

22nd Annual Salary & Expense Survey

New opportunities ahead

The growth of integrative practices suggests that today's patients aren't just looking for a chiropractor, but a total wellness provider

BY ALLISON M. PAYNE

TIME TO READ: 10-12 MIN.

THE RESULTS OF THIS YEAR'S SURVEY BUCKED SEVERAL TRENDS THAT HAVE HELD TRUE FOR THE PAST FEW YEARS — but we received a record-breaking 800+ responses, so the data better reflects the current state of the industry, rather than indicating decline.

Slightly more than 56% of chiropractors reported gross billings are increasing compared to last year, while 27% have remained the same, so overall the industry is reportedly doing well.

Multidisciplinary and integrated practices are achieving success, and new products and supplements, such as CBD, are opening the door to increased retail sales.

Chiropractors who have been in the industry longer are earning the larger paychecks that come with more experience, showing that hard work and dedication do pay off. Although the gender gap in chiropractic is still approximately 80% males and 20% females, the demographics in chiropractic colleges are more evenly balanced. With the passage of time, this gap is likely to narrow.

There is strength in numbers, as chiropractors have been increasingly joining forces with other health care providers to bolster patient satisfaction as well as manage cost savings. Approximately 39% of DCs said they have employed a massage therapist as part of their practice, followed by 11% of

chiropractors who have employed an acupuncturist.

Our 22nd Annual Salary and Expense Survey shows there is reason to be hopeful in entering and remaining in the chiropractic field. The results are from more than 800 responses, a more than 50% increase over DCs responding to the survey in 2018.

The opioid epidemic

Over the past few years the opioid crisis has been increasingly devastating individuals and families across the United States. Data released by the Centers for Disease Control and Prevention revealed that opioid overdose killed more than 47,500 people in 2017; opioids are involved in nearly 68% of drug overdose deaths.¹ As a result, legislators have been forced to take a deeper look at this crisis.

We are now seeing a number of states pass legislation that looks favorably upon more conservative approaches to pain management. Specifically, an increasing number of lawmakers are passing legislation to regulate the use of opioids, and to

¹ Drug Overdose Deaths." Centers for Disease Control and Prevention. <https://www.cdc.gov/drugoverdose/data/statedeaths.html>. Published December 19, 2018. Accessed April 17, 2019.

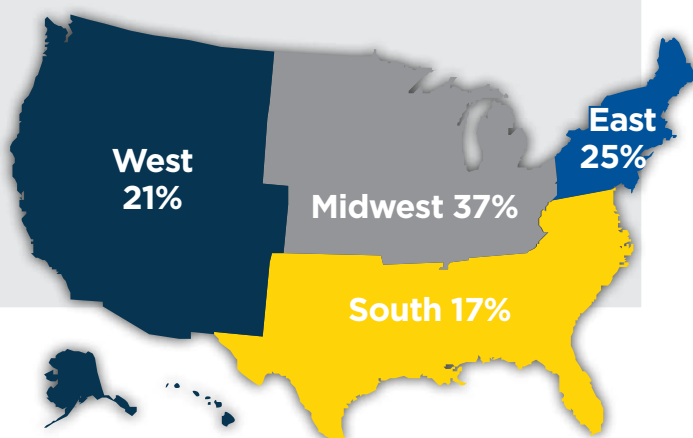
About this survey

Our 22nd Annual Salary and Expense Survey had a record number of participants, with more than 800 doctors of chiropractic responding to the confidential, web-based questionnaire. During March 2019, *Chiropractic Economics* magazine invited practicing chiropractors (and CAs on their behalf) to complete the yearly survey.

We extended the invitation by email as well as through announcements in our e-newsletters and social networking sites. Additionally, we encouraged a number of state, national and alumni associations to distribute the survey to their members.

Regional representation — Our response to this year's survey was wide-ranging. The regional breakdown is as follows: Midwest, 37%; South, 17%; West, 21%; and East, 25%.

Statistics — You will find references to averages (or means) in this year's survey. Reader feedback has indicated that the survey is better understood by only stating averages. The average is the number calculated by dividing the total by the number in the set — an arithmetic average.



better fund and promote alternative pain solutions, including chiropractic. For example, in March the Arizona state Senate passed a bill that would cover 20 chiropractic visits per year under Medicaid, or more at a physician's discretion, following the lead of several other states seeking to decrease opioid abuse.

Measures like this appear to have had some success in helping curb the epidemic; research released earlier this year from the Yale School of Medicine found that patients who sought chiropractic care for their musculoskeletal pain were almost 50% less likely to receive an opioid prescription than those visiting other health care providers.²

Emerging research and legislation are pointing to something chiropractors have known for years: non-invasive and non-addictive methods of treatment can be an excellent first option against pain to avoid the use or overuse of opioids.

Making the case for chiropractic

DCs across the country are facing a once-in-a-generation opportunity to make the case for chiropractic care. DCs across the country are seeing an average of 129 patients per week. Evidently, greater numbers of people are seeing the value of chiropractic care, especially in an integrative setting. The millennial generation, for its part, strongly values health and fitness, indicating that the patient of the future will be predisposed to the wellness message.

The industry is moving in a positive direction with support from government officials and health care organizations who view chiropractic as an effective option for musculoskeletal pain management.

3-Year Comparison of Respondent Information

Personal Characteristics	2019	2018	2017
Average Age	47.7	48.3	48.4
Male	76.7%	77.4%	79.8%
Female	23.3%	22.5%	20.2%
Years in Practice	17.5	19	20
Solo Practitioner	54.6%	55.2%	59%
Group Practitioner/Partner	22.4%	27.2%	25%
Associate	12%	12.1%	13.2%
Franchise Owner	3.5%	1.77%	1.3%

Practice Characteristics

Suburban	53.3%	54.4%	51%
Urban	28.1%	25.9%	30%
Rural	18.6%	19.7%	19%
No. of Employees	0-1	3.5%	3.9
Hours/Week in Patient Care	31-40	34%	34.8
Average PVA	51.3%	16.6	33.8
Average Patient Visits/Week	129	139	131
Average New Patients/Week	7.5	8.6	7.4

Income Comparisons

Average Gross Billings	\$546,489	\$619,530	\$608,564
Average Gross Collections	\$304,315	\$448,848	\$436,705
Average DC Salary	\$97,495	\$107,310	\$101,734
Average DC Total Comp.	\$123,435	\$140,050	\$136,971

Expenses

Advertising	\$11,617	\$13,442	\$15,455
Malpractice Insurance	\$2,951	\$2,713	\$2,915
Office Lease or Mortgage	\$25,692	\$22,797	\$24,009

² "Chiropractic Care Tied to Significant Reduction in Opioid Scripts." American Academy of Pain Medicine (AAPM) 2019 Annual Meeting. <https://www.medscape.com/viewarticle/910617>. Published March 19, 2019. Accessed April 17, 2019.

Meet the respondents

With more than 800 practices responding, our salary and expense survey attracted a wide range of doctors across the nation. We heard from practitioners between the ages of 24-87 years old, and from those who have been in practice for less than a year to 30 years or more.

By averaging the responses to many of this year's questions, we can see what the average respondent might look like:

- ▶ male (only 23% of respondents were female),
- ▶ 47 years old,
- ▶ a solo practitioner (55%),
- ▶ licensed in one state (77%).

Our average respondent:

- ▶ owns one clinic (90%),
- ▶ prefers to practice in the suburbs (53%),
- ▶ employs no one else in the clinic (19%) or one other person (15%),

- ▶ sees 129 patients each week, has a patient-visit average (PVA) of 51,
- ▶ attracts seven new patients each week,
- ▶ and sees patients about 31-40 hours a week.

The average respondent has:

- ▶ average billings of \$423,150 and collections of \$304,300 for a reimbursement rate of 72%;
- ▶ sells products to patients for 7% of gross revenues;
- ▶ pays CAs \$28,300 and himself \$97,500;
- ▶ and enjoys average total compensation of \$123,400.

Finally, this typical respondent spends roughly \$25,700 on office leases or mortgages, \$11,600 on advertising, and \$2,950 on malpractice insurance.

Overview of 2019 Respondents

Personal Characteristics

Average Age	47.7
Male	76.7%
Female	23.3%
Years in Practice	17.5
Solo DC	55%
In a Group or Partnership	22%
Associate	12.0%
Independent Contractor	7.6%
Franchise Owner	3.5%
No. of State Licenses	1

Clinic Characteristics

Clinics	1.2
Urban	28.1%
Suburban	53.3%
Rural	18.6%
Employees	0-1
Average PVA	51.3
Average Patients/Week	129
Average New Patients/Week	7.5
Cash Only	16.90%

Specialty

General	56.2%
Family	20.6%
Sports/Rehab	12.6%
Nutrition	2.3%
Pediatrics	0.7%
Other	8.2%

Specialists In Clinic

LMT	38.8%
Acupuncturist	11.3%
MD/DO	8.5%
Nutritionist	7.3%
PT	6.7%
Fitness Trainer	5.6%
Other	8.1%
None	48.1%

Income

Average Billings	\$546,489
Range	0-\$5M
Average Collections	\$304,315
Range	\$0-\$1M
% Income From Retail	6.6%

Average Salaries

Total DC Comp	\$140,051
Average DC	\$97,495
Average Associate	\$49,151
Average PT	\$17,164
Average Nutritionist	\$3,392
Average Fitness Trainer	\$7,742
Average CA	\$28,208
Average LMT	\$21,735
Pediatrics	0.7%
Other	8.2%

Average Expenses

Advertising	\$11,617
Malpractice Insurance	\$2,951
Office Lease/Mortgage (yr)	\$25,692

Modalities Provided

Chiropractic	98.6%
Instrument Adjusting	61.5%
Electrotherapy	61.1%
Exercise Programs	56.3%
Nutrition	52.2%
Kinesiology Tape	49.1%
PT/Rehab	48.2%
Massage	42.3%
Laser Therapy	31.6%
IASTM	30.40%
Decompression	29.0%
Acupuncture	21.6%
Weight-Loss Programs	21.6%
Homeopathy	9.7%
Medical Services	8.8%
Other	7.8%
None	0.2%

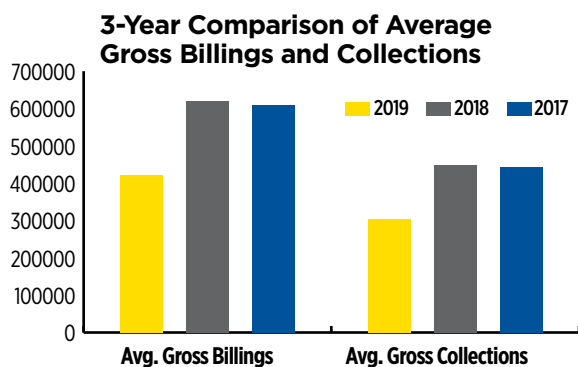
Money talks

Average collections decreased compared to last year's numbers, and average billings dipped, too — a result of a more accurate accounting due to a larger survey sample size.

Average gross billings were reported at \$546,500, which is a decrease from last year's \$620,000. Collections were reported at \$395,500, which is a decrease from \$449,000 in 2018 and \$443,100 in 2017.

This year's billings and collections numbers equal an average reimbursement rate of almost 72.5%, the same as 2018. Up until 2017, the average reimbursement rate had been slowly increasing over time, as shown by the 17% increase from 2016 and the 11% increase from 2015. While many DCs may be billing for less overall, it appears they are receiving the same percentage of that money back as in previous years.

It is also likely that the 2019 survey's larger sample size — a more than 50% increase in respondents — has reported more accurate numbers, which could further explain the difference.



Don't MinD me

As chiropractors assess their own earnings and expenses, familiarity with their financial environment in the health care industry can provide valuable context to their conclusions.

Some DCs team up with MDs to create a more comprehensive practice; others consult regularly with general practitioners in their community. As such, this year we compared our salary survey to the data collected by *Medical Economics*.

In *Medical Economics'* 89th Annual Physician Report, published in April 2018, respondents indicated that the average salary for a family care physician was \$205,000. This is sharply contrasted with specialist physicians who top out at upwards of \$400,000.

Comparatively, the average total compensation reported for DCs in this year's survey was \$123,400; this is down from \$140,051 in 2018.

Medical Economics also reported that the highest median income came from the Western and Midwest regions (\$252,000 and \$249,000). Salaries were also higher in urban areas, with an average of \$253,000, followed by suburban at \$249,000.

The average number of patients seen by general physicians was 83 per week. In addition, they found that the median earnings were higher for men (\$268,000) than women (\$207,000) with a gap of \$61,000, down from \$66,000 in the previous year.

To compare more statistics between chiropractors and primary care doctors, visit *Medical Economics* at medicaleconomics.com.

How patients pay

While your true specialty lies in your ability to provide successful chiropractic care, you likely have several other income sources, such as retail, diagnostics and consulting.

DCs still report that their major source of income remains in patient care, highlighting the dedication and commitment DCs have to their patients. More than 76% reported patient treatment

as their major source of income, which is down from 90% in 2018.

Other sources of income include physical therapy at 13%; massage therapy and retail products at 7% each; diagnostic testing at 6%; and consulting at less than 1%.

We also asked what percent of your treatment is paid for by the following: cash from patients, individual or group health insurance, Medicare, auto insurance,

Medicaid, personal injury coverage, Workers' Compensation, barter or trade, and other.

The majority of treatments are paid in cash (42%) or by individual or group health insurance (35%). Personal injury coverage paid for 15% of treatments, followed by Medicare (12.5%), Medicaid (5%), Workers' Compensation (4%), and barter or trade (1.6%).

Sources of Income

Patient Treatment	76.0%
Physical Therapy	13.0%
Retail	7.0%
Massage Therapy	7.0%
Diagnostics	6.0%
Other	3.0%
Consulting	1.0%

Patient Treatment

Cash	42.0%
Insurance	35.0%
Personal Injury	15.0%
Medicare	12.0%
Medicaid	5.0%
Workers' Comp	4.0%
Barter/trade	2.0%
Other	3.0%

Major Practice Expenses

Office Lease / Mortgage	\$25,692
Advertising	\$11,617
Malpractice Insurance	\$2,951

Solo vs. groups

This year's survey showed a decrease in the number of DCs practicing in groups (or partnerships) at 22%; this represents a 5% dip from last year's 27%. However, since 2013, the number has hovered between 25-30%, showing that a fair number of DCs have found success in joining forces.

The 55% of doctors reporting as solo practitioners remained the same as last year's 55% and was a slight decrease from 2017's 59%. Those indicating they were working as an associate held steady this year at 12%, the same as last year; while the number of franchisees ticked up to 3.5% from last year's 2%.

When it comes to billings and collections, solo practices saw a decrease in both amounts this year, reversing the trend our 2018 results suggested. Solo DCs reported average billings of \$356,200 and collections of \$267,700, compared to average billings of \$490,570 and collections of \$381,525 last year, again attributed to a larger and more accurate sample size.

The solo reimbursement rate dipped slightly (75% compared to 77% last year).

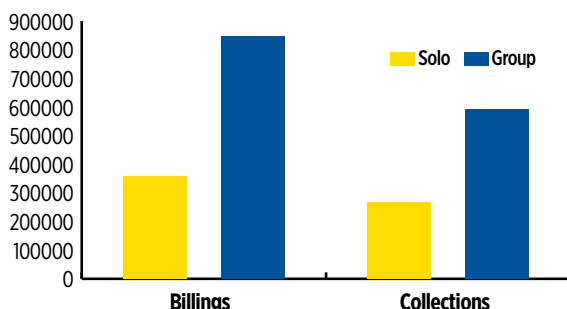
Group practice billings and collections fared better over solo DCs across the board, in keeping with the established trend, but reimbursement rates were relatively similar this year. This year's group billings were \$847,000 (compared to \$927,400 last year) and collections came in at \$592,200 compared to \$660,625 in 2018. The group practice reimbursement rate dipped slightly from last year, coming in at 70% from last year's 71% and 69% in 2017.

The average total compensation for solo DCs this year was \$111,100 compared to \$132,000 last year. The average total compensation for a DC practicing in a group setting decreased from \$190,750 last year to \$148,570 this year. Salaries for solo DCs averaged \$99,500, an increase from \$96,850 last year, and those participating in a group practice averaged \$106,500. (Note: Total compensation for unincorporated DCs is defined as earnings after tax-deductible expenses, but before income tax. For DCs in a professional corporation, it is the sum of salary, bonuses and retirement/profit-sharing contributions made on their behalf.)

Solo practices spent \$2,430 on insurance (an increase from last year's \$2,220), and \$7,075 on advertising. Group practices spent less on insurance than last year (\$3,960 compared to \$4,540 in 2018). They also spent \$22,550 on advertising, a small decrease from \$24,860 in 2018.

Group practices are spending slightly more this year on office space, too, at \$35,900 compared to \$34,480 last year. Solo practices also spent more this year at \$22,800, compared with last year's \$18,070.

Solo vs. Group: Average Billings and Collections



Comparison of Solo & Group Practices

Clinic Label	Solo	Group
Clinic	69.1%	64.3%
Wellness Center	25.6%	21.8%
Medical Spa	0.2%	0.0%
Rehab Center	5.0%	11.9%
Franchise	0.0%	1.7%

Clinic Statistics

No. of Employees	2.73	6.92
No. of FT Employees	1.97	4.66
PVA	43.1	62.54
No. Patients/Week	105.2	161.77
New Patients/Week	5.63	10.15
Cash Only	17%	16.6%
Avg Billings	\$356,208	\$846,960
Avg Collections	\$267,729	\$592,192

Compensation and Benefits

Retirement	14.6%	18.7%
Health Care Benefits	9.4%	18.1%
Incentives or Bonuses	27.7%	32.2%
Profit Sharing	4.4%	7.5%
Paid Time Off	58.7%	68.2%
Avg CA	\$28,970.24	\$33,424.17
Avg LMT	\$30,346.67	\$34,760.95
Avg DC	\$99,505	\$106,507
Avg Total DC Comp	\$111,089	\$148,568

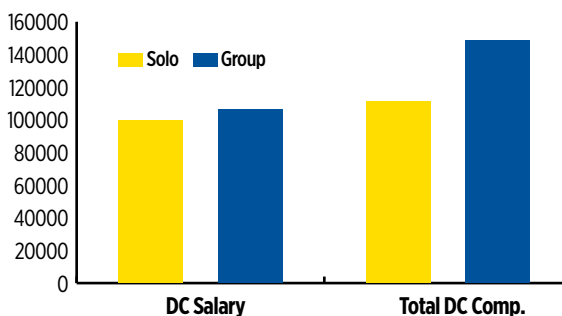
Specialists Provided

LMT	24%	29%
Acupuncturist	4%	12%
Nutritionist	3%	7%
PT	2%	8%
Fitness Trainer	2%	7%
MD/DO	2%	11%
Other	4%	5%
None	39%	24%

Expenses

Office Lease or Mortgage (yr)	\$22,775.85	\$35,936.16
Advertising	\$7,075.78	\$22,554.12
Malpractice Insurance	\$2,432.91	\$3,961.39

Solo vs. Group: Average DC Compensation



Integrative care on the rise

In response to reader requests years ago, *Chiropractic Economics* expanded its “integrated clinics/DCs only” breakdown to provide a more comprehensive look at the profession.

We continued that trend this year by asking respondents to indicate if they were practicing as a DC only, in an integrated clinic, or in a multidisciplinary clinic. An integrated clinic includes those practices with both a DC and a medical doctor on staff. A multidisciplinary clinic is defined as having a practicing DC and any other complementary medicine practitioner on staff (e.g., acupuncturist, PT, LMT).

This year 64% reported offering chiropractic care only, up from 55% last year; 27% said they operated as a multidisciplinary clinic, down from 30% last year; and 8% responded as an integrated clinic, the same as last year.

Integrated health care and multidisciplinary clinics saw an increase in billings and collections compared to last year, while DC-only practices took in and collected less than they did in 2018. Here is further breakdown of the numbers:

- **Billings** — Integrated health care practices reported the highest billings (\$1,299,500), while multidisciplinary practices reported billings of \$708,150 and DC-only practices came in at \$429,400.
- **Collections** — Likewise, integrated practices saw the highest collections (\$900,200) while multidisciplinary clinics reported collections of \$535,400, and DC-only practices had collections of \$302,800.
- **Salaries and total compensation** — Multidisciplinary clinics and integrated clinics fared better salary-wise than DC-only clinics. Integrated DCs had an average salary of \$117,900 annually, compared to \$146,000 in 2018, with the discrepancy attributed to this year’s significantly-larger sample size. Multidisciplinary clinics had an average of \$128,500, followed by DC-only clinics at \$89,300.

Total compensation for unincorporated DCs is defined as earnings after tax-deductible expenses, but before income taxes. For DCs in a professional corporation, it is the sum of salary, bonuses, and retirement/profit-sharing contributions made on their behalf.

With regard to total compensation, integrated DCs averaged \$182,160 while DC-only clinics came in at \$118,900. Multidisciplinary clinics came in at \$133,200.

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A closing gender gap

Our annual survey consistently illustrates the approximate 80/20 male-to-female split that makes up the chiropractic industry, and this ratio has been relatively consistent for the past few years. As expected, this year's results did not reveal any drastic changes in gender demographics — a bit surprising to our staff, as the male-to-female split in chiropractic schools these days is closer to 50/50.

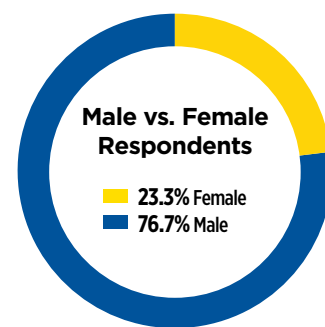
We've seen a slight increase in female respondents over the last few surveys, and this year continues that trend. This year, 23.3% of respondents were female as opposed to 22.6% in 2018 and 20.2% in 2017. These results allude to a positive trend we've seen regarding closing the gender gap. While male respondents are still making more, the salaries and total compensation of female DCs increased this year.

This year's female DCs reported earning an average annual salary of \$75,000 compared to \$68,300 last year. Total compensation is \$100,600 this year compared to \$98,540 last year. While these numbers represent an increase, overall they have decreased since 2015.

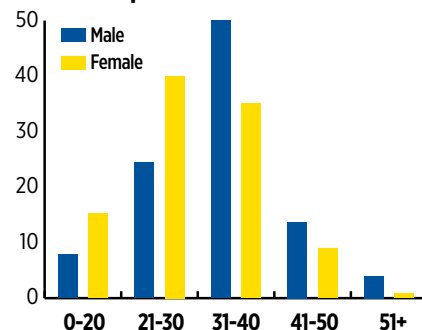
Male respondents also saw a decrease in annual salary with an average of \$111,300, down from \$122,540 in 2018. Total compensation also decreased for men, with an average of \$134,100 compared to \$155,730 last year, attributed again to a much larger sample size.

Other statistics:

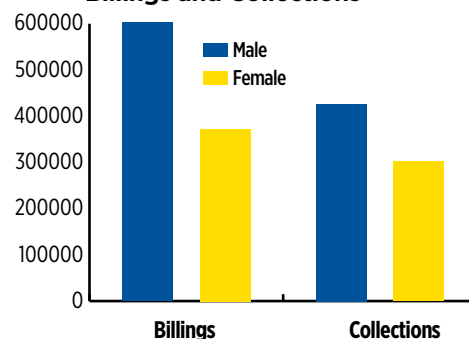
- **Patient hours** — Almost 40% of female DCs reported working 21-30 hours in patient care per week, which is where the majority of women averaged; 35% reported working 31-40 hours. On the other hand, 50 percent of males reported working 31-40 hours, with 24% working 21-30 hours.
- **Groups or partnerships** — The number of women participating in a group setting was slightly less than 21%, a decrease from 25% last year. Men participating in a group setting decreased from 27% last year to 23% this year.
- **Marketing efforts** — This year's survey



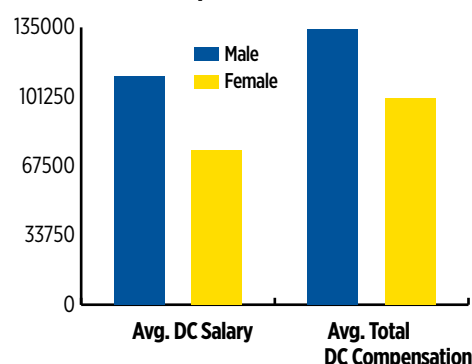
Hours Spent in Patient Care



Billings and Collections



Average Salary and Total Compensation



indicated that women spent less money on advertising than men (\$5,840 compared to \$14,700, respectively). In addition, women spent less on office leases than men (\$21,800 compared to \$29,000, respectively), but more on malpractice insurance (\$3,300 compared to \$2,900, respectively).

From sea to shining sea

Following the trend from last year's survey, DCs across the nation have continued to balance out financially, though most compensation figures decreased compared to 2018's numbers, attributed to our more than 50% increase in respondents.

Reported regional DC compensations were:

Midwest — \$134,200

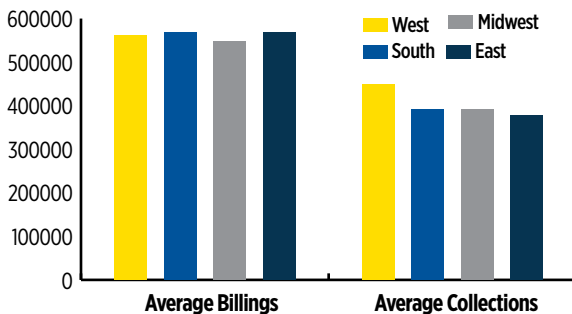
West — \$123,900

South — \$123,000

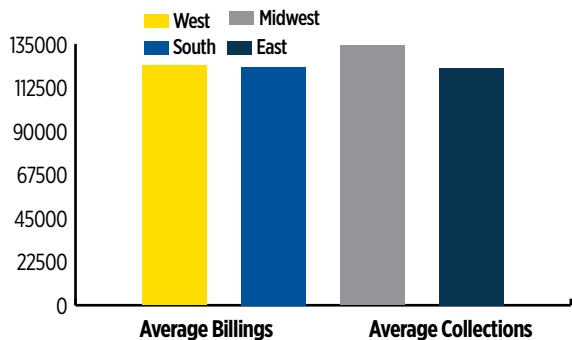
East — \$122,500 this year.

The West saw the largest reimbursement rate this year, with an average of 80%. The Midwest, South and East followed closely behind, at 72%, 69% and 66%, respectively.

Regional Comparison of Average Billings and Collections



Regional Comparison of Average Total DC Compensation



Comparing the Regions

Personal Characteristics	West	South	Midwest	East
Average Age	47.4	47.9	45.76	50.75
Male	82.9%	78.2%	71.4%	82.5%
Female	17.1%	21.8%	28.7%	17.5%
Solo	53.1%	63.2%	55.7%	55.2%
Group/Partnership	24.5%	20.1%	20.8%	26.4%
Associate	10.9%	10.9%	9.4%	8.0%
Franchisee	2.7%	1.2%	5.2%	3.2%
Years in Practice	17.1	17	16.1	21
Licenses	1.3	1.4	1.3	1.6
Clinics Owned	1.1	1.1	1.1	1.2

Location

Urban	46.2%	28.9%	22.5%	15.1%
Suburban	42.0%	56.7%	51.8%	69.1%
Rural	11.8%	14.5%	25.7%	15.9%

Clinic Stats

Number of Employees	4.59	4.34	4.5	4.51
Number of FT Employees	2.94	3.26	3.3	3.3
PVA	59.74	45.68	48.59	52.6
Patients/Week	110	135.9	129.58	142.48
New Patients/Week	8.9	7.7	7	6.7
Cash Only	17.7%	24.3%	12.8%	11.6%
Average Billings	\$562,228	\$567,415	\$547,439	\$569,125
Average Collections	\$449,175	\$392,345	\$392,382	\$378,166

Expenses

Office Lease/Mortgage (yr)	\$27,895	\$30,215	\$26,300	\$24,520
Advertising	\$17,320	\$15,090	\$9,411	\$10,235
Malpractice Insurance	\$2,871	\$2,563	\$3,314	\$3,270

Salaries

Average Associate	\$76,868	\$67,760	\$70,467	\$77,250
Average CA	\$28,775	\$29,300	\$34,866	\$29,119
Average LMT	\$31,273	\$27,607	\$39,467	\$25,111
Average DC	\$118,123	\$87,832	\$95,386	\$109,113
Average DC Total Comp.	\$123,912	\$123,068	\$134,203	\$122,507

QUICK TIP: DMAE, A BRAIN-BOOSTING ANTI-AGING WONDER?

DMAE is short for dimethylaminoethanol, a naturally-occurring nutrient that enhances acetylcholine (ACh) synthesis. Adequate levels of ACh are important for proper memory function. Normally found in small amounts in our brains, DMAE has been shown to remarkably enhance brain function when used as a supplement in clinical studies.

DMAE reinforces carnosine's own anti-aging properties and provides a whole series of complementary benefits of its own. DMAE flushes accumulated lipofuscin from your body, the pigment commonly found

in aging brains and in other tissue such as the skin (think liver spots).

It is also an important nutrient for mental health. Studies have shown that DMAE can provide numerous brain health benefits, including increased mental activity, attention span, alertness, intelligence (especially in children), learning and memory, and energy levels; it also helps sleep issues.

— HealthDay, consumer.healthday.com

Aging gracefully

As you grow older, your salary as a DC should increase also.

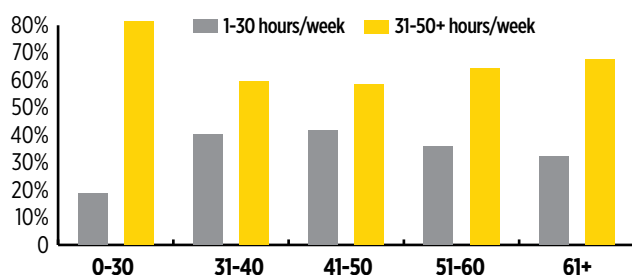
The results of this year's survey showed that experience and age still reign — mostly — when it comes to earning larger paychecks. DCs aged 51-60 earned the most with \$150,000, but those 61 and older only earned an average of \$98,500. The younger DCs (up to age 30) earned \$115,700, a sizeable increase from last year's average (we attribute this big jump to having a larger sample size of

younger DCs participate in our survey).

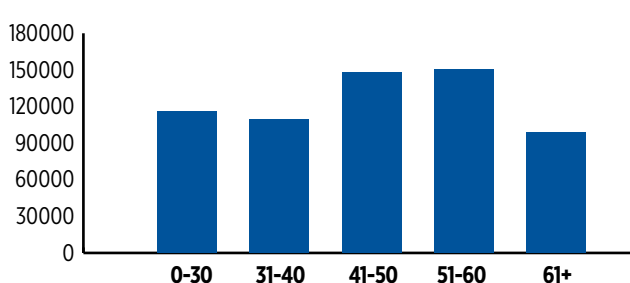
Paychecks decreased for DCs aged 31-40, who reported an average total compensation of \$109,000, which is down from last year's \$127,200 and 2017's \$132,400 average. Historically, DCs aged 41-50 have made the most money, but that did not hold true for this year; chiropractors in this age group earned an average of \$147,500 annually.

In this year's survey, DCs in all age groups averaged 31-40 hours per week in patient care, with the number of hours decreasing with age, from 56% of those under 30 to 43% of those 61 or older. Of DCs under 30 — and those over 61 — 22% reported working 41-50 hours a week.

Hours Spent in Patient Care



Income by Age Group



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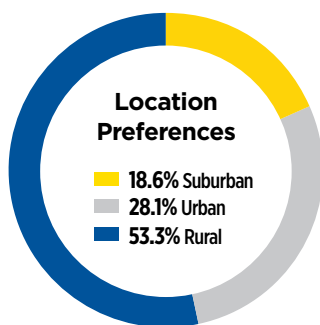
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Location matters

With more space, a developing infrastructure and a large range of potential patients, it shouldn't be a surprise that many DCs choose to set up their practice in the suburbs. Over the course of many surveys, the majority have responded that the suburbs are the ideal location for their practice.



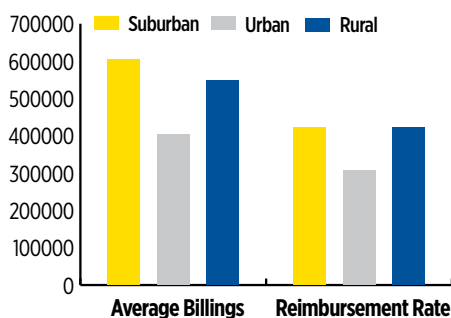
This year was no different, with a little more than half of DCs reporting the suburbs as their location preference.

Although the numbers were similar to last year's, there was a slight decrease in suburban DCs at 53% compared to 54% last year. The number of urban practices dropped slightly from 30% last year to 28% this year. The number of rural practices remained about the same from last year at nearly 19%.

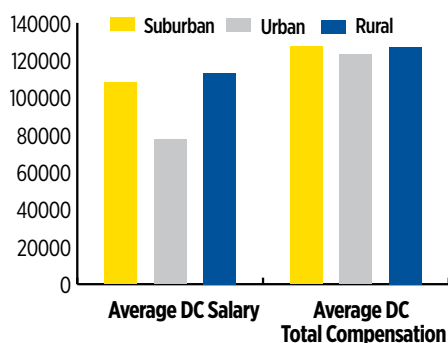
Urban chiropractors reported the lowest average salary at \$77,600, with their suburban counterparts reporting an average of \$107,900. Rural practices increased to an average salary of \$113,140, versus \$84,560 last year.

Suburban practices had average billings of \$603,240 and collections of \$420,900 for a reimbursement rate of almost 70%. Rural practices reported a reimbursement rate of 77%, with \$548,243 for billings and \$422,200 for collections. Urban DCs had average billings of \$403,500 and collections of \$306,300 for a reimbursement rate of 76%.

Suburban, Urban, and Rural Comparisons



Average DC Compensation by Locality



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Who's working for you?

Chiropractors want to provide the best possible care to their patients. But are you providing that same kind of care to your employees?

By offering your employees benefits such as health care, paid time off and retirement plans, you are investing in the success of your business and the performance of your employees (in addition to their happiness).

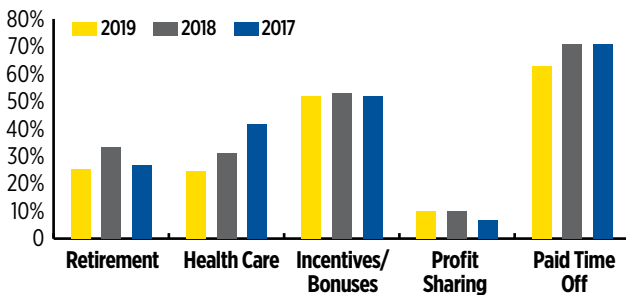
Overall, many employees' benefits have decreased this year compared to previous surveys. According to our 2019 survey, almost 25% of respondents reported that they provided health care to their employees, which is a decrease from last year's 31%. Those who provide some type of retirement plan also decreased from 33% last year to 25% this year.

Paid time off, which could include vacation or sick days, dipped slightly to 66% this year, down from 70% last year. Those offering bonuses decreased from 53% to 52% — but profit sharing remained steady at 10%.

We asked respondents for salary information on full-time employees only — not part-timers. We defined "full time" as employees who work 30 hours or more a week. Almost 19% of DCs in our survey do not have any employees; approximately 30% employ one or two full-time people, while 14% have three employees.

The average salary paid to full-time employees was: DC: \$97,500; associate: \$49,150; PT: \$17,200; CA: \$28,300; and LMT: \$21,700.

Changes in Employee Benefits



Open for business

While you may not think of yourself as a "businessperson," it is invariably a huge part of being a DC. And as the business world continues to change and evolve, so do the expenses involved in running a chiropractic practice.

We've highlighted three standard spending areas in the profession; namely, malpractice insurance, advertising, and an office lease or mortgage.

- ▶ **Office lease or mortgage** — Average costs were \$25,700, an increase from \$22,800 last year.
- ▶ **Advertising** — Average costs in this year's survey were \$11,600, which is a decrease from last year's \$13,450.
- ▶ **Malpractice insurance** — Respondents reported an average expense of \$2,950, which represents a slight increase from last year's costs of \$2,715.

Define your niche

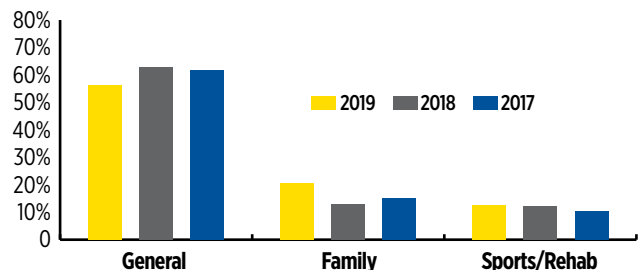
Attracting the type of patients you want often means differentiating yourself and the type of services you provide. For instance, DCs who want to work with athletes might add "sports and rehab" to their practice name. Those who want to work with children may want to indicate that with a "family practice" designation, while a "wellness center" strives to attract patients who aim to live a healthier, more balanced lifestyle.

In this year's survey we asked respondents if the primary emphasis of their practice was general, family, nutrition, pediatrics or sports/rehab. There was a slight increase in the number of sports/rehab practices with nearly 13% this year compared to 12% in 2018 and 10% in 2017.

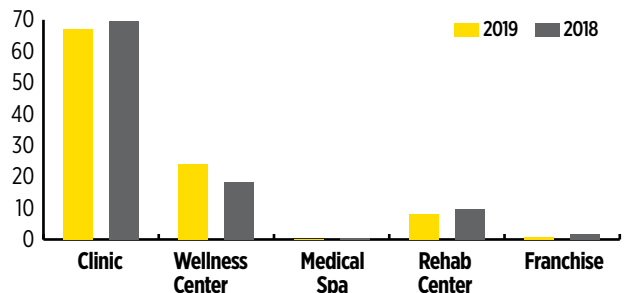
Family practices climbed, coming in at almost 21%. The "general" classification dipped a little from last year's 62%, but was still the most popular choice at 56% this year.

"Clinic" was still the most popular label this year at 67%. The wellness center label increased in popularity to nearly 24% compared to about 18% last year. Rehab centers dropped slightly to 8%, down from 10% last year. Medical spa and franchisee rounded out the bottom, with figures similar to previous years.

Chiropractic Specialties



2-Year Comparison of Clinic Labels



Product sales savvy

Our survey shows approximately 91% of chiropractors sell at least one product in their practice. As this number has consistently remained high over the years, it's clear that DCs across the board find success through the integration of quality care and providing patients with the best products available.

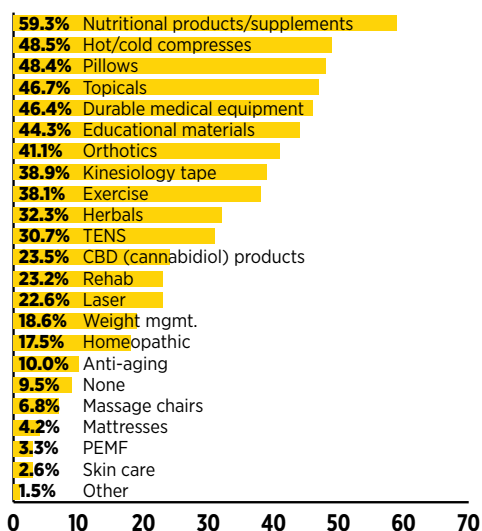
A commitment to retailing top-industry products benefits the DC financially, but doing so also creates an important relationship between patients and the products they need to achieve wellness.

So which products do respondents offer? Are you selling the same products as other DCs? The top five include:

- ▶ Nutritional products/supplements — 59%.
- ▶ Hot/cold compresses — 49%.
- ▶ Pillows — 48%.
- ▶ Topical creams/ointments — 47%.
- ▶ Durable medical equipment — 46%.

A notable newcomer to the survey is cannabidiol (CBD) products, those topicals and supplements made from the non-psychoactive component of the cannabis plant. Of chiropractors surveyed, 23.5% sell these products to patients.

Which Products Are Offered to Patients?



Today's special(ist)

Your skill in treating patients with regular adjustments and issues related to the musculoskeletal system can undoubtedly position you well for a comfortable career. But if you face stagnation and are looking for new paths to explore, year after year our survey demonstrates that joining forces with complementary specialists is a surefire way to expand your practice, boost your bottom line, and perhaps revive your passion.

In 2019, slightly more than half of DCs reported having other specialists working in or consulting with their practice. Those specialists include LMTs, PTs, acupuncturists, fitness trainers and nutritionists, in addition to MDs and DOs.

The specialists who become part of your health care team allow you to offer a wider range of treatment options and programs. When evaluating how this benefits you, the numbers speak for themselves: Clinics employing specialists see more patients per week (141, compared to 139 patients per week in nonspecialist clinics); bill more (average of \$774,050 versus \$612,725); and collect more (average of \$552,890 versus \$448,850).

As a result, clinics employing specialists averaged a higher total compensation than those practices without specialists (\$146,800 and \$104,300, respectively).

Practices employing specialists also attract a higher number of new patients per week (11) compared to nonspecialist clinics (9).

Modalities offered

While almost 52% of respondents have at least one specialist on staff, the most common specialist was an LMT (39%).

Other popular specialists include:

- ▶ Acupuncturist, 11%;
- ▶ Nutritionist, 7%;
- ▶ MD/DO, 8.5%
- ▶ PT, 7%; and
- ▶ Fitness trainer, 6%.

And 7% of respondents indicated "other" for specialists they have in their clinic.

Respondents (both clinics with specialists and clinics without) also reported that they offer a wide range of modalities, even if they do not have specialists who provide them. These

modalities include:

- ▶ Chiropractic, 99%
- ▶ Instrument adjusting, 61.5%
- ▶ Electrotherapy, 61%
- ▶ Exercise programs, 56%
- ▶ Nutrition, 52%
- ▶ Massage therapy, 42%
- ▶ Kinesiology tape, 49%
- ▶ PT/rehab, 48%
- ▶ Laser therapy, 32%
- ▶ Decompression, 29%
- ▶ IASTM, 30%
- ▶ Acupuncture, 22%
- ▶ Weight-loss programs, 22%
- ▶ Homeopathy, 10%
- ▶ Medical services, 9%
- ▶ Other, 8%
- ▶ None, <0.1%

How Specialists Boost Your Income

	Specialists	No Specialists
Mean Total Comp.	\$146,836	\$104,300
Expenses		
Office Lease/Mortgage (yr)	\$30,484	\$23,742
Advertising	\$17,758	\$7,316
Malpractice Insurance	\$3,531	\$2,412
Salary		
DC	\$118,832	\$81,316
Associate	\$74,448	\$70,773
PT	\$65,947	\$-
CA	\$32,207	\$28,584
LMT	\$32,953	\$22,625