautiful color-coded report that is patient ready. The report generates specific diet and customized vitamin recommendations based directly on that patient's lab results and other patient factors.

BTW- I'm not tied to a particular vitamin company. I use products from about 15 different companies because no one has the best of everything. My allegiance is to my patients and doctors I work with, not a vitamin company. Results are more important than the label on a bottle and I'll tell you what I recommend but you are welcome to use whatever you want.

Why use the SBN computerized system?

Nobody can remember everything about all of the labs: the ranges, interactions, associated symptoms and other factors. Plus, no one can remember all of the side effects or nutrient deficiencies of medications, which is why we have computers. If you want the best, you need Science Based Nutrition. There are no other worthy comparisons.

The SBN computerized system will save you considerable time and provide significant additional income. My clinic is 100% cash. I have 3 Associates all doing far better than the average DC. I'll show you my patented system after the lecture on Saturday.

SBN Lectures

After lecturing and teaching advanced laboratory analysis and nutrition for 15 plus years, **there are now several hundred DC's using our proven SBN system, obtaining amazing results.**

Real doctors use laboratory testing. We can help you get the best discount lab pricing for Labcorp and Quest. I'll teach you how to become a better doctor by testing thoroughly, analyzing properly and providing proven diet and nutrition protocols for many conditions.

This lecture will be the most useful nutrition lecture you have ever attended and becoming a member of SBN will be the best investment for you, your patients, practice, and future. Plus, it can aid you with your own health problems and lead you to optimal health like it has many other SBN members.

There are millions of people with serious health problems looking for help. I've lectured for the ACA as well as many state conferences and other associations. Every state allows DC's to do what I'm teaching. It works, it is proven. Don't wait, your patients need this now.

Member Advantages

You will receive a lot more than just laboratory testing and analysis by attending an SBN lecture. You will be provided with patient management, marketing, and many other tools to help build your nutrition practice. Don't be hesitant about taking on the tough cases; **if you are an SBN member you have support when you need it**, but often times the solution is simple once proper testing is completed. I will teach you that testing at the SBN lecture.

You can do this, too. If you really want to help people, save lives, and make an impact then I'd be honored to have you join me at an SBN lecture. We have a system that makes this fairly easy, **but you still have to work at it.** The most successful SBN members work hard to be the best doctor. We will provide you with the tools to help you succeed, but it's up to you to learn and use the SBN systems, marketing and patient management guidelines.

Our upcoming SBN lecture schedule:

October 5-6 Davenport, IA
October 12-13 Baltimore, MD
October 26-27 Boston, MA
November 2-3 Salt Lake City, UT
November 9-10 Milwaukee, WI
November 16-17 Newark, NJ
November 23-24 Atlanta, GA
December 7-8 Columbus, OH
January 18-19 Seattle, WA
January 25-26 Salt Lake City, UT
February 22-23 Louisville, KY
February 29-March 1 Boulder, CO

Doctors \$89, Staff and Students \$20
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More lecture dates, registration, sample report, and more testimonials at

www.ScienceBasedNutrition.com



Testimonial from an SBN member: "27 years of Zoloft for anxiety and other psycho problems I've had are a thing of the past. I've been doing SBN for about 6 1/2 weeks and I've been off Zoloft for about 4 weeks. I've never been able to come off the med over 3 – 4 days without horrible problems and instantly have to resume the med." JW 2018

MODERN-DAY PERSONAL INJURY AND CHIROPRACTIC

Becoming a primary spine care provider
in today's changing marketplace

BY MARK STUDIN, DC

TIME TO READ: 7-9 MIN.

THE TAKEAWAY

The proper credentials and documentation can lead to greater collaboration with medical specialists and new referral sources.

PERSONAL INJURY IN THE CHIROPRACTIC PROFESSION is perhaps the “surest” avenue to earn a significant income. It is a relatively stable economy, making it worthwhile to devote your practice to accident victims. However, it is a changing marketplace that requires constant vigilance and ever-increasing credentials to keep up with the demands of the courts and increasing scientific findings.

It is also an industry that is fraught with “get-rich-quick programs” that have left too many as victims. In 2019, no differently than in the past, it requires changes in how doctors of chiropractic will need to function in the personal-injury marketplace to thrive.

Developing a personal-injury practice

Historically, doctors have taken lawyers to breakfast, lunches and dinners, handed out newsletters, flyers and research, and referred patients to lawyers hoping all of the above will realize a steady stream of personal injury cases from the legal community. If all of the above worked, then why doesn't everyone have a big personal injury practice?

Approximately 2-3 years ago the “colossus” [personal-injury calculating] wave hit the chiropractic profession and was supposed to be the next “sure thing” for personal injury referrals. As with all get-rich-quick schemes, this too has failed as expected, which has been verified by the dozens of calls I get monthly from disappointed doctors who acknowledge they will never realize the return on their investment.

Every action above has a small place in the overall strategy of personal injury practice. Furthermore, with the understanding that colossus is critically essential to a personal

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To be a successful primary spine care provider, your chiropractic degree is where you start.

injury practice, like all other pieces it is just that — one piece that cannot be relied on as a stand-alone to ensure a successful personal injury practice.

Lawyer-centric actions

A significant part of the problem is that all of the above action steps are “lawyer-centric.” The business strategy for 2019 and the surest avenue to success in personal injury based upon our market research is to become a primary spine care provider. Primary spine care simply means you are the first referral option, not just for lawyers, but MD primary care providers, MD specialists, urgent care centers and emergency rooms. To be a successful primary spine care provider your chiropractic degree is where you start, and your continuing education and ensuing credentials are the pathway toward those referrals.

When looking at lawyers, the problem many have in accepting your referrals is they are then “saddled” with you and your lack of credentials (as a rule). Understand that we are a country of laws that are defined by the courts and personal injury more so than any other financial class, and the chiropractic marketplace is redefined daily in the courtroom. Lawyers realize this and judge you by their end game: the witness stand, although they know you are almost never going to get there. Therefore, a lawyer’s hard rule is not to start with you if they cannot finish with you (again, they know you will hardly if ever get to the witness stand but judge you accordingly anyway).

Creating relationships

Colossus and fancy dinners do nothing to create relationships with the other four referral sectors: MD primary care providers, MD specialists, urgent care centers and emergency rooms. This



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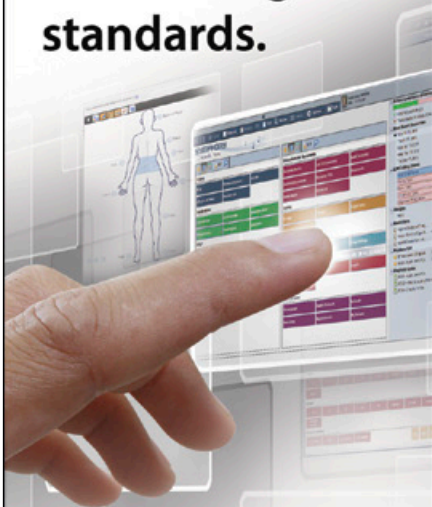
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Never lose sight of the fact that medicine considers the majority of back pain nonspecific and mechanical vs. anatomical.

requires formal credentials that are recognized by both chiropractic and medical academia to create a “peer relationship” with the above-referring entities. The type of credentials required at a minimum are MRI spine interpretation, spinal biomechanical engineering, stroke analysis and connective tissue pathology, which will then allow you to function at a peer level clinically and often place you in the position of an educator.



It is this type of relationship that creates a paradigm shift in the eyes of the medical community that will ensure perpetual referrals because you will become the solution to problems in their practices and institutions.

Never lose sight of the fact that medicine considers the majority of back pain nonspecific and mechanical versus anatomical (fracture, tumor or infection) and has significantly contributed to the opiate epidemic as a result. Therefore, medicine is actively searching for solutions beyond allopathy as they are starting to realize they have no solutions and physical therapy is failing (well-documented). Currently, there is a void in both clinical and academic medicine to help practitioners treat non-specific back pain, which is the fifth most common diagnosis in primary care medicine today. That void can be filled by practitioners who have the necessary clinical knowledge combined with the credentials the medical community needs to succeed in the courts.

Voiir dire or Daubert

When you combine the necessity for clinical knowledge and credentials in the medical community with the needs of the courts, they intersect on a legal requirement called Voiir Dire or Daubert. Those are legal standards required for a doctor or any specialist to be considered an expert and have their opinions be admitted in court.

Therefore, it all goes back to your credentials and knowledge with your formal curriculum vitae, which is a legal document certifying that you are an expert. That is the basis for a successful personal injury practice in 2019. Also, the documentation requirements have become much more acute in being thorough and accurate for both the courts and collaborating with medical specialists.

Once you have the credentials and the documentation, you will better understand how to triage and collaborate with medical specialists based upon clinical necessity. After that has occurred, all that is left is for you to either acquire or develop a business strategy to ensure that your referral sources understand that you are a primary spine care provider and solution to their business, and get them to run after you. **CE**

MARK STUDIN, DC, is an adjunct associate professor of chiropractic at the University of Bridgeport, College of Chiropractic; adjunct professor at Cleveland University – Kansas City, College of Chiropractic; and adjunct professor of Clinical Sciences at Texas Chiropractic College. He is the president of the Academy of Chiropractic, teaching doctors of chiropractic and interfacing with the medical and legal communities (DoctorsPIprogram.com). He can be reached at DrMark@AcademyOfChiropractic.com or at 631-786-4253.

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6 QUESTIONS FOR A PROSPECTIVE MARKETING AGENCY

Because a sales funnel is more than
a website landing page

BY BRYAN CITRIN

TIME TO READ: 7-9 MIN.

THE TAKEAWAY

If you're ready to take your marketing out of house, an agency with a strong understanding of chiropractic is essential. Here are six key questions for any marketing agency looking for your business to be successful regardless of competition or business model.

EVERY CHIROPRACTOR NEEDS AN ONLINE SALES FUNNEL

mixed with paid advertising to drive predictable patient growth. Chiropractors are bombarded daily with ads on social media, unsolicited emails, sales calls, and mail to their offices promising just that. However, just because a company is eager to build your new patient funnel or manage your advertising does not mean they are qualified.

Hiring the wrong agency could lose you thousands of dollars, result in board complaints, and even cause HIPAA violations. Unfortunately, if you've been burned in the past by hiring the wrong company, it will make you that much more reluctant to invest in the strategies needed to grow your practice.

When it comes to deciding on an agency, these are some important questions you can ask to help navigate this important decision.

Do they understand the industry?

There are a lot of companies who prey on chiropractors because they see them as low-hanging fruit. They may have purchased a class on how to generate leads online for chiropractors but do not care to learn about the profession or know the struggles countless chiropractors face.

Whoever you hire should understand the different business models of a chiropractic practice and be able to match your practice with the right strategy. For example, a cash practice uses a different business model than a personal injury practice. An integrated practice focusing on regenerative medicine should have a different strategy than a pure chiropractic practice.

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A good sales funnel system is more than just a landing page. An agency should be skilled at managing paid advertising channels, funnel building, and incorporating other tools.

generating new patient inquiries, but also understanding the sales cycle different practices have to go through to convert new patient inquiries into care.

A good agency should be able to offer consulting alongside building a new patient funnel. If your campaign is

generating new patient inquiries but you are unable to convert those into care, then you will lose money no matter how many leads you get. The right company should be able to pinpoint inefficiencies in your processes and work with you to improve them. This may include

things such as scripting for your front desk, helping restructure your report of findings, even helping put together a financing strategy for your patients.

Do they have a team?

The digital age makes it easy to create the perception of a large organization even when it's just a single individual. Does the agency you're considering have a good team in place? If not, the quality of your campaign and customer service will likely diminish as they grow.

Additionally, the lack of a team puts your practice at unnecessary risk if they decide to take a prolonged vacation, have a family emergency, or can't adapt to new market trends.

Are they growth-oriented?

The marketing climate is constantly changing. What works best today and what works best six months from now may not be the same thing. Is the agency committed to continual growth and making changes based upon market trends?

In the same way that chiropractors are required to attend relicensing seminars, your agency should have a commitment to routinely sending their team to marketing seminars, be involved in marketing masterminds, and be willing to change as new opportunities arise.

Is their longevity in their testimonials?

The right agency should not only be able to produce results their first month but maintain momentum 9-12 months from now.

Some practices are trapped in the cycle of continually changing marketing companies because once that company's cookie-cutter campaign stops producing, the marketer does not know what to do. It's smart to work with an agency that has a proven promotional calendar to rotate through as needed to keep things fresh and competitive.

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There are a lot of companies who prey on chiropractors because they see them as low-hanging fruit.

Are they diverse in their strategy options?

Are they truly capable of managing multiple advertising platforms? For example, Facebook and Google are two important advertising channels but very different platforms to manage on the backend. Many agencies are unable to be competitive in managing both platforms. Because of this, they may choose to

focus your growth strategy on the platform they excel at.

To truly dominate your area, it's important to have a blended strategy with a dedicated technician working on each platform. If the agency does not have a team, they will likely outsource the work to another agency. Not only will this likely increase costs, it could hinder quality because the original agency no

longer has control over the technicalities of the campaign.

Do they have a proven system?

A good sales funnel system is more than just a landing page. Do they have a proven system that can generate qualified new patient inquiries at a reasonable cost per lead, resulting in people actually showing up at your office? They should not only be skilled at managing paid advertising channels and funnel building, but incorporate other tools such as online scheduling, automated two-way text reminders, and email sequencing.

Finally, this system should be customizable as needed based upon your feedback and changing market conditions.

Weed out the wrong companies

Every chiropractor has the capacity to be successful in their marketing regardless of competition or business model. If a company you're working with has a tough time producing results for your city, many times it's easier for them to take their standard strategy to a different city than to put in the work necessary to optimize your campaign.

It's important to remember that an agency's salesmanship does not equate to them having a well-rounded long-term strategy to produce quality patients for your practice. Chiropractors equipped with these questions should be able to more effectively weed out the wrong companies desperate for their advertising dollars and make the right decision on who they hire. **CE**

BRYAN CITRIN is the CEO of Chiropractic Advertising. His parents and uncle are Logan graduates with more than 120 years of combined chiropractic experience. He has a strong team that enables him to offer cutting-edge diversified strategies. He's been featured in *Forbes* and is an active contributor to the Forbes Agency Council. For a free discovery call, contact him at ChiropracticAdvertising.com.

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CASE STUDIES: CONCUSSION PROTOCOLS, TREATMENTS

A proven protocol that evaluates three areas of trauma for healing

BY MICHAEL S. GREENE, DC, FIAMA, NMD, DIPL. AC. (AACMA)

TIME TO READ: 6-8 MIN.

THE TAKEAWAY

Beyond bedrest and painkillers prescribed by MDs, chiropractors can cause concussion symptoms to abate. Here is a three-step protocol that can end much of the suffering that follows a blow to the head.

MINOR TRAUMATIC BRAIN INJURY (MTBI) IS ANYTHING BUT

MINOR. Any time one has an injury to the brain, even if consciousness is not lost, it is a major event. Age is not a factor in the number of concussions per year, and children and adults are equally affected.

Chiropractors are uniquely qualified to be the physician of choice for treatment. There are many evaluation tools for concussion.

Evaluation tools

The Sports Concussion Assessment tool (SCAt 5) is one of the best for comprehensive evaluations. It can be found on

the internet and was developed in Europe. Acute Concussion Evaluation (ACE) was developed by the Centers for Disease Control (CDC) and is in use in high schools throughout the U.S.

A computerized evaluation tool is ImPACT. Many school districts will use it as a baseline test before any sport is undertaken. If the athlete is injured, there is a pre-existing “normal” to use to determine the level of damage and when the athlete is ready to be allowed back on the field.

The CDC also has a free course on concussion located on the CDC website. Video, evaluation tools and other checklists are available for both coaching staff and physicians.

Post-concussive syndrome is a condition that is a sequelae

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Neurologists can diagnose and offer bedrest, brain rest and painkillers, but only chiropractors can cause the symptoms to abate.

to the initial symptoms. Many people have a lingering set of symptoms from their initial injury. These can include brain fog, focus issues and irritability, in addition to chronic headaches, especially after periods of focus or concentration.

Symptom observations

When we examine a concussion patient, usually the symptoms are related to cranial nerves. Photophobia, tinnitus, sour stomach and headache all are directly traced back to the cranial nerve roots and can be caused by a change in blood flow to that area. The vertebral artery is often the culprit.

With a blow to the skull, the normal cranial respiratory movement is often changed. Cranial respiratory movement is important for cerebral spinal fluid circulation and is a factor that is often under-treated by chiropractors. Oftentimes, the orbit of the eye is altered in size, allowing the doctor to observe and treat the affected side of the skull. Pain over the superior orbital arch (the center of the eyebrow), and on the zygomatic arch (center of cheek bone) are indicators of the location of the cranial respiratory inhibition. One side is more sensitive than the other and will be the side of involvement.

The other complaints of brain fog, memory issues, irritability and inability to focus are often related to the corpus callosum. The corpus callosum consists of about 200 million axons that interconnect the two hemispheres. The primary function of the corpus callosum is to integrate motor, sensory and cognitive performance between the cerebral cortex on one side of the brain to the same region on the other side. It seems to work as a switchboard to connect the two hemispheres of the brain and offer coordination between them. If the circuits are interrupted, the coordination is inhibited. This change doesn't appear to be remedied by chiropractic adjustment.

Trauma to the axons or axonal shearing is a major factor in the trauma to the brain. As these connections between neurons are damaged or destroyed, the ability to focus, make logical connections in the brain and other aspects are affected.

Concussion treatment

I have developed a protocol for treating concussion that has been effective on more than 200 patients, with concussions ranging from fresh (one day old) to more than 15 years old. In almost every case, the protocol was effective within two visits. This protocol addresses the three areas affected by

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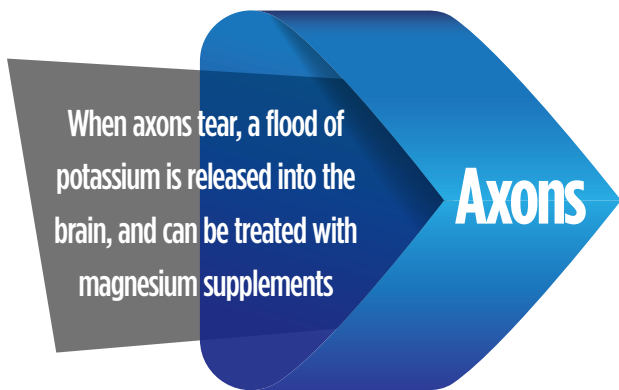
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The normal respiratory motion of the skull is essential for cerebral spinal fluid flow. A blockage in this flow can cause changes in brain function, especially as the brain regenerates during sleep.

the trauma of the concussion:

- ▶ **Vascular** — The blood flow issues created by a blow to the head are apparent with the symptoms. Migraine-like symptoms including impacted vision, hearing, balance, sense of taste and smell, nausea and vomiting all are part of the post-concussion experience. Decreased blood flow through the vertebral artery is most often the cause of these symptoms.
- ▶ **Cranial Respiratory Motion** — The normal respiratory motion of the skull is essential for cerebral spinal fluid flow. A blockage in this flow can cause changes in brain function, especially as the brain regenerates during sleep.
- ▶ **Corpus Callosum** — The circuits that are damaged by the blow to the head need to be restored. This can be accomplished by eye movement exercises coupled with right- and left-hemisphere specific exercises.



The neurometabolic changes of this type of trauma are often one-sided and will offer up specific symptoms as to the location of the injury. When axons tear, a flood of potassium is released into the brain. This excess can be treated with magnesium supplements for the short term, until healing is well under way.

Case studies

DB, a 54-year-old male, presented complaining of short-term memory loss, confusion, brain fog, loss of concentration, headache and neck, shoulder and back pain. He had fallen on an

icy road and hit his upper back and head. He was unable to remember how he had gotten from one place to another. He was told he had a concussion and was removed from work.

He was told to rest and not do much thinking and was prescribed mild painkillers for the headache. He presented to my office six days later, concerned that he shouldn't be driving in his condition. Examination showed reduced range of motion in the cervical spine, some bruising of the right thenar area where his hand was caught during the fall, reduced range of motion in the right shoulder, and pain in the right gluteal area. His skull was tender on the right posterior side and his right orbit was slightly larger than his left. Point tenderness was noted on the right supraorbital arch and the right zygomatic arch.

Spatial and time parameters seemed intact; however, there was some lag in answering questions, as if he needed to be sure of the answer before offering it.

Concussion protocol was done with adjustment to the first rib on the right; cervical adjustment of C7 left, C6 right and atlas right; cranial adjustment on the right side of the skull; and sacroiliac adjustment on the right. He was then treated with the eye movement and hemisphere specific treatment and asked how he felt. His symptoms of pain and reduced range of motion were notably improved, and his brain fog and confusion seemed to be reduced also.

A second visit two weeks later showed much improvement in the concussion symptoms. The only major symptom remaining was a headache that occurred after several hours of work.

AK, a 38-year-old female doctor, was in a seminar I was teaching. She had received a concussion while in the Air Force 15 years earlier. After the protocol, she noticed an immediate reaction, and her brain fog lifted for the first time in 15 years. She was very anxious to learn the protocol for her patients.

Neurologists can diagnose and offer bedrest, brain rest and painkillers, but only chiropractors can cause the symptoms to abate. A simple three-step protocol can end much of the suffering that follows a blow to the head, no matter the age of the patient or the age of the injury. **CE**

MICHAEL S. GREENE, DC, FIAMA, NMD, DIPL. AC. (AACMA), is a graduate of Logan College of Chiropractic and has been in practice since 1977. He has been teaching post-graduate classes for CEUs for the last 15 years. He can be contacted at dr.mgreene@sbcglobal.net or 816-213-0583.

References can be found online at chiroeco.com

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SURPRISE! IT'S THE WORKERS' COMPENSATION INSPECTOR!

A cautionary tale for DCs

BY A.J. HUNZIKER, DC

TIME TO READ: 6-8 MIN.

THE TAKEAWAY

Compliance issues in terms of workers' compensation can be practice-breakers for small and large chiropractic practices. Keeping up with differing state regulations and updates can make the difference, as one DC shares the results of a surprise inspection at his clinic.

WORKERS' COMPENSATION ISSUES AND PENALTIES IN SOME STATES can be practice-breakers for small chiropractic or medical clinics. Many doctors of chiropractic not only own clinics but also act as managers, which includes an overabundance of responsibilities.

Schedules get busy with treatments, marketing and compliance, along with keeping track of law changes as responsible licensed physicians.

The surprise inspection

The following is a glimpse into the day a workers' compensation inspector walks into your office unannounced. The goal is to include useful information on how to avoid penalties and meet state requirements.

Imagine the normal Monday mid-morning rush is in full swing in your single-doctor clinic, including navigating patients and scheduling while jumping room to room. Suddenly your clinic manager gives you an always-concerning look and pulls you into an empty room, but this time to say there is an inspector in the clinic. Now as the anxiety kicks in and the mind is racing, you wonder — are all registrations up to date? All compliance posters hung? Fire extinguishers charged? Clinic current to all health codes?

Then you are told it is a "surprise" department of financial services inspection. In my small clinic my mother is our manager, and we are way too busy for this to be a "Ha-ha, you got me!" moment, so I know immediately this is serious.

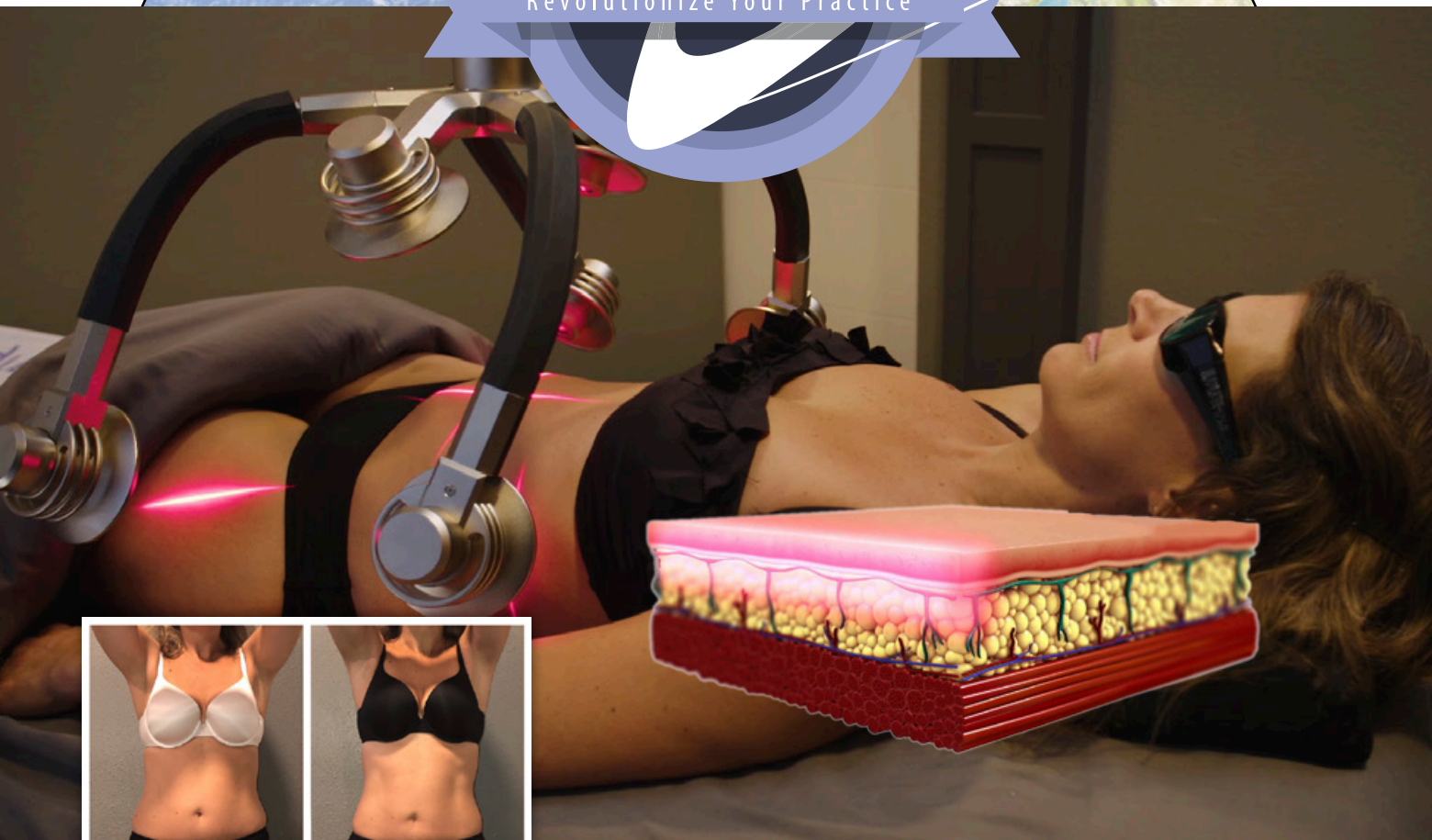
The first question is what you may have already thought — "Why the department of financial services?" This was the first lesson in my state, that the department of commerce regulates workers' compensation. Our posters were up to date, but that was not the real reason for the inspection — it was to see how many employees I had working at that time. We usually

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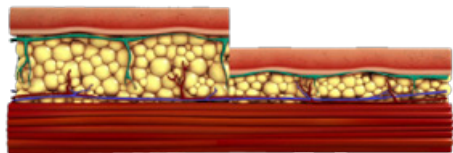


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have two or three employees, including myself, as well as an independent contractor. But this day we happened to have a crossover chiropractic assistant shift due to an employee's first day returning from maternity leave. Worse timing could not have been possible.

Employee numbers

Most business owners in my state know that, according to Florida Chapter 440, if you have four or more employees working at one time, including yourself as the owner, you need workers' compensation insurance. Many also know that as a business owner you can exempt yourself through the state. But if you are anything like myself, just more than 10 years in practice, I tried to exempt myself through the previously-arduous process of mailing documents to the state, after which I was denied.

Here was the second lesson. After explaining this to the inspector, he stated that the laws had changed and I am now eligible to be exempt. One can now file the exemption online and it is very quickly processed. This is one of the most important takeaways. Regardless, I explained this to the

inspector, who said it did not matter, and he quite obviously did not care whatsoever, continuing to state he was going to immediately shut the clinic down on the spot.

Was this even legal? Unfortunately it is completely legal, and in the middle of my mid-morning rush, with patients now asking questions, I had to sign a form that I would report to the department of commerce with a \$1,000 deposit on my fine, or I would be immediately shut down. Also stated in the forms was that a full two-year payroll audit was now mandatory, and the fine is equal to two times the amount the employer would have paid in premiums.

Fines and legal recourse

At this point I called my business attorney and the state chiropractic association legal counsel. They attempted to assist, but basically said pay the fine and do whatever they say. For myself the ironic part was the next day when I went to the department of commerce building to pay the \$1,000 deposit. I had to sign a form stating that I would perform a full two-year payroll audit and pay whatever the fine was calculated to be — without

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Now let us not forget the two-year payroll audit and what comes with it. If you get all of the requested information to the auditor within 21 days, you can possibly get a 25% reduced fine.

The question then becomes, what is required in the 24-month audit? In this case we had to supply:

- ▶ W-2s/940/941/RT-6
- ▶ Biweekly payroll summaries and timesheets
- ▶ Business tax returns
- ▶ Statements clarifying class codes for employees

‘Nobody has the time’

As I told my good friend Dr. Jake, president of our local chiropractic society, “Nobody has the time to deal with this or the stress in wondering if the fine is \$5,000, \$10,000 or more.” There was a small “win” because I really was almost always in compliance, so when the auditor stated that I had pretty much the smallest fine they had ever seen, in the hundreds after deposit, there was a small feeling of vindication.

Now I had planned to appeal the case, but due to the minimal amount I paid, I called it closure.

Compliance is twofold: education and follow-through. How would your practice fare against a 24-month audit? Laws change, and we as employers have to keep up with these changes to protect our medical businesses. **CE**

A.J. HUNZIKER, DC, attended Palmer College of Chiropractic-Florida and practices in Jacksonville Beach, Fla. He also majored in biomedical physics and minored in chemistry at the University of Wisconsin-La Crosse and was a U.S. Army active duty veteran of the 101st Airborne Division from 1995-98. He can be contacted at american-chiropractic.net.

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PATIENT SUCCESS STORIES: CHIROPRACTORS WORKING ALONGSIDE MDS

Working together benefits patients and the chiropractic industry

BY STEPHANIE ZEILENGA

TIME TO READ: 6-8 MIN.

THE TAKEAWAY

DCs working in integrated medicine are raising the profile of chiropractic, while students who complete part of their training in integrated settings come out with “a broad appreciation for health care and know where they fit in within the health care system.”

HEALTH CARE SOMETIMES RECEIVES A BAD RAP for being difficult to navigate, slowed down by bureaucratic red tape and a frustrating referral system. But in integrated settings, where doctors of chiropractic work alongside MDs and other medical practitioners, those problems can disappear. Collaboration results not only in improved patient outcomes, but also growth for participating clinicians and stronger research efforts.

Better collaboration, better care

When a nurse practitioner approached Ross Mattox, DC, RMSK, for help with a patient who was experiencing severe back pain but refused an ambulance, Mattox’s team jumped into action. Mattox leads Logan University’s chiropractic clinic within

CareSTL Health, an integrated, federally-qualified health center in St. Louis. After just a few minutes, the chiropractors found a directional preference, cutting her pain in half.

“Once the back pain was controlled, it became evident that the patient was also experiencing abdominal pain that had been masked by the more severe back pain. That generated an imaging order, which showed a ruptured ovarian cyst,” Mattox said.

The whole ordeal — back pain, chiropractic care, imaging and cyst diagnosis — took just an hour.

This is just one of countless patient success stories highlighting the benefits of integrated care. In general, patients with this type of care available benefit from the

“Once the back pain was controlled, it became evident that the patient was also experiencing abdominal pain”

convenience of having many doctors under one roof with open lines of communication.

“What I love about integrated care is I can effectively manage low-back pain and if the patient has another problem, they can just walk down the hall to see another doctor,” said Patrick Battaglia, DC, DACBR, lead clinician at Logan University’s chiropractic clinic at Affinia Healthcare in St. Louis, where he works alongside primary care doctors, women’s health practitioners, physician’s assistants and nurse practitioners.

Integrated spine care

At Froedtert & The Medical College of Wisconsin’s (MCW) SpineCare Clinic in Milwaukee, Jeff King, DC, MS, works alongside a team of physiatrists, neurosurgeons, other chiropractors, pain psychologists and physical therapists to treat adults with back pain and other spinal issues. Patient care is their primary concern, and working together allows them to deliver the best treatment plan possible, King said.

“Patients can come to the SpineCare clinic and have all of the options they’re likely to need to manage spine pain in one place,” he noted. “If there’s something unique about a patient’s case, it’s easy for me to give my colleagues a heads-up. When patients know their doctors are talking to one another, it’s reassuring. Patients intuitively respond to that.”

For some conditions, such as chronic pain, working alongside MDs allows chiropractors to ensure their patients are receiving the entire spectrum of treatment needed.

“There is no single treatment for chronic pain, so it’s nice to have different providers under the same roof who are part of a team treating chronic pain with a multi-disciplinary approach,” Mattox said.

In addition to frontline patient care, chiropractors in integrated settings often work alongside MDs on research studies to further improve patient care and outcomes. Battaglia is in the middle of conducting a study on opioids; one of the study’s investigators is Christopher Prater, MD, a faculty member at the Washington University School of Medicine in St. Louis. Likewise, King is in the midst of a chart review looking at the prevalence of cervical spine pain in mild traumatic brain injury and concussion patients presenting to a pediatric emergency department. His physiatry colleague has added valuable perspective, he said.

“She suggested a lot of things we should look at that we hadn’t considered that ultimately helped us create a stronger research project,” King said.



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For some conditions, such as chronic pain, working alongside MDs allows chiropractors to ensure their patients are receiving the entire spectrum of treatment needed

The ideal training ground

DC students who complete part of their training in an integrated setting reap many benefits. Battaglia believes training in an integrated environment should be mandatory.

“The educational component that

our setting provides for students is enormous,” he said. “It gives them a broad appreciation for health care and lets them know where they fit in within the health care system and the immense value they can add.”

Practicing in an integrated setting

also teaches chiropractors how to operate within a patient team, which is becoming an increasingly crucial skill in the chiropractic field, said King, who established a preceptorship program at MCW last year.

“It’s important for DC students to get exposed to many other health care professionals because at the end of the day, everyone is trying to help patients,” he said. “Training in an integrated setting removes a lot of the stigma we may have about working with other types of providers or co-managing cases. Our goal with the preceptorship is to give students confidence in communicating with patients and other providers because ultimately, when the patient has multiple providers who are communicating and understand the patient’s goals, the patient benefits. We also wanted to expose our interns to a broader spectrum of spine-related problems. Being an academic medical center, we see plenty of common spine problems but also more complex conditions.”

Integrated settings may provide unique career opportunities as well. King, for example, was recently named the first-ever director of chiropractic at MCW’s SpineCare clinic. His new role was created partly in recognition of the large number of patients who come to the clinic wishing to see a chiropractor but remain with a large health system. As director of chiropractic, King leads chiropractic across SpineCare’s four clinic locations and weighs in on referral patterns and educational programs to enhance the role of chiropractic care at the institutional level, further enhancing the value of integrated care. **CE**

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STEPHANIE ZEILENGA is a writer and public relations communicator specializing in health care, technology and trade. She is based in St. Louis and can be contacted at stephanie@commongroundpr.com.

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TIMELINE: CHIROPRACTIC TABLES

TABLES HAVE EVOLVED ALONG WITH THE CHIROPRACTIC FIELD

BY CHRISTINA DEBUSK

TIME TO READ: 5-6 MIN.

THE TAKEAWAY

Chiropractic tables have come a long way since D.D. Palmer first made history in 1895.

WHEN CELL PHONES FIRST ARRIVED FOR PUBLIC

CONSUMPTION you needed an additional box about as big as a briefcase. They were carried about, and plugged into a vehicle's cigarette lighter whenever one was out and about and needed to make a call.

Fast forward to today and most mobile phones are just barely bigger than a deck of cards (and much thinner), and can connect you with anyone you'd like without being plugged in at all. Not to mention that they also do so much more, like giving you access to your bank accounts, social media profiles, health apps, and pretty much any other online account.

Chiropractic tables, too, have gone through an evolution of sorts, changing in tandem with innovations that have occurred within the chiropractic field. Understanding this change requires taking a short walk back in time, to the late 1800s.

The first chiropractic table

The first recorded chiropractic adjustment occurred in September of 1895. The doctor making the adjustment was D.D. Palmer and his patient was Harvey Lillard, a man who had been deaf for 17 years. Yet, after just two chiropractic

treatments, he "could hear quite well."

This table was a flat one-piece consisting of plain oak and pinewood according to A. Aug Dye, DC, author of *The Evolution of Chiropractic: Its Discovery and Development*. Dye further indicates that this table was put together by either a carpenter patient or D.D. himself. Either way, unlike the tables today, this one was on relatively short legs, placing the patient about knee-high.

Additionally, while this particular table did have a leather covering, there was no padding beneath it. Dye explains that this earned the table the name of the "nose-breaker" as it caused more than a few bloody noses when patient's faces were forced into the leather and wood during the adjustment.

The two-piece chiropractic table

It would be about a decade before the chiropractic table would change, now manufactured by a company versus a person, and it was portable at the same time.

It was around 1908 and the table was called the Adams Suit Case Table, likely because when it was folded up for transport it looked like a wooden suitcase. However, once you opened

1895

First recorded adjustment on the first-ever chiropractic table, with D.D. Palmer adjusting Harvey Lillard



1910

First "adjustable" chiropractic table, invented by Bert Clayton. Many DCs also began using hard pillows or pads to raise the patient's chest and hips with one-piece tables



First company-manufactured chiropractic table, the Adams Suit Case Table



First chiropractic table patent on record for a hi-lo table



1908

1912

it up, it was actually two separate pieces that were generally covered in either leather or velvet.

For purposes of the adjustment, the patient's hips were placed in the opening between the two tables. The piece placed under the lower body was completely flat and the other, which went under their upper body, had a minor incline. This kept the patient's head slightly elevated during the adjustment and positioned his or her body for the doctor's thrust.

Dye adds that some of these two-piece tables had a middle table or wide cloth in the opening to keep the patients from tensing up due to having their midsection suspended between the two tables.

Enter the adjustable chiropractic table

In late 1910 or early 1911, the first "adjustable" or mechanical table was created by Bert Clayton. Specifically, Clayton had figured out a way to move the table mechanically via compressed air.

With this advent the chiropractic table also switched from being made of wood to being mostly metal. Dye says that this made them "neater, more easily kept clean by the office attendant, and presented a more professional appearance." Essentially, this was when the hi-lo table was born, even though the first table of this type wasn't patented until around 1912.

It was also around 1910 when many chiropractors, still using the wooden one-piece tables, also used pillows and pads in an attempt to position the patient's hips and chest above the rest of the table. This provided a little more comfort while also allowing the DC to make a chiropractic adjustment with less force.

The electric table

Almost 30 years later, inventors worked to find a way to make chiropractic tables that operated electrically. In 1937-38 they finally succeeded and, from that point on, most mechanical tables sold to doctors of chiropractic operated via electricity.

This type of table is still being used in most chiropractic offices today, though with a few more electronically-assisted

options as the years progress, offering the DC the ability to easily transition the patient between a vertical and horizontal position.

Drop pieces enter the scene

Then, in 1955, another option became available: the drop headpiece. Just prior to this, J. Clay Thompson, DC, had purchased a used chiropractic table. The headpiece was broken, so every time Thompson administered a thrust, it would inadvertently drop.

However, it wasn't until Thompson purchased a new table with a headpiece intact that he realized how much that drop actually helped. His patients echoed this as well.

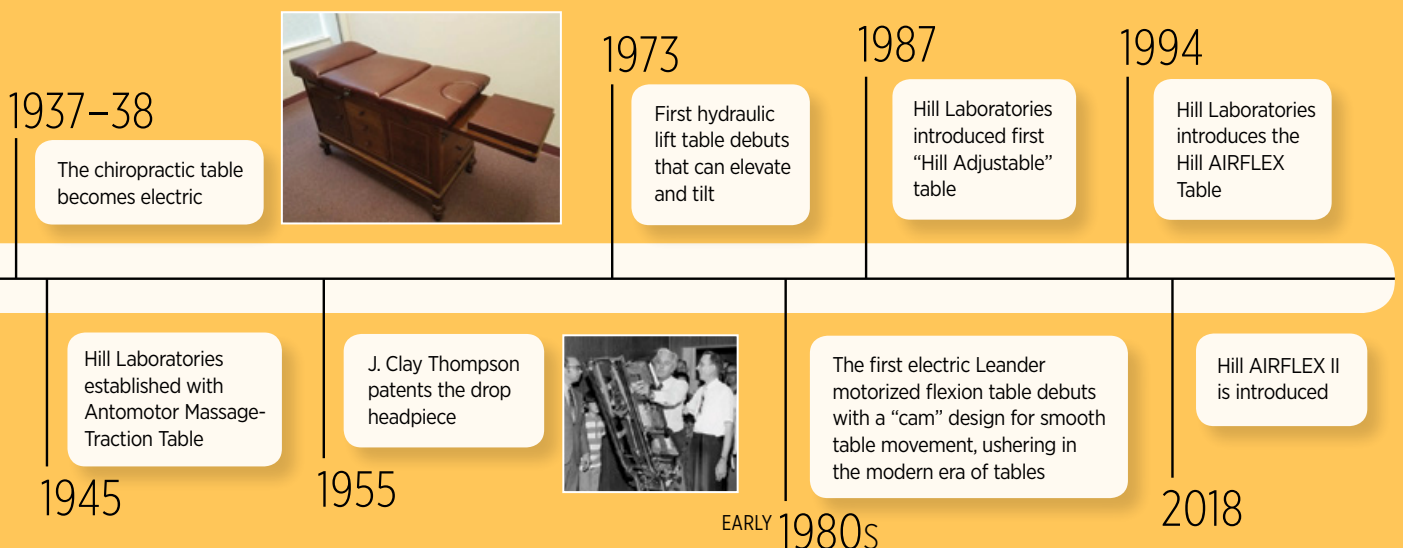
As a result, Thompson invented the drop headpiece. In turn, this led to the creation of the Thompson Technique, which utilizes drops to help make the adjustment. Now these drops extend to other areas of the body as well, such as the lumbar and thoracic spine.

Chiropractic tables today

Today DCs have access to a wide variety of chiropractic tables. Among them are:

- ▶ Adjusting elevation tables with manual or automatic drops
- ▶ Flexion drop tables with manual or air drops
- ▶ Decompression tables
- ▶ Traction tables
- ▶ Stationary spinal mobilization tables

Additionally, these tables typically come with a wide variety of features the DC can choose based on preference. These options include armrests, electronically-controlled height adjusters, medium or firm foam tops, different color vinyl coverings and antimicrobial base covers. **CE**



Chiropractic Economics' Point-Counterpoint is where doctors of chiropractic and health care industry professionals debate the industry's hottest topics. This issue:

Meditation or Yoga



POINT Meditation and chiropractic

Doctors regularly advocate exercise for back pain and neck pain alleviation. The question is, will exercising help a patient's pain? Absolutely! Has there been research done to back up these claims? Definitely!

A portion of care plans is usually exercise for the physical body. But what about the mental part of back and neck pain? There's a good exercise for patients' brains that can help with controlling the body: meditation.

For some folks meditation may be "out there," but for others meditation may be the thing to try that will offer relieving help. Patients who suffer with a chronic pain condition — one that has been with them for years, be that neck pain or back pain or leg pain or whatever — are used to their mind's attention to pain. Might meditation be a way for them to change their focus, adjust their attention? It may be.

Researchers have published findings that meditation may be a new approach to reducing chronic neck pain. These researchers studied chronic neck pain patients who had experienced neck pain for an average of 11 years. These neck pain patients reported pain over 40 out of 100 on the pain scale.

The researchers randomized these chronic neck pain patients to one of two groups for eight weeks: meditation or home exercise. The outcomes were encouraging: Meditation "significantly reduced pain" more than home exercise.¹

So encourage patients to exercise their mind with meditation to reduce back and neck pain. It can be done at home alone or with others in a class or via an online-directed meditation. Whatever format they are comfortable with, meditation may be an effective addition to your chiropractic care plan of spinal manipulation.

DAVID SATTERWHITE, DC, is clinical director at Satterwhite Chiropractic of Oxford in North Carolina and can be reached at satterwhitechiropractic.com.

COUNTERPOINT Yoga and chiropractic

Yoga has gained steadily in popularity in the last decade. Originally developed thousands of years ago, the practice of breathing, posing and stretching offers a variety of important health benefits.

Although the two disciplines come from entirely different histories, the concept that yoga heals the body in its entirety closely mirrors the concept behind chiropractic care. These similar foundations offer enormous benefits to those suffering from a variety of injuries and conditions that seek help from a chiropractor.

Here are four reasons why:

Yoga primes the body for healing — Practicing yoga stretches and elongates the body's muscles, releasing tension and stress. Before patients visit their chiropractors, yoga can serve to warm up their bodies and clarify their minds.

Yoga strengthens joints and ligaments — Dealing with a health condition or injury is frustrating and can seem like it takes forever to heal. Implementing yoga into a recovery plan helps strengthen joints and ligaments, which aids in promoting healing and cutting down the time it takes to get better.

Yoga increases range of motion — Depending on the severity of the individual's specific condition, chiropractic patients may need several visits to "prep" their bodies before the main issue can even be addressed. The patient is more pliable, and the visit is able to offer more in-depth adjustments.

It prevents future injury — Many reasons individuals seek chiropractic treatment are for recurring issues. Yoga provides an ongoing way for patients dealing with chronic issues to manage and reduce instances of pain, inflammation and other symptoms. Chiropractic care coupled with yoga offers a great many benefits to patients who are dealing with medical conditions or injury.

RYAN PORTERFIELD, DC, attended Logan College of Chiropractic. He can be contacted at Porterfield Family Chiropractic at valparaisochiropractor.com.

Weigh-in with your Point-Counterpoint — see the latest topic, write a 300-word or less response and possibly have your opinion appear in the next issue of *Chiropractic Economics* — go to facebook.com/ChiroEcoMag.

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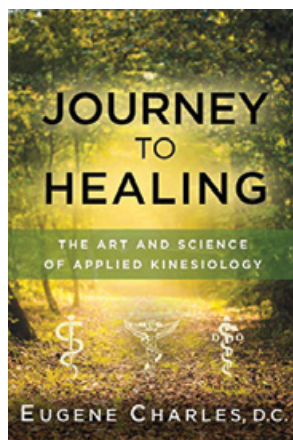
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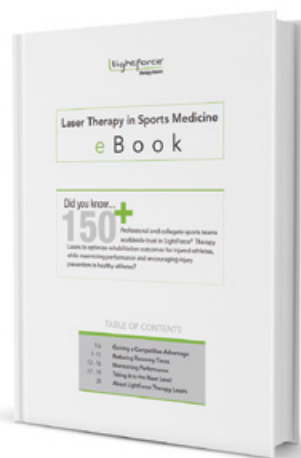
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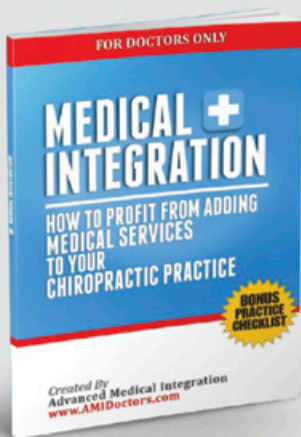
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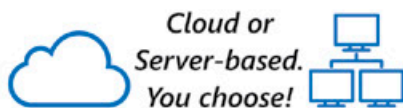
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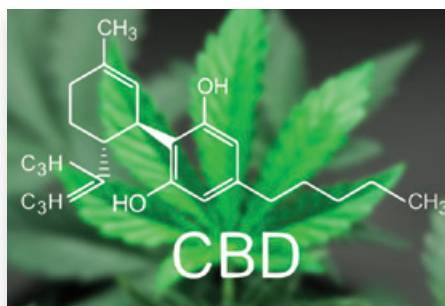
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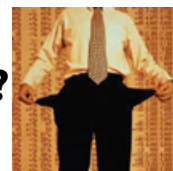
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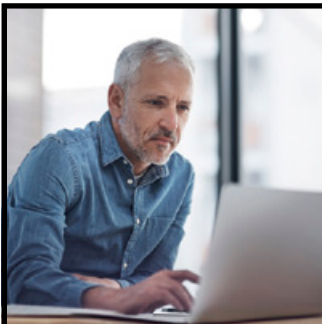
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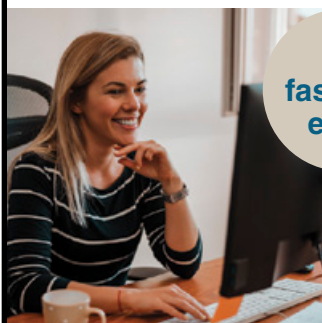
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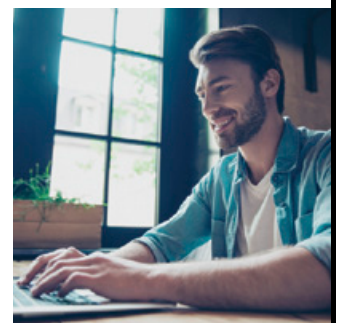
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Most Doctors Are Too Busy Earning a Living To Make Any Money...Don't Let This Happen To You!



This is Dr. Mark. He hasn't been sleeping too well lately. He can't. He lies in bed awake, trying to solve the many problems that he just can't get on top of.

He's worried about his practice because he barely makes his overhead, his employees keep giving him grief, he's tired of working long days, and on top of all of that, he's in pain from years of wear and tear of adjusting patient after patient, day after day after day.

Not to mention, he's wondering how he's going to grow his practice when insurance companies keep paying out less and less and every chiropractic consultant has been a let down... finding himself even more in debt.

This isn't why Dr. Mark became a Chiropractor in the first place. He wanted to help people! He wanted to help patients get out of pain and truly make a difference, while providing a nice, comfortable life for his family.

Where did he go wrong?

Well, the sad truth is...it's not his fault.

So many chiropractors start out like Dr. Mark, hoping to help people, only to realize they didn't learn how to run and grow a business in school.

I'm Dr. Todd Singleton. I'm sure you've seen me around in the articles I've written for all of the chiropractic trade journals, or speaking at the main trade shows around the country. Over ten years ago, I pioneered the concept of running a weight loss program from a chiropractic office.

Read what some of our doctors have to say...

"I can see that within 3-6 months, we'll be at our goal of \$100,000 a month in our clinic. Everything is done for you, and it's an easy program to get implemented."

"We increased our weight loss revenue from \$30,000 to \$80,000 per month in just 6 weeks!"

"I've used the program for one week and already made money. The amazing part is they are always there for me. It's a turn-key system, and I am very pleased with them!"

"We are on track to make \$40,000 this month, and my patients are getting fantastic results."

"In 26 years, this is the greatest value I have ever received."

"Thank you for creating such an awesome program! I am having more fun now than at any time in my 17-year career!"

Now, if you're wondering how my program stands up to others in the industry, let me clue you in... Ever since opportunists in our industry realized they could sell weight loss to chiropractors, there's been numerous copycats come and go. The big difference between my program and the rest? It works. Simple as that. Even though people have ripped off my program, they can't ever duplicate it quite right, to get the results that our doctors get. So...

If you're tired of...

- Getting reimbursed pennies on the dollar by Insurance Companies...
- The constant, futile search for new patients...
- Wondering how to meet your overhead...
- Patients whining over co-pays...
- Not seeing ideal results with patient care...

If you're ready to...

- Have more money in your bank account...
- Have a practice full of raving fans...
- Get your EXCITEMENT for practicing back...
- Implement a SYSTEM that your STAFF can run for you...
- Change the lives of your patients, your staff, your family and YOU...
- Make an additional \$25,000 to \$200,000 per month

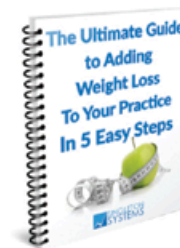
Then you need...

"The Ultimate Guide to Adding Weight Loss To Your Practice In 5 Easy Steps!"

I know you're probably skeptical. After all, what I'm saying might be contrary to what your family, friends and colleagues talk about. But let me ask you one question...how many of them are financially stable?

A month from today, you can be nothing more than 30 days older, more tired, and still struggling - or you can be on your way to a life full of freedom and fulfillment!

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-Kenneth Bahoora, DC - NV

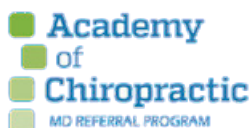


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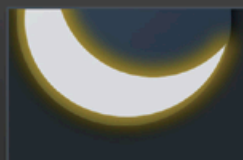
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