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“I had to take my dog to the vet after she hurt her leg, and she was given a digital x-ray. As the vet was showing me the x-rays on her iPad, I realized my dog had access to better technology than my patients. I called ChiroSight the next day and upgraded my practice. Couldn't be happier!”

-DN

“As a DC focused on personal injury, running court-ready RAD reports is critical. When ChiroSight launched their new software impairment tools, it really changed the game for our practice. And I'm not even using their x-ray equipment!”

-RL

“I had just opened up my practice and I send my patients to a local hospital for x-rays. I was relieved to see I could still use ChiroSight's digital x-ray software to annotate images. It's made a huge impact on patient compliance!”

-CM

“Even with the lower price, I didn't have the cash flow to just write a check to upgrade to digital x-ray. The team at Biokinometrics was so amazing, and they helped me get financing for just \$280/mo. They took care of all of the paperwork. Can't say enough about their support!”

-BL

“I opened a second clinic and bought a full x-ray system - including a new flat panel and a new tube and generator, and got the ChiroSight software. I saved thousands over everyone else!”

-AW

“My patience paid off when ChiroSight announced their new pricing. I was able to retrofit my practice to digital x-ray for less than I was paying for film and chemicals every month!”

-RR



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-SA



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- Pettibon MDT
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"It's beyond just blending rehab and physical therapy. I'm feeling it as a 'wholistic chiropractor' — what I was originally taught in school over 40 years ago."

— Jeffrey Tucker, DC, in this issue



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REHAB & PT

SIMILAR TO CHIROPRACTIC CARE, rehab & PT has benefited from moving toward a holistic model of patient care. Protocols have expanded, nutrition has become a larger consideration, and practitioners are focusing more on treating the patient rather than the injury or ailment.

LET ME KNOW WHAT'S ON YOUR MIND: EDITORIAL@CHIROECO.COM

This issue we focus on more holistic outside-the-box rehab models that focus on patients and, in our feature story, even compare rehab models to

building a sandwich at your favorite sub shop. We also look at the latest use of laser in rehab & PT, and how technology is offering more options in kinesiology taping.

Doctors of chiropractic must have a plan to “heal thyself” for a long career, and we look at self-care for DCs, in addition to a novel treatment of osteoarthritis, when it’s necessary for DCs to order MRIs, and much more.

More DME changes in 2022

Co-authors James C. Antos and John Dycus shared with Chiropractic Economics some new rules for Medicare DME providers and suppliers that began ramping-up in April and will continue through October of this year.

New restrictions apply to OTS braces, such as lumbar braces coded L0648 and L0650. The new restrictions do not apply to OTS prefabricated (custom fitted) orthoses such as the lumbar braces coded L0631 and L0637.

Beginning in April, four states — Florida, New York, Illinois and California — fell under the new rule requiring all suppliers to obtain a prior authorization before dispensing and billing for an OTS L0648 or L0650 back brace. This applies to all suppliers, including those located within competitive bid areas. On July 17 the prior authorization requirement will begin for 12 other states, then the prior authorization mandate will be implemented nationwide on Oct. 10.

To read the full article and state timetable go to chiroeco.com and use the search box to search “DME.”

Poor nutrition a national security issue?

A new study by the American Action Forum shows the devastating impact of poor nutrition on the U.S. economy.

“ON JULY 17 THE [DME] PRIOR AUTHORIZATION REQUIREMENT WILL BEGIN FOR 12 OTHER STATES, THEN THE PRIOR AUTHORIZATION MANDATE WILL BE NATIONWIDE ON OCT. 10.”

Highlights of the research, “The Economic Costs of Poor Nutrition,” include:

- **Poor nutrition is a key risk factor for 13 types of cancer** and numerous chronic diseases, most notably obesity, heart disease and type 2 diabetes;
- **An expense of \$16 trillion from 2011-20** (or nearly 9% of gross domestic product annually) after accounting for direct health care costs, lost productivity and lost wages, from only four nutrition-related chronic diseases among those age 18-64;
- **Obesity now affects 42% of American adults**, or 109.5 million individuals, and even more Americans are estimated to have cardiovascular disease;
- **The incremental health care costs** associated with each disease range from an estimated \$2,500 for obesity (in 2017) to \$20,000 for heart disease to nearly \$80,000, on average, for treating any of the 13 identified types of cancer.

The study concludes that poor nutrition translates to reduced revenue for the federal government while simultaneously requiring more spending to treat the disease and provide economic assistance for those unable to work.

Chiropractic can make a difference with diet and nutrition counseling ahead of many experts now pointing to poor nutrition as a growing national security issue.

To your practice’s success,

Richard Vach
EDITOR-IN-CHIEF



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William L. Luckey and
Helen C. Luckey

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TRENDING STORIES



Registration open for CUKC's Midwest Annual Conference and Expo & Centennial Celebration

Cleveland University-Kansas City is celebrating 100 years of creating a healthier world; its Midwest Annual Conference and Expo & Centennial Celebration will be held on Oct. 20-23 at the Overland Park Convention Center in Overland Park, Kan.

Some of the topics to be covered include Sports Chiropractic, Women in Chiropractic, Technique, Animal Chiropractic, and Research. Doctors can receive up to 16 hours of continuing education credits and a voucher for four more hours of online CEUs through CUKC's online learning platform.

For more information, go to 100.cleveland.edu/events.

ChiroEco.com/cukc-cent



Incidence of scoliosis, pain increases during pandemic

The World Economic Forum has identified neck pain as a danger during the pandemic. Chiropractic Doctors Association of Hong Kong (CDAHK) has released prospective studies on neck pain and scoliosis during the pandemic. As every area of life was affected by the new Omicron variety, work-from-home made more people sick with neck pain, back pain and scoliosis due to prolonged bad posture.

"Most scoliosis patients don't care about the way they are sitting until they have scoliosis and back pain. Because it can take months to develop the pain, it's easy to change your spinal curve if you have bad posture," said Eric Chun-Pu Chu, chairman of CDAHK.

ChiroEco.com/pain-scoliosis



Foundation Wellness announces acquisition of Doctor Hoy's Natural Pain Relief

Foundation Wellness has acquired Doctor Hoy's Natural Pain Relief, a topical analgesic company focused on safe, natural pain-relieving products.

"We are excited about acquiring Doctor Hoy's ... It is admirable what [Laura and Joachim's] small team has done to build the business by delivering a great product with excellent customer service. We believe the brand ... will strengthen our ability to empower consumers to lead active and pain-free lives," said Sean Williams, CEO.

"We have found the right company ... to take over what we started," said Doctor Hoy's CEO, Laura Gloschat.

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SOCIAL MARKETING

Why you need to master longtail content

Longtail content refers to content that continues to draw traffic after being online for at least three days. This generally involves content that is more "evergreen" in nature, meaning that it has continued relevance over time.

Examples of longtail content include a blog post that provides weight-loss strategies or a YouTube video that shows stretches that can help reduce back pain — content that does not go out of style.

The most obvious benefit of longtail content is that it continues to bring people to your online sites for long periods versus only increasing traffic for a day or two, then dropping off. The more traffic your site gets, the more weight it is given by search engines. This increases your rank when someone searches for your practice or the type of information you provide online.

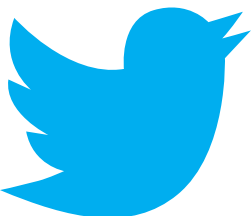
Post evergreen content on social media and it can improve engagement. The more engagement your content receives on these platforms, the higher your level of visibility to others you might not already be connected with.

To start creating longtail content, come up with a list of topics likely to be relevant over time. In chiropractic, this list would likely include topics such as back or neck pain relief; headache or migraine relief; how to improve posture; injury prevention; supplement advice; and stretches and exercises to improve health and fitness.

Think about the questions your patients ask regularly or their top concerns. If you find yourself talking about a certain subject time and time again, it would likely be a good topic for your longtail content. — *Christina DeBusk*

TWITTER DISCUSSION

What types of equipment do you have in your practice for patient rehab?



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FACEBOOK QUESTION



Do you often refer patients out to physical therapists?

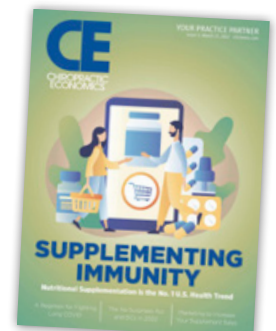


Each month we'll ask a new question on our Facebook page. Join the conversation at facebook.com/ChiroEcoMag

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Supplementing Immunity
Nutritional Supplementation is the No. 1 U.S. Health Trend

ChiroEco.com/magazine



Get Wealthy by Being a Chiropractor

Personal Injury
reimbursements
high for DCs in all states

What are you waiting for?

PI Reimbursements have increased 120% in 10 years. This is where you can get wealthy in chiropractic

**THESE DOCTORS
ALL GREW & IT WAS EASY!**

FL: *I now make almost 7 figures... Thank you*

CA: *I now average 93 new PI cases per month*

NJ: *I increased my income by 400%*

PA: *I am so busy I can't talk.
I now need tax shelters*

OK: *My income tripled in 6 months*

WA: *Referrals up 500%*

NY: *The hospital wants me
to get all the spine ER referrals*

TX: *After 1 meeting, an Orthopedist
sent 150 cases in 1 year*

GA: *I went from 5 to 43
new PI cases per month*

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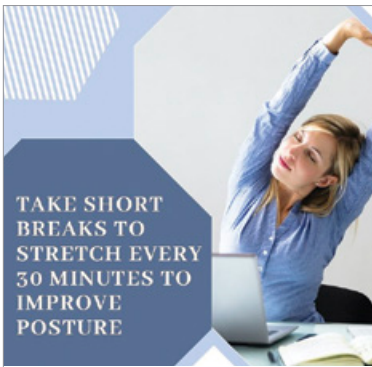
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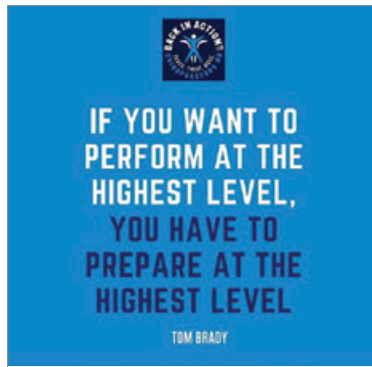
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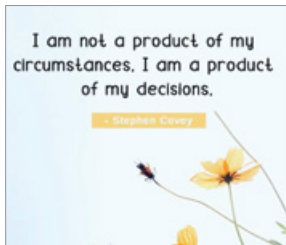
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— SPANISH PROVERB

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CONFERENCES AND WEBINARS

Biomechanics of Golf

May 14 • Caseyville, Ill.

This seminar with Michael Murphy, DC, is designed to help improve athletic performance and reduce the risk of injury in golfers. The program works on flexibility, strength and dynamic power. Players and the doctors who treat them have reported improvement in performance after implementing the tactics taught in this course.

FAKTR Rehab System

May 14-15 • Boston, Mass.

The FAKTR Rehab System will help you understand and apply the fundamentals of assessing both common and complex MSK injuries and conditions, using an effective combination of diagnostic tests based upon the latest research; allowing you to have certainty in creating your treatment plan. Strategically address the underlying dysfunction throughout the entire kinetic chain.

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Learn more at chiroeco.com/events.

INDUSTRY NEWS

Foot Levelers grant program supports state chiropractic associations



Foot Levelers, the global leader in body alignment and stabilization, is offering their continued grant support program for state associations. Since it began over 25 years ago, this program has provided important services and financial support to state associations throughout the U.S. to help drive chiropractic innovation and education.

Kent Greenawalt, Chairman and CEO, says, “My father, Dr. Monte Greenawalt, founded Foot Levelers in 1952 with the purpose of elevating chiropractic care to the highest level possible. Our grant program is an effective way to continue his mission by supporting the important work of the state associations.

“We’re proud of the partnerships we’ve built together and excited about what’s been

accomplished. We’ve donated millions of dollars to chiropractic organizations, state chiropractic associations and chiropractic colleges. We look forward to continuing to grow these relationships that do so much to drive chiropractic excellence.”

Foot Levelers’ three-year grant programs for state associations have many benefits for participants. They receive a cash donation to use at their discretion plus marketing and educational support. As a key part of the agreement, Foot Levelers sponsors a member of their esteemed Speaker’s Bureau to speak at one of the state association’s conventions. Besides fully covering the speaker’s fee and expenses, Foot Levelers also helps plan and facilitate the appearance.

“We want to connect you with chiropractic’s greatest voices,” says Mark Zeigler, DC, Foot Levelers’ vice president of education. “We provide an easy and cost-effective way to bring chiropractic’s top minds and most gifted speakers to your organization.”

For more information, call 800-553-4860 and ask for the Education Department.

HEALTH NEWS

New study identifies gut microbiome signature to predict Type 2 diabetes onset

A new study identified microbial signatures which predicted the onset of type 2 diabetes during nearly 16 years of follow-up in a large Finnish population cohort. This study was conducted by researchers from the University of Turku and Finnish Institute of Health and Welfare, together with international partners, and appeared in the journal *Diabetes Care*.

The international research group identified six bacterial groups from family *Lachnospiraceae* and its relatives which were associated with an increased risk of developing type 2 diabetes during the follow-up.

These bacterial species have been also previously linked with prevalent type 2 diabetes and several other metabolic diseases, such as



fatty liver disease. They seem to be at least partly linked with the quality of diet, says researcher Pande Erawijantari.

The results of this study support previous notions on links between adult-onset diabetes, dietary habits and metabolic diseases, likely modulated by the gut microbiome.

To read the research article, visit doi.org/10.2337/dc21-2358.

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— Joerg Teichmann,
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Physical therapy can lower patient treatment costs compared to those referred for an MRI.

Source: Medrisknet.com



+22%

Employment of physical therapists was projected to grow 22% from 2018-28.

Source: bls.gov

2.4 billion

People around the world currently in need of rehabilitation services.

Source: Physiospot.com



\$91,010



Median pay for physical therapists.

Source: Flex CEUs, 2020

1921



Year the American Women's Physical Therapeutic Association was formed for the then-all-female profession. Today 68% of physical therapists are female.

Source: APTA.org

SCHOOL NEWS

Life University hosts Black chiropractors Eastern Regional Conference



AMERICAN BLACK
CHIROPRACTIC
ASSOCIATION

Each year at the American Black Chiropractic Association (ABCA) national convention, local Student American Black Chiropractic Association (SABCA) chapters are chosen to host the annual regional conventions. In June 2021, Life University's SABCA chapter was chosen to host the Eastern Regional Conference, which took place in February on the Life campus.

The purpose of the regional conferences is to exchange knowledge, encourage fellowship and prepare future chiropractic leaders. This year's conference theme was Shades of C.U.L.T.U.R.E (Cultivating Uniformity by Living Through Unique Racial Experiences).

More than 40 students from Kaiser University College of Chiropractic Medicine, Sherman College of Chiropractic and Life University, along with five DCs, gathered for a weekend of presentations and technique seminars, sponsored by NCMIC, ABCA and ICA.

The Meet and Greet on Friday evening, Feb. 25, included a welcome address from Life Provost and Senior Vice President Tim Gross, DC, and a keynote presentation by Life alumnus Jamal Fruster, DC. Life President Rob Scott, DC, provided closing remarks.

On Feb. 26, the regional meeting was conducted by ABCA president Michaela Edwards, DC. Participants were then treated to seminars on the spine and pediatric technique. The last event was the "Fresh-Out Panel Discussion" with a panel of new and soon-to-be Life graduates. That evening was the 15th Annual Black History Month Gala, an annual Life tradition hosted by the SABCA Life U chapter and sponsored by the Diversity Committee, University Advancement & Alumni Relations, GCA and ICA.

A special award was presented to minority recruiter Mackel Harris for his 30+ years of dedication to recruiting Black students and increasing the number of Black DCs.

For more information, go to living.life.edu or abcachiro.com.

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SCHOOL NEWS

Sherman College begins search for next president



The Sherman College Board of Trustees and President Edwin Cordero, DC, will begin a presidential leadership transition. Cordero, the college's fifth president, will complete his contract on Dec. 31. Cordero has served as the college's president since Jan. 1, 2013.

"Sherman College holds a special place in my heart, and I am incredibly proud to have served as its president for the last decade," Cordero said. "I have always felt that service is a blessing, and I am truly thankful for the opportunity this role has provided to positively impact Sherman College, chiropractic education, and the profession as a whole."

Cordero will continue to oversee the college through the end of the year, while the board of trustees creates an expansive search committee and embarks on a search for the college's next president. As Sherman approaches its 50th anniversary in 2023, the board will be looking for a leader to take the institution through its next level of growth.

"The board of trustees is deeply grateful for all Dr. Cordero has done for Sherman College during his presidency, and will work with him for a seamless transition," said board of trustees chair Judy Campanale, DC. "He has used his unique gifts and talents to achieve

increased student enrollment, greater financial security, and an unprecedented campus transformation. We wish him all the best in his future, and we look forward to his remaining a staunch supporter of Sherman College for many years to come."

Cordero more than doubled enrollment within the first three years of his tenure, and also sparked a growth in diversity, working to increase recruiting efforts in Puerto Rico and other areas across the nation and internationally. Hispanic students now account for more than 20% of college enrollment, and students hail from 48 states and 12 countries.

In addition to increasing enrollment, Cordero has led a period of tremendous campus growth, completing a \$22 million campus master plan investment that featured the construction of the Gelardi Student Center, now a campus centerpiece. This facility provides students with state-of-the-art facilities and has strategically positioned the college as it continues to grow enrollment, engage with the community and prepare students for success.

Prior to joining Sherman, Cordero ran a high-volume, successful chiropractic practice for 19 years in Florida, where he served as a leader in the chiropractic profession; frequently spoke at industry events; and participated in numerous humanitarian chiropractic mission trips.

Cordero is a 1993 graduate of Life University's College of Chiropractic. **For more information, visit sherman.edu.**

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CE

CHIROPRACTIC
ECONOMICS



ONE REHAB & PT SANDWICH, COMING UP

Work with patients to choose the ingredients to connect rehab & PT with wellness and longevity

BY JEFFREY TUCKER, DC

TIME TO READ: 7-9 MIN.

THE TAKEAWAY

Think holistically when working with rehab and physical therapy patients to create a menu to their liking.

MY WIFE OWNS RESTAURANTS, and she would say we are therefore in the hospitality industry too. It's all in the point of view and what you want to accomplish.

If you practice acute care, call it sports injury care. If you practice auto injuries, call it personal injury specialization. I practice it all, from sports injuries to rehab to performance to regenerative medicine to longevity, all rolled into one. What do I call that?

My menu is pain relief, weight loss, wellness and longevity. One of my top ingredients is movement.

Can I see the menu?

Think about it from the patient’s point of view. Do they want to have a dine-in experience, takeout or delivery? What does this patient want? Do they want to build an omelet, a sandwich or a salad? I have to help them see what they need.

My menu is pain relief, weight loss, wellness and longevity. One of my top ingredients is movement. I will be creative and build a personalized exercise program. Patients can choose one or more from:

- Flexibility
- Stability
- Strength
- Weight Loss
- Cardiovascular
- Balance

Building a rehab & PT sandwich

The outer-layer tools are the bread of this sandwich, the Italian Crisp Baked Baguette, or Multi Seeded Grain Roll, or Whole Wheat Tortilla Wrap. These tools are bodyweight, CLX bands, free weights, kettlebells and sandbags.

Be creative and build your own:

One protein — Turkey, ham, burger, egg. My one meat is always related to gait. This means something related to better walking ability and getting even a little out of breath.

One cheese — Provolone, white, cheddar, feta. My one cheese is going to be in the balance category. That means one-legged “something” exercise. Using BOSA (sounds like a cheese) is a good tool.

Veggies — Iceberg lettuce, spinach, mushrooms, olives, romaine, fresh basil, alfalfa sprouts. You need lots of these for variety, to offset boredom and add flavor. Target stretching certain muscles and strength movements.

Condiments — Horseradish, mayo, mustard. What is your special sauce? Mine happens to be a great ability to customize sets and reps that are palatable for patients to do daily. These movements are usually a little challenging to do, but once these become easy to get down, I change to another movement progression.

Extras — Remember, *extras cost more money*. Avocado, extra meat, extra cheese. My extras are the in-office stack of shockwave, laser, TECAR, lab tests, stool tests for microbiome, and a few others.

My message: Movement consistency beats inconsistency. Let’s die trying what leads to longevity.

Wholistic chiropractic

What do you call chiropractic care when you add in weight management (diets, intermittent fasting), all-inclusive exercise, creating good sleep, creating good digestive health (microbiome), decreasing risks for and improving cardiovascular health, hormone optimization, stress and inflammation reduction, balancing detoxification pathways, aesthetics, and brain health (avoiding dementia, Alzheimer’s)?

It’s beyond just blending rehab and physical therapy. I’m feeling it as a “wholistic chiropractor” — what I was originally taught in school over 40 years ago. My sandwich is blending it all together — acute pain relief, chronic care, biohacking, regenerative medicine and longevity planning. I can be methodical yet innovative.

As a chiropractor my most sought-after hack has been helping people get out of pain, correcting posture, and improving and maintaining range of motion. Most people are losing range of motion as they age. This physically and emotionally hurts, and makes patients feel old when they are still young or relatively young. Improve poor posture and restore lost range of motion, and your patients will feel young.



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Top biohacks

Five top hacks for my patients are sleep, hydration, weight optimization, sun and light optimization, and oxygen optimization.

Here’s an example of the top hacks:

- **Sleep optimization** — Help patients get seven hours and understand REM, light and deep sleep.
- **Hydration optimization** — Make water your favorite drink! Show me on my body composition device that you have good intracellular water amounts.

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THE NATIONAL CHIRO.COM/OVERVIEW

For exercise and rehab practitioners, start light and build technique, as this will keep you safe.

- **Oral and dental optimization** — Stop using mouthwash. It messes with your microbiome.
- **Light optimization** — Look outside at the sunrise (natural light signals hormones) every morning. Let's figure out screens at night.
- **Oxygen optimization** — Encourage nasal breathing, diaphragm breathing, meditation, short bouts of high-intensity cardio to force breath in and out.
- **Movement optimization** — I bring awareness to tight areas and weak areas of the body and get patients thinking about regaining movement for longevity.

- What are your realistic goals? Pain-related? Add muscle? Reduce body fat? Performance-related? Live longer?
- How much time and how many days do you have to dedicate to these goals?
- What length periodization timeframe can you commit to? Get good at determining a timeframe and break down the long-term goal into weekly benchmarks. Start using testing to hold you and the patient accountable (gamification works).

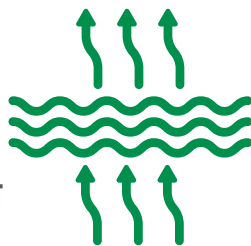
Synchronize care for greater progress

I synchronize nutrition, recovery, fascia care and cardiovascular exercise with resistance training to accelerate progress. Fascia and skeletal muscle is the most abundant tissue in the human body. Connect these and the brain as constantly being the most adaptable within the body.

Consistent and vigorous training with the proper diet, fascia care and weights (even with blood flow restriction) can double or triple a muscle's size. A muscle can become more massive only when its individual fibers become thicker.

For the starters in rehab and PT, or whatever you want to call it, get good at training patients with a barbell, dumbbells, a sturdy exercise bench that inclines, and a primitive set of squat racks.

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Most patients need some flexibility and strength to build the choice they picked (less pain, a better body, better brain function). In order to build muscle, you must work hard enough to trigger muscle hypertrophy. Start learning about blood flow restriction (BFR) training.

Understand this

All systems eventually cease delivering results. I've met many doctors and patients who become stagnated. This eventually and inevitably occurs, so we need to be ready with another equally effective approach (such as the ingredients in the sandwich).

I have many ingredients: resistance training, diet regimens, modalities, and other biohacks to change it up. I created choices that contrast dramatically to the approach being used.

For exercise and rehab practitioners, start light and build technique, as this will keep you safe. Ninety percent of weight training injuries are attributable to two causes: too much poundage or straying outside the technical boundaries of the lift. Use realistic poundage for the rep range that you select.

Answer three key questions and you can construct a customized training regimen for longevity:

Most people are losing range of motion as they age.

There are nine basic free-weight exercises that can and will deliver all the results a serious individual can expect from a progressive resistance routine. On the top tier are the three most important free weight exercises: the squat, bench press and deadlift. The 2nd tier is occupied by the overhead press, curl and triceps press. The 3rd tier contains the Romanian deadlift, single-leg calf raise and abdominal exercises.

Integrating rehab and PT in your practice can start simple and advance at the needs of patients. Make some "wellness sandwiches," and make hospitality a longevity journey that is fun. CE

JEFFREY TUCKER, DC, practices in Los Angeles, Calif. Sign up for his newsletter on his website at DrJeffreyTucker.com.



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CE

CHIROPRACTIC
ECONOMICS

THINKING ABOUT LASER?

Power-up your clinic's ability to speed healing and reduce inflammation

BY ANTHONY CRIFASE, DC, CNS, DACBN

TIME TO READ: 10-12 MIN.

THE TAKEAWAY

Laser treatment has gained wide acceptance for its safety, pain relief, and for chiropractors as an additional income stream.

LASER AND LIGHT THERAPY CAN INCREASE YOUR OVERALL SUCCESS with relaxing tight and stiff muscles and connective tissues, and so you know, some adjustments work better if the muscles and connective tissue allow the corrections to remain. Turning to a safe, productive way of loosening that tissue gives you an advantage and more treatment options.

Many of the recent advancements in laser therapy application and equipment make this an affordable and effective tool for helping people reduce their pain and gain mobility.

Low-level laser appears to interrupt pain by bombarding electrons into inflamed and injured cells, encouraging cellular repair and triggering the release of endorphins.

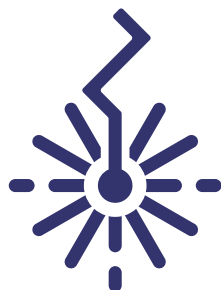
Hot vs. cold

Research shows all types of pain can be helped by low-level lasers. This includes pain in the joints of fingers, hands, elbows, shoulders, neck, back, hips, knees, ankles, and even in some organs, such as the lymph nodes.

A healthy body communicates from cell to cell by generating its own chemical and infrared light communication called biophotons. The biophotons carry information that affects DNA and the production of healthy new cells. Some evidence points to a lack of biophoton activity in a sick cell as being a cause of illness and inflammation.

The Norwegian Health Technology Report states that low-level laser therapy is twice as effective as NSAIDS for controlling osteoarthritis type pain. In addition, it appears to interrupt pain by bombarding electrons into inflamed and injured cells, encouraging cellular repair and triggering the release of endorphins.

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Cold laser therapy is also known as Low-Level Laser Therapy (LLLT), Low-Power Laser Therapy (LPLT), and Photobiomodulation Therapy (PBMT).

Through the diode of the module, red or near-infrared light targets a specific area. The cells in the light's path absorb the energy, encouraging healing. The different wavelengths cause

different cells to react in various ways. Some data suggests this treatment stimulates chemical changes and releases hormones, such as endorphins, to reduce pain. It can also inhibit prostaglandin and other neurochemical production.

Where more is not necessarily better

However, focusing on one wavelength or using more power does not achieve better results. Like most of chiropractic work, it's all about precision and the right force. For example, lasers in acupuncture, called acupoint lasers, operate at a peak efficiency of 2-4 joules of energy and concentrate to a small point no larger than a pencil eraser.

There are a few times where laser therapy is contraindicated. You should use extreme caution and check for pregnancy and the risk of cancer before using laser therapy. And although there has been some research showing lasers can be used throughout the body, you should proceed with caution near the thyroid and brain. The use of laser therapy shows promise on children and teenagers, but this is another area in which you should tread carefully. And, of course, lasers are not to be used on or near the eyes.

Currently, there is not enough research to show laser therapy can help diseases such as diabetes, blood coagulation issues and epilepsy. There is some indication that laser therapy has the potential to be harmful (and some that show it could help), but not enough information is known at this time. Most areas of disease and injury have not been studied extensively.

Wavelength and laser usage in the chiropractic setting

In general, a laser's ability to successfully treat a wide variety of conditions is mostly based on output power at an appropriate wavelength with some contribution added from pulsing. Your experience and control of the laser give it practical use and direction. By varying the output, wavelength and pulses, you can adjust the healing times and outcomes.

Different wavelengths work on different areas and tissues.

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Data suggests this treatment stimulates chemical changes and releases hormones, such as endorphins, to reduce pain.

Depending on the desired outcome, you may use any of these wavelengths:

800-860nm — Based primarily on the research and publications of Michael Hamblin, PhD, the preferred wavelength of 800-860nm works for the nervous system and vascular issues. It combines maximum penetration depth and maximum photochemical reaction. However, for the maximum interaction with the mitochondria, 810nm appears to be the optimum wavelength.

600-660nm — This is best for lymphatic tissues, acupoint therapy and working in shallow areas. This wavelength range is used when more complex problems have diverse source points. It is thought to be absorbed by the blood and the energy travels to different problem areas. It's the most commonly used wavelength range in cosmetic lasers.

905-980nm — Wavelength 980nm is the preferred option for pain control, and 905nm is preferred where safety is the highest priority. At this point, it appears that all the wavelengths are appropriate for treating structural or cellular damage. Wavelength 910nm is the standard right now for all super pulsing lasers, and class 4 systems tend to use 980nm.

Laser power

Power is generally a lesser consideration, yet the biggest debate. Some believe more power provides greater results, while others think that lower power and greater precision and pulsing yield faster healing.

Resonating Low-Level Laser — A resonating low-level laser operates under 5mW of either a single or multiple wavelength diode laser. Resonating lasers have the best results for muscles, glands and organs.

Stimulating Low-Level Laser — A stimulating low-level laser

can be a single wavelength or a multiple diode instrument that operates from 5-1,000mW, most often under 500mW. Stimulating low-level lasers are best for nerves, bones, joints, tendons, cartilage, ligaments and acupoint therapy. It's recommended to first treat pain associated with tight muscles or the bone or joint with a resonating low-level laser.

1,000mW+ — Lasers over 1,000mW are classified differently and not recommended for chiropractic, physical therapy or acupuncture, except with specialized training and conditions.



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Pulsing vs. continuous

Some lasers provide one continuous wavelength and power setting. Others vary the settings. Continuous wave (CW) light provides higher dosages quickly.

However, many believe pulsing provides better results and at lower dosages. Pulsing changes the wavelength and/or the power. In many models, you can switch between these options and choose the variability of pulses.

It's suspected, with no proof in either direction, that cells may become used to continuous-wave lasers, and the pulsing helps prevent desensitization to the laser therapy. However, a single study shows pulsing may be more beneficial.¹



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Patients appreciate the pain relief and release of tension the laser brings in such a short time.

Best in class

Once you decide on the settings for the laser, they'll often be sold via classes. Here is some of the information you'll see:

Class 1, 2 & 1m — Best in safety, they often provide super-pulsing technology and have higher peak power level.

Class 3 — Multiclass, most of which offer pulsing and CW output, both broad and pinpoint treatments in one laser.

Class 4 — With the highest power, these provide high dosages for quick treatment times.

CW
CONTINUOUS WAVE (CW)
LIGHT PROVIDES HIGHER
DOSAGES QUICKLY



Pricing

The costs of these lasers vary considerably. Some simple at-home units can retail for several hundred dollars. They are usually class 1, single wavelength, low-powered units. There are dozens of these available.

Professionally, you can expect to spend \$3-7,000 for a good class 3 unit that allows variability in power, wavelength and pulsing ability. Several manufacturers offer various models, so be sure to compare your prices and the options available.

Choosing a laser for PT and rehab

How you want to use your laser will dictate what you choose from your laser. For example, chiropractors may get the best use from a general, variable wavelength laser.

Joint pain associated with tight muscles responds better to a multi-diode, low-power, constant output laser. Most report it works better with the soft tissues. Harder, more structural aspects, such as bones, ligaments, cartilage, joints and nerves, respond better to higher-power, pulsating lasers.

Inflammation and the pain associated with it respond well to laser therapy. Although the wavelength and power vary depending on the type of inflammation, many conditions see improvement, including carpal tunnel, rheumatoid arthritis, atopic dermatitis, nephrology, multiple sclerosis and asthma.

Laser therapy may be beneficial for scar tissue, both skin and internal scarring. Some studies show it can reduce the appearance of scar tissue, but it was unknown if the actual scar tissue decreased, or if the associated tightness of the surrounding tissues was affected. Anecdotal evidence says it is.

Multiple studies show light therapy helps relax tight muscles and provides some pain relief. The level of relaxation and pain relief depends on the origin of pain, cause of muscle tightness, and other follow-up therapies.

The popularity of laser

Laser treatment is gaining wide acceptance in the natural and holistic fields of medicine. It's safe when used properly and is non-invasive. People appreciate the pain relief and release of tension the laser brings in such a short time. Practitioners who use this tool to expand their range of options for therapy find it's an invaluable addition to their practice and a popular, sought-after offering. When it comes to rehabilitation and PT, there are many options to pick from, which makes lasers a viable source of continued benefits and treatment. **CE**

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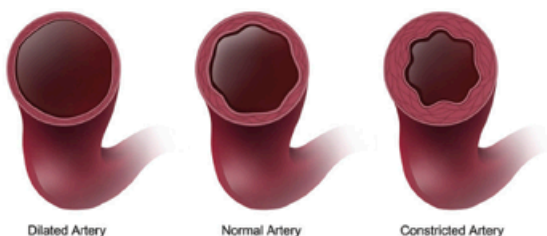
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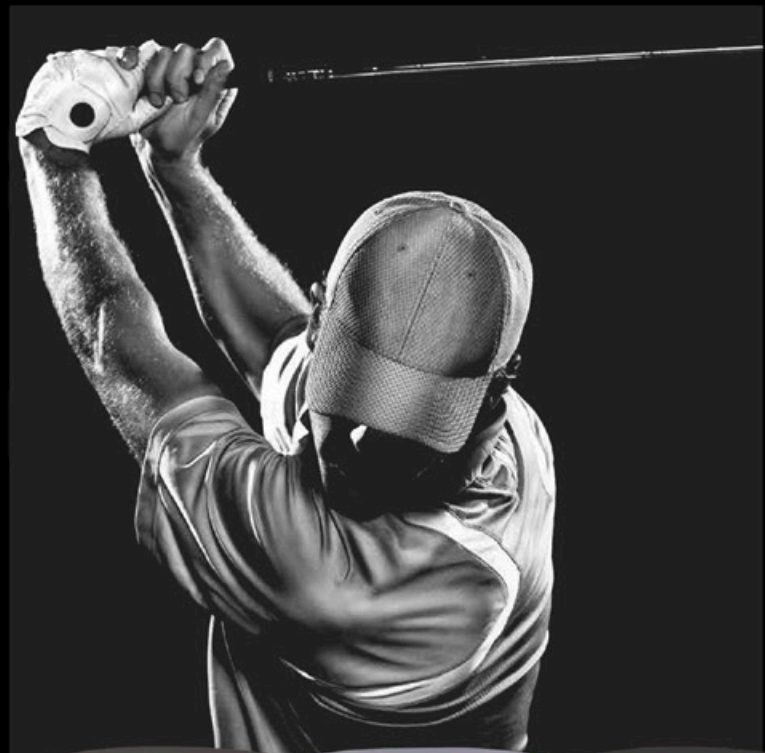


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WHEN AND WHY TO CONSIDER AN MRI

If medical practitioners won't guess, why should the chiropractor?

BY MARK STUDIN, DC

TIME TO READ: 7-9 MIN.

THE TAKEAWAY

A chiropractor's history and clinical findings should be the arbiter of when an MRI should be considered, centered around the cause of pain generators.

IMAGING HAS BEEN ONE OF THE CORNERSTONES IN CHIROPRACTIC academics and clinical practice for over a century. Regardless of political rhetoric in the profession, just look at the Council on Chiropractic Education's requirements for being conferred a Doctor of Chiropractic. There are hundreds of hours of mandatory training in imaging because imaging is often critical to determining an accurate diagnosis, prognosis and treatment when confronted with pathologies within our scope of practice.

Although palpatory studies, static and motion have had mixed reviews on intra- and inter-rater reliability, we are now starting to see better reliability conclusions on motion palpation, where static palpation persists with poor outcomes.

Imaging and pain generators

Regardless of the finding or outcome, magnetic resonance imaging (MRI) is not about your clinical palpatory findings or immediate biomechanical pathology. It is about the cause of the pain generators.

Your history and clinical findings should be the arbiter of when an MRI should be considered. Before considering an MRI, let's review the anatomy of typical pain generators managed in chiropractic practice.

- 1. Spinal Cord:** Spinothalamic tract cells innervating the thalamus are the predominant pain generators.
- 2. Nerve Roots:** These include those that exit the spinal cord

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Your history and clinical findings should be the arbiter of when an MRI should be considered.

through the neural canal and the foramina and those in the cauda equina.

3. Facets Joints: You have nociceptors that are in the facets and innervate the lateral horns.

4. Joint Capsule: Pacinian corpuscles (crimp receptors), Ruffini corpuscles (stretch receptors), Golgi tendon/ligament organs, and nociceptors. They all innervate the lateral horn and comprise your spinal mechanoreceptors.

Although the list is long, let's examine the typical causes of those pain generators being triggered in chiropractic practice:

1. Patho-Neuro-Biomechanical Pathology (Vertebral Subluxation Complex): This typically causes immediate localized pain, triggers nociceptors in the facets, and innervates the lateral horn leading to central sensitization and pain in disparate spinal regions.

2. Herniated Disc: Focal displacement of disc material beyond the limits of the intervertebral disc space:

a. Protrusion-type Herniation: if the greatest distance between the edges of the disc material presenting outside the disc space is less than the distance between the edges of the base of that disc material extending outside the disc space. The base is wider than the apex.

b. Extrusion (migrated or comminuted)-type Herniation: is present when, in at least one plane, any one distance between the edges of the disc material beyond the disc space is greater than the distance between the edges of the base of the disc material beyond the disc space.

c. Extrusion (segmented or fragmented)-type Herniation: when no continuity exists between the disc material beyond the disc space and that within the disc space.

d. Diffuse Bulged Disc (degeneration): no disc material extends beyond the periphery of the disc space, which must extend beyond 180 degrees.

Myelopathy

Another consideration of imaging as management of spinal issues is myelopathy. Myelopathy is defined as a compression of the spinal cord with ensuing neurological deficit distal to the level of the lesion. The management of a myelopathic clinical

diagnosis is consistent in medicine and chiropractic. An immediate MRI with no contrast (with no prior surgical history) is indicated, and an immediate referral to a neurosurgeon is typically the first line of treatment.

Short of a myelopathic finding, a typical presentation will be either localized pain or radiating pain, with and without motor loss. For localized pain, medicine and chiropractic agree, no advanced imaging is warranted. If the pain persists for more than 45 days with no change in clinical presentations, while being treated conservatively (inclusive of chiropractic care) an MRI is then reasonable to ascertain why and conclude an accurate cause of the lingering pain.

313%
LITERATURE CONCLUDED THAT
CHIROPRACTIC OUTCOMES ARE
313% SUPERIOR TO PHYSICAL
THERAPY REGARDING DISABILITY



MRIs: chiropractic vs. medicine

Here is where there is a dichotomy of management paths between chiropractic and medicine and an experienced/trained practitioner should not conflate the care paths between the two.

Medicine, as reflected in the American College of Radiology Appropriateness Criteria, does not consider MRI as an initial diagnostic modality with or without contrast with acute low-back pain with or without radiculopathy in the absence of red flags. Considering that medicine is proficient in diagnosing anatomical pathology (fracture, tumor, infection, herniation) I would agree this is reasonable in an office where management with a pharmacological solution or physical therapy is the primary focus of treatment, as with medical primary care providers.

However, most diagnoses in medical offices for spinal-related pain are non-specific where the evidence in the literature concluded that chiropractic outcomes are 313% superior to physical therapy and 20% superior to medicine regarding disability.



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The management of a myelopathic clinical diagnosis is consistent in medicine and chiropractic.

In medicine, spinal practitioners also understand the necessity for immediate MRIs. Neurosurgeons and orthopedic spine surgeons will 100% of the time order an MRI if there are radiculopathic findings and appreciable associated motor loss. The reason, without seeing, you are guessing, and these highly trained sub-specialists do not guess. Why should the chiropractic profession?

Chiropractic has two issues that must be considered; the first is delivering a high velocity-low amplitude chiropractic spinal adjustment with a patient who has presented with significant radiculopathic findings or appreciable motor loss. The question that must be concluded before treatment is that of an accurate diagnosis. What is causing the radiculopathic finding? Are you delivering a high-velocity thrust into a region where there is no room between the space-occupying lesion and neural elements?

Remember, the disc is a very strong sac of gelatinous and viscous fluid that will expand upon an increase of thecal pressure. A chiropractic spinal adjustment increases intrathecal pressure. Does that give concern for chiropractic care? No, if you have an accurate diagnosis with enough cerebral spinal fluid space on any side of the cord or root. In the absence of

space around the neural element, you either have an abutment or a compression of the spinal cord or nerve root.

When an MRI is clinically warranted

Choosing to manage the case conservatively with a chiropractic spinal adjustment, decompression, bed rest or a referral to a neurosurgeon or orthopedic spine surgeon is a clinical decision we all have to make. However, it cannot be done blindly, and an immediate MRI is clinically warranted with the above clinical constructs.

These are care paths currently taught in chiropractic academia at the doctoral level and in medical academia at the post-doctoral level. 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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BE READY WHEN CAs NEED TO STEP UP

Is it time to put the wheels
of promotion in motion?

BY MARK SANNA, DC, ACRB LEVEL II, FICC

TIME TO READ: 8-10 MIN.

THE TAKEAWAY

Be ready to identify a chiropractic assistant who can take your practice up a level.

MOST PRACTICES HAVE EMPLOYEES WITH DIFFERENT LEVELS OF POTENTIAL. The key is for practice owners and managers to identify team members with the right core values, skill set, drive and attitude to take on more responsibility.

The process of promoting team members can be a sword that cuts both ways. If you promote too quickly, you may risk giving a team member responsibility beyond their current capabilities. This can demotivate the person and could result in them resigning from their position. On the other hand, if you wait too long, talented team members may seek opportunities elsewhere.

The key to keeping your team engaged and productive is to promote properly. Let's look at some of the key signs that a team member is ready for advancement.

They are willing to do more

A team member who is ready for promotion is typically willing to do more without having to be asked. They feel connected to your practice and its success. They have a sense of how important their position is to the mission of the practice. They are eager to take on new challenges.

When a team member regularly finishes their work quickly, with minimum effort, and is asking for more challenges, think advancement opportunity. One of the surest ways to know that someone is ready for the next level is when they are already performing at that level.

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When you have a team member who consistently over-delivers on every project they are involved with, without having to be asked to do so, it's time to put the wheels of promotion in motion.

They have natural leadership skills

Team leaders naturally emerge in a group setting. They emerge regardless of their job title or seniority. They intuitively know what it takes to influence the behaviors, attitudes and efforts of others.

When you spot employees looking to them for help, it's a sign of a potential good manager for your practice in the future. Have a conversation with them and ask, "What have you done lately to help your fellow team members?" This is typically an unexpected question that most employees don't prepare for. The answer can provide you with important insight into their leadership abilities.

People skills are especially important. You can teach most technical skills to anyone with a willingness to learn. People skills, on the other hand, come naturally.

They have the ability to deal with failure

Practice team members who are willing to take responsibility for their actions in a mature way, including when they result in failure, are prime candidates for promotion. Individuals who can accept responsibility for their mistakes, learn from them, and ensure they are not repeated demonstrate qualities that deserve advancement.

Not wasting time trying to solve problems without promptly asking for support or advice is another key leadership quality. Look for team members who ask for help in practical situations without letting their ego get in the way.

They have the desire to improve

Team members who consistently strive to proactively improve their skills are the type of people who can lead your practice to success. A healthy appetite for suggesting improvements in your processes and systems is important. Someone who is just making the motions to complete the essential tasks in their job description doesn't have the desire to improve things.

Excellent employees make recommendations for improvements and work out ways to do things better than the way they are being done. Be attentive for team members who challenge senior team members in a productive, nonaggressive way. When someone is confident in their abilities and

knowledge, they will feel more comfortable challenging the status quo.

Look for someone who goes above and beyond their duties like tidying up the break room or organizing the front desk area. That's a great attitude!

Their voice is heard and respected

Your practice needs team players who operate as part of a team and don't focus purely on their own role. An unmistakable sign that someone is ready to be promoted is when they have a respected voice in your organization.

This voice is developed through expertise combined with execution. Confidence follows competence. When you observe fellow team members routinely asking a person for help and guidance, this individual may be ready to move up to the next level.

Monitor and assess their other teammates' feedback and interactions with them. If you don't immediately have a role to promote them to, assign them new responsibilities to stretch them and help them grow and stay motivated.

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They get things done

The progression up the leadership ladder doesn't necessarily happen in a linear fashion. Skills that are used in one role in the practice typically flow into their next role. When a team member is effectively using several skills that are essential for the next role in the organization it is most likely time for a promotion to that role.

When someone is able to consistently obtain challenging goals, it's a clear sign that they are ready to move up — or move out of — their position. A good manager has an eye on the career development of their team. Your goal should be to co-create a role that is fulfilling for the individual while it benefits the strategic direction of your practice.

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They seek out feedback

High-performing team members crave feedback — both good and bad. They are lifelong learners and want to grow and understand how they can help improve your practice.

A sign of promotion potential can occur when you conduct performance reviews, and you notice them proactively asking for feedback. Consciously create a practice culture where your team members feel safe being open about their career aspirations. If you are not currently doing so, institute brief, quarterly performance reviews. This is a crucial step that is often missed in many practices. It provides you with the opportunity to discuss how they are doing and how they see their role fitting in with the direction you would like to take the practice. Skip this step and you may be overlooking a well of untapped talent.

They are crisis managers

Getting the job done and completing daily tasks is one thing. Being able to read people and situations are the attributes of true leaders.

Making educated decisions and acting accordingly, backed up by gut instinct, are star qualities. Great team leaders explore the issues and don't react based upon circumstances or rumor. They are solution seekers. Even the best-run practices have moments of crisis. Patient complaints, technical issues, human resource errors, and concerns come in many forms. A weak leader will lose their head in these moments. It takes a calm leader to set them in the right direction.

Look for individuals who naturally take charge to lead the team to safer waters. Team members who stay cool and calm during a crisis have excellent promotion potential.

The promotion opportunity

Think about the promotion process as an opportunity for your practice team to observe what it takes to be successful in your practice and what they can expect if they remain members of the team. Ultimately, your goal is for your employees to have long and rewarding experiences as part of your team. Remember, a happy team means a happy practice. **CE**

MARK SANNA, DC, ACRB LEVEL II, FICC, is a member of the Chiropractic Summit and a board member of the Foundation for Chiropractic Progress. He is the CEO of Breakthrough Coaching and can be reached at mybreakthrough.com or 800-723-8423.

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TECHNICAL ISSUES WITH THE FEET AND COMMON LOWER EXTREMITY INJURIES

Identify the problems causing both
plantar fasciitis and IT band syndrome

BY KURT A. JUERGENS, DC, CCSP

TIME TO READ: 12-14 MIN.

THE TAKEAWAY

Identifying and addressing technical issues within the feet will help athletic patients (and weekend warriors) move like they are 10 years younger and avoid being sidelined with injury.

OUR BODIES NATURALLY WEAR DOWN WITH AGE, and there are many factors, from genetics to lifestyle, that affect the rate of this process. Father Time can be one of our body's worst enemies, but we know that staying strong and maintaining balance and fitness can decelerate this process, thus allowing us to live a more active life.

With that being said, one of the primary objectives of the treatment plan for our patients should include improving activity levels. Sitting truly is the new smoking. Combatting the negative effects of prolonged sitting is only achieved through a paradigm shift of improving activity.

The body as mobile machine

Every day, athletes of all skill levels walk in the doors of our chiropractic clinics. My philosophy is that we should look at each patient for their athletic potential and thus treat every patient as if they are a world-class athlete.

With that being said, I will use the word "athlete" as a substitute for patient from here on. As stated above, one of the primary treatment goals is to help the athlete maintain or improve their active lifestyle. Our bodies are mobile machines and thus, not only do they like to move, but require movement. Active rehab is the avenue for addressing functional movement

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A custom foot orthotic can be a game changer when it comes to supporting the natural architecture of the foot, which in turn can prevent plantar fasciitis and IT band syndrome...

deficits and is a vital component to the management of injuries involving the elite athlete as well as the “weekend warrior.”

Unfortunately, injuries are commonplace in the active individual. In order to effectively manage the active athlete, the clinician should not only focus on the area of issue, but also identify technical issues that are potential contributors to their active complaints or future musculoskeletal injuries. The end result of most musculoskeletal injuries is stiffness. This restriction of movement compromises function, which leads to a loss of functional movement. It is here that we witness biomechanical failure and injury.

Assessing the athlete

When addressing musculoskeletal injuries, the clinician should focus on three things:

- Injury prevention
- Injury management
- Maintenance

During each of these three phases, close attention should be paid to posture, alignment and mobility. This includes addressing technical issues that can be contributors to the athlete’s current condition or potential for future injuries. Addressing asymmetrical and unbalanced postures will greatly reduce musculoskeletal stress and strain.

When evaluating the injured athlete, always include a thorough assessment of the feet and work your way up the kinetic chain. The feet are not only our foundation, but the first line of defense when it comes to mechanical stress on the lower extremity and spine. Technical issues with the feet such as pronation can contribute to a myriad of musculoskeletal injuries. Two of the more common lower extremity musculoskeletal conditions are plantar fasciitis and IT band syndrome. Both conditions can be associated with excessive foot pronation. Therefore, to successfully manage these two conditions, the clinician must consider the feet as a contributor.

Addressing foot pronation

Foot pronation is easy to identify and addressing it via implementation of a custom foot orthotic will pay huge dividends. Supporting the natural architecture of the foot reduces the risk of many injuries related to the compensatory changes resulting from excessive foot pronation.

Lack of support to the plantar vault, as seen in pronation, causes excessive stretching of the plantar fascia when weight bearing, thus resulting in pain in the plantar surface of the foot and heel. Excessive pronation also causes stress on the hip and knee. Foot pronation affects the knee and hip by causing an accentuated genu valgus and pelvic un-leveling.

Based on its attachment sites and length, the IT band is intimately related to the knee and hip. Compromise in function through pronation results in unrestrained stress on the IT band, resulting in lateral knee pain and possibly hip pain.

Addressing technical issues within the feet, increasing flexibility and improving strength are the keys to prevention and recovery of these two injuries. During the gait cycle, the foot strikes the ground, and a cascade of events occur throughout the kinetic chain. The result is proper support or failure at the ankle, knee and/or hip, depending on how the foot responds at impact.

In order to help the athlete reduce the risk of injuries to these areas, the practitioner must gain an understanding of simple lower extremity anatomy and biomechanics, and then incorporate specific evaluation and rehab protocols for the lower extremity.

5-10 MIN.

TO PASSIVELY STRETCH THE HAMSTRING, SIT ON THE FLOOR WITH THE BACK AS FLAT AGAINST THE WALL AS POSSIBLE AND THEN FULLY EXTEND THE KNEES FOR 5-10 MINUTES DAILY



Evaluating foot function

A detailed evaluation of both feet is the first step in the prevention and rehab of lower extremity injuries, specifically plantar fasciitis and IT band syndrome. The foot is the keystone of the body’s foundation.

During the weight-bearing inspection part of the evaluation, begin by evaluating the feet to determine the foot type. Pronation in varying degrees is a common finding among athletes. With pronation, the tibia rotates and the knee

collapses medially, causing a genu valgus deformity. Laser 3D technology is a state-of-the-art piece of equipment that evaluates the feet, providing a simple but detailed visual, allowing the athlete to see and understand the vital link between the foot and its impact on the kinetic chain. A custom foot orthotic can be a game changer when it comes to supporting the natural architecture of the foot, which in turn can prevent plantar fasciitis and IT band syndrome, as well as many other lower extremity and mechanical issues involving the spine.

With the shoes off, identify the presence of a collapsed medial longitudinal arch. If present, direct your attention to the knees. Pronation will cause the tibia to rotate medially, resulting in a genu valgus condition.

Sitting truly is the new smoking.

An additional but valuable test is to have the athlete perform a single leg stance (SLS) exercise. With the athlete standing upright, have him/her balance on one leg and bend the weight-bearing knee to 30 degrees. The practitioner should note the presence of any dynamic genu valgus when performing this exercise. If present, the dynamic genu valgus results from one or two issues: a technical issue with the foot such as pronation, and/or a lack of co-contraction between the quadricep and hamstring muscles. When present, these issues contribute to both plantar fasciitis and IT band syndrome. Both issues need to be addressed.

Foot pronation may require a custom orthotic to support the natural architecture of the foot. This will keep the lower

extremity aligned properly and allow the foot to absorb and disperse energy at impact, reducing the transfer of impact up the kinetic chain. Specific strengthening, flexibility and proprioceptive exercises can be effective in managing and preventing these two conditions.

Alleviating IT band syndrome and plantar fasciitis through exercises

Targeted stretching and exercises can help ease and even prevent IT band syndrome and plantar fasciitis by improving flexibility and strengthening key muscles. The following are proprioceptive, strengthening and flexibility exercises that each athlete should routinely perform to reduce the risk of these two conditions, as well as other associated foot, ankle and knee injuries:

Single Leg Stance — Using a stability trainer, stand upright and balance on one leg for one minute. Perform three sets for one minute daily.

Single Leg Stance 30 Degree Squat — Using a stability trainer, stand upright, balance on one leg, and slowly bend the weight-bearing knee to 30 degrees, focusing on keeping the patella tracking in line with the second toe. Maintaining knee alignment is critical. If necessary, have the patient gently hold on to something while doing the exercise until they can accomplish the alignment without assistance. Perform three sets of 10 reps daily.

Ball Wall Squats — With or without hand weights, position an exercise ball behind the back and against a wall. With the feet shoulder-width apart, push into the ball and squat to 30 degrees. Perform three sets of 10 reps daily.

Hamstring Muscle Stretch — There are two effective stretching techniques for the hamstring muscle. A passive stretch is a slow progressive stretch. A PNF or contract/relax stretch is the procedure of choice for increasing both

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passive and active flexibility. This type of stretch involves elevating the target muscle to tension and then performing an isometric contraction of the hamstring using 20% of a maximum voluntary contraction. After holding this contraction/stretch for 10 seconds, elevate the target muscle to a new point of stretch and repeat the process, allowing pain to be your monitor. The hamstring muscle crosses the knee joint and is therefore intimately connected to the knee. Increasing hamstring muscle flexibility helps the athlete maintain a more upright posture and reduces compression forces on the knee. Ninety degrees of hamstring flexibility is a reasonable goal. Perform hamstring stretches daily. PNF stretching techniques can be performed once per week to help maintain the flexibility gains. Perform three reps on each side. To passively stretch the hamstring, sit on the floor with the back as flat against the wall as possible and then fully extend the knees. Sit in this position for 5-10 minutes daily.

Plantar Fascia Stretch — Place the foot on a massage roller while weight bearing and move the foot forward and backward. The athlete can adjust the pressure by applying more downward pressure.

IT Band Stretch with Foam Roller — Start on your right side resting atop a foam roller positioned at the bottom of your outer right thigh. Bend your left leg and set your left foot down in front of your right leg. Using your arm and left leg, roll your outer thigh up and down the foam roller from knee to hip. Roll for three minutes once a day. Do the same on the opposite side.

Identifying and addressing technical issues within the feet along with integrating these active care techniques will help your athletes turn back the clock of Father Time and obtain longevity in living the active lifestyle their bodies desperately want and need. **CE**

KURT A. JUERGENS, DC, CCSP, is a graduate of Brigham Young University and Texas Chiropractic College. He is the owner of Juergens Chiropractic & Sports Rehab Center in Houston, Texas, where he continues to treat school and professional athletes in all fields from around the world. He has been a member of the sports medicine team for the United States Olympic Track and Field Trials, the NCAA Track & Field Championships, the ATP World Tour's Tennis Masters Cup and the U.S. Clay Court Championships. As a member of Foot Levelers Speakers Bureau he travels the country speaking on chiropractic topics with a focus on sports medicine. See upcoming continuing education seminars at footlevelers.com/continuing-education-seminars.

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RECENT DISCOVERIES PROVIDE NOVEL TREATMENT FOR OSTEOARTHRITIS

Electric field stimulation reduces inflammation, restores cartilage

BY SCOTT MUNSTERMAN, DC

TIME TO READ: 8-10 MIN.

THE TAKEAWAY

A new osteoarthritis (OA) therapy is designed to generate high electromagnetic field and deliver it into the discs and facet joints in the plane of the cartilages for elevated pain management and treatment of OA.

THE DEGENERATIVE JOINT DISEASE OSTEOARTHRITIS (OA) affects millions of patients. The underlying causes of OA are inflammation and excessive apoptosis (programmed death) of chondrocytes, the cells whose main function is to maintain healthy cartilage.

Two recent major scientific discoveries have revolutionized our understanding of pain management and OA treatment — the electric field stimulation (EFS) effects on cartilage inflammation and the effects of thermal stimulation (TS) on chondrocytes' apoptosis:

- **The electric field stimulation** activates the anti-inflammatory “adenosine – A2aR signaling pathway,” which

downregulates joint inflammation and promotes restoration of the cartilage.

- **Thermal stimulation** significantly inhibits chondrocytes' apoptosis and promotes anabolic (restorative) activities of the cartilage.

Newly developed technology, based on the latest medical discoveries, synergistically combines EFS and TS for pain management and treatment of OA. With this technology, EFS is carried into the treatment zone (cartilage) by pulsed magnetic field (MF) produced by electromagnetic coils. Inside the cartilage, the pulsed MF is converted into EF pulses that interact with chondrocytes and activate adenosine – A2aR pathway.

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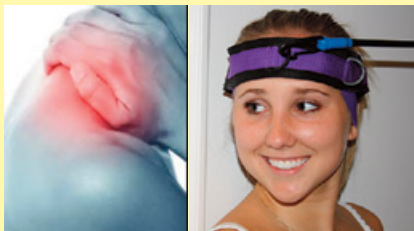
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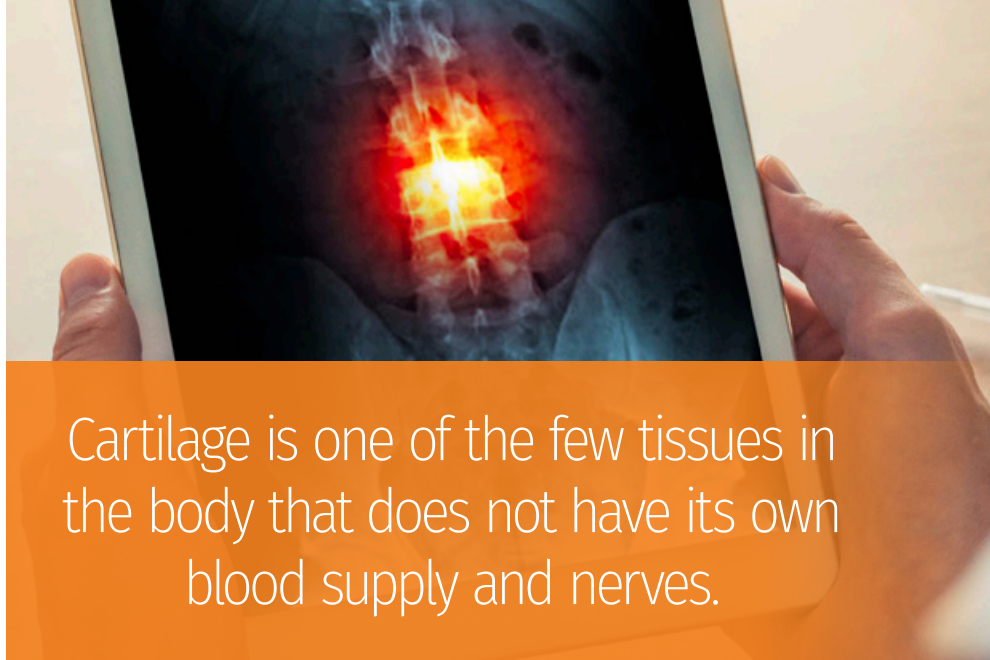
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Cartilage is one of the few tissues in the body that does not have its own blood supply and nerves.

Inflammation and excessive apoptosis — root causes of disease

Osteoarthritis is a degenerative joint disease associated with damage to the articular cartilage and surrounding tissues and characterized by pain, stiffness and loss of function.

Articular cartilage is the smooth white tissue that covers the surface of

all synovial joints in the human body. Its main function is to facilitate the movement of one bone against another. The cartilage contains specialized cells called chondrocytes that produce an extracellular matrix composed of collagen and proteoglycans.

Cartilage is one of the few tissues in the body that does not have its own blood supply and nerves. For nutrition and waste products' release, chondrocytes depend on diffusion helped by the pumping action generated by compression of the cartilage.

In healthy cartilage, mitosis and apoptosis are balanced and an adequate number of chondrocytes is maintained; the apoptosis is low and apoptotic cells are quickly cleared by macrophages without causing inflammation.

Significantly influenced by inflammation, the natural history of osteoarthritis is manifested by steady decline of cartilage cellularity, degradation of cartilage matrix and surrounding tissues, and chronic pain.

Chronic inflammation and excessive apoptosis are two underlying mutually supportive causes of OA. For a successful treatment of OA, both of them must be targeted.

Newly-discovered natural regulator of inflammation: adenosine – A2aR pathway

Adenosine is a purine nucleoside generated by metabolically stressed or inflamed tissues that recently was recog-



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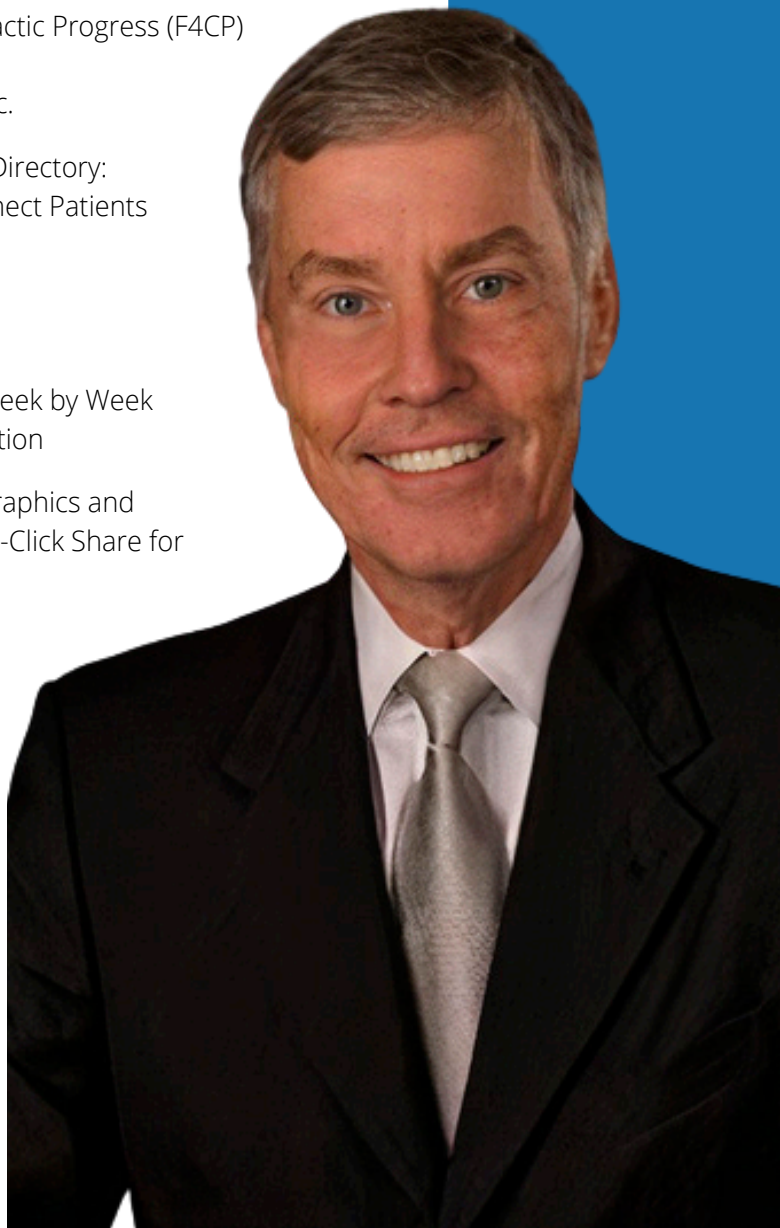
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Multiple studies have demonstrated effectiveness and safety of pulsed EFS therapy in suppressing inflammation in osteoarthritis.

nized as a major endogenous anti-inflammatory regulator.

Under normal conditions, adenosine is continuously released from cells as a product of ATP degradation. Adenosine concentration in extracellular space is controlled by an enzyme called adenosine deaminase (ADA) which breaks it down and keeps the concentration level in high-nanomolar to low-micromolar range.

However, during conditions of stress, such as inflammation, levels of extracellular adenosine rise dramatically (up to 200 times). Adenosine regulates the function of both the innate and adaptive immune systems through targeting virtually every cell type that is involved in orchestrating the immune/inflammatory response. This broad action of anti-inflammatory adenosine – A2aR signaling pathway is a result of the predominant expression of A2aRs on all immune and parenchymal cells including chondrocytes.

Assisting the immune response

Adenosine – A2aR pathway activation inhibits early and late events occurring during an immune response, which include immune cell trafficking and proliferation, proinflammatory cytokine production, and cytotoxicity.

In the late stage, in addition to limiting inflammation, adenosine – A2aR pathway participates in tissue remodeling and restoration. Developing a means for activation of adenosine – A2aR pathway in chondrocytes would be highly beneficial for treatment of OA.

Electric field stimulation reduces inflammation in OA

It is well established that natural wound healing involves generation of endogenous electric field stimulation (EFS). Recently it has been discovered that the endogenous EF also controls the processes of healing and remodeling bones and cartilages.

Exogenous EFS has been suggested for treatment of OA. In this case the therapeutic EF is carried into the treatment zone (cartilage) by pulsed magnetic field (MF) produced by a set of electromagnetic coils located outside the body. During a treatment session, the EFS more than doubles concentration of A2aRs on the cell surface and potentiates the downstream signal four times above the base level.

Adenosine – A2aR signaling pathway stimulates anti-inflammatory and anabolic (restorative) activities of chondrocytes; it accelerates natural healing of cartilage

and subchondral bones and reduces pain by suppressing production of pain mediator prostaglandin E2.

Multiple studies have demonstrated effectiveness and safety of pulsed EFS therapy in suppressing inflammation in osteoarthritis.

Thermal stimulation blocks apoptosis of chondrocytes

Thermal stimulation (TS) of the joint increases blood flow around articular cartilage, promotes diffusion of nutrients and removal of the waste products, and partially reduces pain. But the most important aspect of using HS for OA is the generation of so called “heat shock proteins” (HSPs).

HSPs play numerous roles in cell function, including modulating protein activity, regulating protein degradation, facilitating protein translocation across organelle membranes, etc. The fundamental biological function of HSPs is to preserve cell survival by maintaining the vital functions of proteins and protecting cells against apoptosis.

Notably, improved protein function leads to a 4- to 7-fold increase in chondrocyte metabolism and production of the extracellular cartilage matrix, that significantly accelerates repair of cartilage.

200X
DURING CONDITIONS
OF STRESS, SUCH AS
INFLAMMATION, LEVELS OF
EXTRACELLULAR ADENOSINE
RISE DRAMATICALLY
(UP TO 200-FOLD)



TS can be synergistically combined with EFS. EFS prevents HSPs degradation by inhibiting adenosine deaminase (ADA) activity thus promoting accumulation of HSPs in the cells. In practical terms, HSPs can be induced by local thermal stimulation with temperatures 39-41 degrees Celsius for 10-30 minutes. After a session of TS, the concentration of HSPs stays



elevated for 72 hours. This points to the optimal regimen of treatment at least three times per week.


The main therapeutic target of TS is apoptosis. The TS inhibits apoptosis and decreases secondary necrosis — the main proinflammatory stimulus that fuels inflammation in OA.

Reducing inflammation, blocking apoptosis, and promoting cartilage restoration

Historically, PEMF (Pulsed Electromagnetic Field) devices were promoted for having high magnetic fields, which runs contrary to the established research, because the active agent that provides biological effects is electric, not magnetic field.

Another issue is that the distribution of electric field in and around an electro-magnetic coil is significantly different from that of a magnetic field: In the center of every coil where the magnetic field is at maximum, the electric field is zero and has very low values around it, comprising a “dead zone” where

no therapy is delivered. Another problem is that the cartilage in joints is a thin layer of tissue located between two bones. Bones have several times higher electrical resistivity than cartilage. If the EF, applied to the cartilage, crosses the adjacent bones, only a small fraction of EF is delivered into the cartilage; the rest goes to the bones.

The newest systems overcome this drawback, with a design to generate high EF and deliver it into the discs and facet joints in the plane of the cartilages, which allows avoiding losses of EF to the dead zones or adjacent bones. 

SCOTT MUNSTERMAN, DC, is founder and CEO of Best Practices Academy (BPA) and an expert on the transforming model of health care delivery, with a commitment to the promotion and advancement of the chiropractic profession. BPA assists chiropractic physicians to focus on growth, risk management, technology, and quality improvement. He can be contacted through bestpracticesacademy.com.

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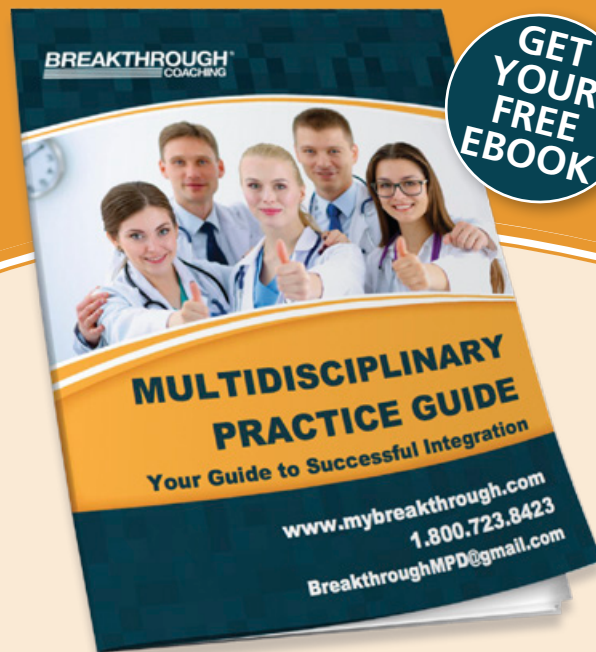
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PHYSICIAN, HEAL THYSELF

A self-care regimen for a long chiropractic career

BY PAUL VARNAS, DC, DACBN

TIME TO READ: 12-14 MIN.

THE TAKEAWAY

A chiropractic, mind, body, diet, supplement and exercise approach to reduce personal and practice stress for a career that can go as far as you want to take it.

“Physician, heal thyself: then wilt thou also heal thy patient. Let it be his best cure to see with his eyes him who maketh himself whole.”
— Friedrich Nietzsche, *“Thus Spoke Zarathustra”*

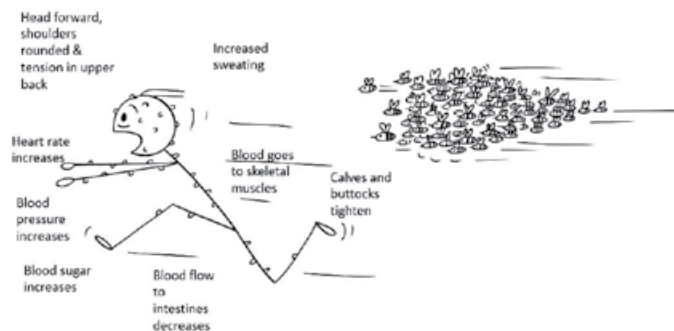
OF COURSE, NIETZSCHE DIED, INSANE, WITH TERTIARY SYPHILIS. Like us, he probably needed to heed his own advice. We are in the business of healing, but how much of our knowledge do we apply to ourselves?

Starting with stress

It is easy to fall into cliched and obvious advice — telling you to strengthen your core, use proper body mechanics, think positively and eat a good diet would make this article much like the lame advice given to consumers about money and health that we see so often on the morning news shows.

Instead, let’s talk about stress. Running a practice can be stressful, both on the business end and the clinical end. On the business end we have the government and insurance companies to deal with. On the clinical end, some of us are so concerned about our patients (especially those who are not getting the desired result) that it affects our own health. There are also two opposite ways we can be stressed out by our

practice. You can be stressed because you are so busy that you cannot catch your breath, or you can be stressed because you are so slow that you do not know where the office rent is coming from. Either way, dealing with that stress can improve the length and quality of your life.



What stress does to the body



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You should meditate 30 minutes each day (if you do not have time, you need to meditate for 60 minutes each day).

When the adjusters need adjusting

Do you get adjusted? So many chiropractors don't.

Not only does it show that you believe in what you do, it can relieve stress. Adjusting relieves stress. Tight back, neck and shoulders are often the result of stress (see the little man on the previous page). What happens when you scare or anger a cat? The fur on its back stands on end. Southerners have a term, "Get your back up," to describe anger. Adjusting breaks what has been called the "safety pin cycle" (am I dating myself?).

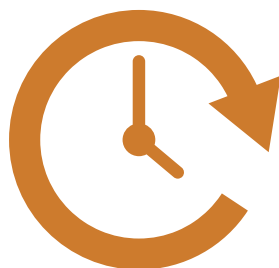
Feeling stress causes the muscles to tighten, and in turn, the tight muscles make you feel stress; it's a feedback loop. That is one of the reasons there is such a feeling of well-being after an adjustment.

George Goodheart, DC, talked extensively about hyperadrenia and hypoadrenia, based on his interpretation of the work of Hans Selye, MD. Research has since provided us with a more nuanced view of stress (check out this article: Cell Mol Neurobiol. 2010; 30(8): 1433-1440.).

Although archaic, the terms hyperadrenia and hypoadrenia are still a useful way to communicate about stress (you can say sympathetic dominant or parasympathetic dominant, if you prefer). Addressing stress is not simply a matter of adrenal support.

Prolonged stress creates problems

Increased heart rate and blood pressure — If it does not go back to normal, the epithelium of the arterial walls becomes damaged, and the body lays down plaque to "repair" it. This is the beginning of atherosclerosis and heart disease.



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Tight muscles and head held forward — The neck, upper back, gluteals and calf muscles become tight. If this is prolonged it can be the beginning of neck pain, back pain, knee pain or headaches.

Blood leaves the intestines to go to the skeletal muscle — If this is

prolonged, it can be the beginning of colitis, leaky gut, immune problems (more than half of your immune system is associated with the GI tract), irritable bowel or ulcers.

Sugar-handling issues — The body wants sugar for fuel so it can survive. If the stress persists it can lead to poor dietary choices. It begins to crave sugar, salt and fat. If the situation is prolonged, insulin insensitivity can develop.

Other issues — Stress makes you hypervigilant (you need to be aware and protect yourself). Prolonged, this can lead to anxiety and even depression. It can also lead to infertility (reproduction is not necessary when you are under attack).

How to reduce stress

Meditation — Meditation, yoga, Tai Chi or simple deep breathing exercises can help you bring stress under control. Much of the damage that stress does to your health is not due to any external factors, but rather how your mind interprets those factors. Meditation and other techniques help reduce the harm of stress by quieting the mind. You should meditate 30 minutes each day (if you do not have time, you need to meditate for 60 minutes each day).

Sports and hobbies — Meditation and yoga may be a little "new age" for some people. Hobbies are a good solution for these people. Most hobbies are relaxing;



your mind has to focus on a simple task rather than on sources of stress.

Exercise — Moderate aerobic exercise is good. This is exercise that uses large muscles repetitively and is mild enough that you can carry on a normal conversation during the activity. Anaerobic exercise (working so hard that you can't carry on a normal conversation) can be stressful and should be limited while the adrenal glands are recovering.

Half of all patients with high blood pressure have insulin insensitivity.

Address cardiovascular damage — Diet, of course, is much more important than supplementation. Avoid processed foods, sugar, chemicals, GMOs and “funny” fats. Eat foods that reduce inflammation (translation: fresh produce, which should be more than 50% of your diet, by volume). Also, get insulin insensitivity under control (also a product of stress).

Stress causes vasoconstriction and damage to the cardiovascular system. Most of the supplement companies have products that help address blood pressure and cardiac issues. They often combine several nutrients. They use nutrients that have been studied and

found to help reduce blood pressure, some by addressing angiotensin, some through other mechanisms.

Vitamin D, for example, is associated with lowering levels of angiotensin^{1,2}. Magnesium is necessary for vitamin D to be active³ and is important for the

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Intermittent fasting works because when you fast you produce glucagon, which is a hormone that helps break down fat.

health of the vascular endothelium.^{4,5,6,7,8,9} Low magnesium is associated with increased angiotensin, arterial calcification and fibrogenesis.^{10,11,12,13,14}

Niacin has been shown to have cardiovascular benefits.¹⁵ It improves lipid profiles, especially for those with insulin insensitivity.^{16,17,18} Niacin also has been shown to reduce inflammation of the vascular lining.²⁰ Poor riboflavin status is a risk factor for stroke.^{15,19} Menaquinone-7 (vitamin K2) helps prevent calcification of arteries and reduces their stiffness.^{22,23,24,25,26}

Insulin insensitivity — This goes hand-in-hand with stress and can cause vascular disease. It encompasses three conditions: metabolic syndrome (sometimes called Syndrome X), adult-onset diabetes and obesity. Sugar and insulin are highly inflammatory. They are involved with high blood pressure, high cholesterol, high triglycerides, Type 2 diabetes, menstrual problems, heart disease, pain, inflammation, depression and polycystic ovaries. Half of all patients with high blood pressure have insulin insensitivity. If you are a man with a waist larger than 40" or a woman with a waist larger than 35", you should address insulin insensitivity (whether or not the labs say so). Here are some ideas to help bring insulin insensitivity under control:



Do not eat foods with a glycemic load greater than 10.

Another choice is the *Roadmap to Health* diet, which addresses not only glycemic index, but inflammation and digestive issues as well.

Do light exercise (heavy workouts increase cortisol production). There are literally hundreds of scientific studies

showing the benefits of exercise for diabetics. There are too many to list here. They consistently show a lowering of A1C scores for diabetics who begin an exercise regimen. Light exercise is best, and it should be done daily.

Take magnesium for bowel tolerance, on an empty stomach. Stress depletes magnesium. Magnesium and its role in blood sugar control have been extensively studied. Insulin insensitivity and the overproduction of insulin found in Type 2 diabetes may actually interfere with magnesium absorption.²⁷ The best form of magnesium for people with high blood pressure is magnesium taurinate. The best form for those with cardiac issues is magnesium orotate.

Intermittent fasting is a well-researched way to get insulin insensitivity under control and to lose weight. You have an eight-hour window to eat. There needs to be 16 hours between dinner and breakfast the next morning. If you eat dinner at 5 p.m., breakfast is at 9 a.m. the next morning. It works because when you fast you produce glucagon, which is a hormone that helps break down fat.^{28,29} Also, avoid snacking between meals.

Berberine has been well-researched and shown to reduce blood sugar and A1C. Studies have shown that berberine can help and performs similarly to metformin. Subjects have had significant decreases in A1C, fasting blood glucose, postprandial blood glucose, and plasma triglycerides.^{30,31,32,33,34}

Essential fatty acids: Insulin is highly inflammatory, so insulin insensitivity can cause inflammation. It is part of the reason so many diseases are associated with it, like heart disease. The chemicals that create and suppress inflammation are oil soluble. The type of fat in the diet can either promote or suppress inflammation. Avoid hydrogenated oils, trans fats, and highly refined vegetable oils. Use extra virgin olive oil for cooking and for salads. Studies have shown that taking vegetable-sourced omega-3 fatty acids, like linolenic acid from flax seeds, will reduce inflammation as well as improve blood sugar control.^{35,36,37,38,39,40,41,42,43} Use a vegetable source; long-term use of fish oil is not a good idea.

Other supplements: Most supplement companies make a multiple with Krebs cycle factors and other constituents to



bring insulin insensitivity under control. There are supplements to thin bile, which will address biliary insufficiency and fatty liver; both are associated with insulin insensitivity. They either have a beet base or an artichoke base (choose artichoke because beets are high in oxalates).


Emotional stress, structural stress and chemical stress all affect the body the same way. Your adrenal glands do not know the difference between an IRS audit, an argument or excessive sugar consumption. If you reduce the stress you can control, stressful situations will not have as much of a physical effect on you.

40"/35"

IF YOU ARE A MAN WITH A WAIST LARGER THAN 40", OR A WOMAN WITH A WAIST LARGER THAN 35", YOU SHOULD ADDRESS INSULIN INSENSITIVITY (WHETHER OR NOT THE LABS SAY SO)



Take charge of your outer diet and inner dialogue








Try to focus on the positive areas of your life and not the one or two things that really stress you out. Take charge of your internal dialog. Say only positive things to yourself. This is not to get you to deny any negativity in your life, but if you cannot do anything about a negative situation, put it out of your mind. Also, take steps to undo the structural and chemical damage that stress has caused. 

PAUL VARNAS, DC, DACBN, is a graduate of the National College of Chiropractic and has had a functional medicine practice for 34 years. He is the author of several books and has taught nutrition at the National University of Health Sciences. For a free PDF of "Instantly Have a Functional Medicine Practice," email him at paulgvarnas@gmail.com.

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PHYSICAL THERAPY LAYOUTS

Providing adequate space and lines of sight in chiropractic offices

BY CAROLYN BOLDT, IIDA, LEED AP

TIME TO READ: 3-5 MIN.

THE TAKEAWAY

Whether utilizing “active” or “passive” therapy, these design alternatives optimize space and movement pathways for chiropractic, massage, physical therapy and more.

MANY CHIROPRACTORS SEE THAT OFFERING PHYSICAL

THERAPY and rehabilitation within their offices can benefit patient outcomes and complement what they are already doing.

In designing the physical therapy space, two key points must be considered in the layout. We discussed this in detail in a previous article [Issue 6: April 18, 2021, “Design or augment your ideal physical therapy clinic design”].

The two key points covered in the previous article as it relates to layout included:

- **Adequate space** to freely work with the patient and to easily move from one exercise to another is critical for efficiency. This is determined by the size and amount of equipment in the space. Our rule of thumb is the total floor space of the equipment, times four, is a great place to start.

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• **Line of sight** is critical for most clinics in their layout so that the clinician(s) responsible easily monitors all activities in the space. This can be accomplished with open stations within the equipment space, or windows from key rooms that allow the practitioner to see the activity.

Chiropractic and physical therapy space flow

To help you with ideas for your practice, we are going to review a few examples of chiropractic offices with a key component being physical therapy, including the various square footages overall, the size of the physical therapy open space, and the number of adjusting tables for each practice.

For reference, the physical therapy open space is often referred to as “active therapy” and other therapies that require a closed room, such as massage, acupuncture or more private area such as electrical stimulation, fall under the category of “passive therapy.”

Example No. 1

This plan represents a common multi-doctor practice that combines chiropractic and physical therapy, both active and passive.

The total interior net square footage is 3,414, with 600 square feet of open/active and 235 square feet of private/passive therapy. In the center of the open therapy area is a work counter for clinicians with a clear line of sight. This practice includes five dedicated closed adjusting rooms, one dedicated exam room and one combination.

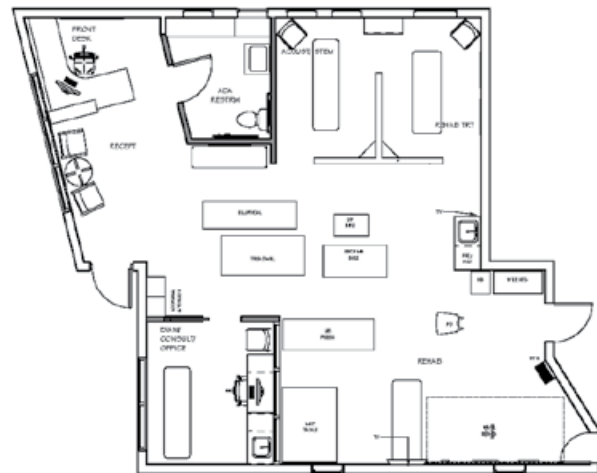


Example No. 1

Example No. 2

With more than 1,500 square feet of the space dedicated to physical therapy, this practice is heavily dedicated to these services, representing one third of the 4,773 total net square footage.

The five adjusting bays include four open tables separated by a glass wall, and one closed for privacy. There are also four dedicated exam rooms to serve their patients.



1,127 TOTAL NET SQ. FT., 2 ADJUSTING BAYS, 504 SQ. FT. PT

Example No. 2

Example No. 3

This practice is in a high-rent district near New York City where every inch of space is a premium.

It occupies a total of 1,127 interior net square footage, with 504 square feet, or almost half occupied by open rehab physical therapy. Because space is so precious, the two semi-open adjusting rooms serve the dual role with passive therapies.

Also, every adjusting inch is used for equipment so that the therapist workspace around the equipment is also the traffic path through the office. The line of sight is through the window in the combination exam and consultation office.



3,414 TOTAL NET SQ. FT., 5 ADJUSTING BAYS, 600 SQ. FT. ACTIVE + 235 SQ. FT. OF PASSIVE PHYSICAL THERAPIES

Example No. 3

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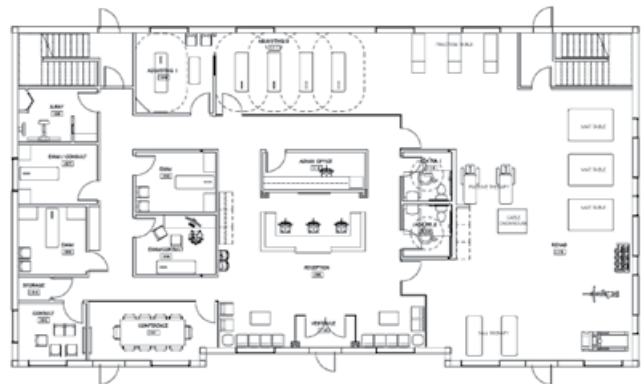
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Example No. 4

As a large multi-doctor practice, this 6,580-net-square-foot office includes 1,640 square feet for active therapies with a central workstation for the clinicians.

Behind a floor-to-ceiling glass wall is 300 square feet of passive “quiet rehab.” Three massage/acupuncture rooms are tucked quietly in their own corridor. The four chiropractic adjusting rooms are semi-open, while the three exam/treatment rooms serve patients for both.



Example No. 4

As you can see, there are many ways to combine chiropractic and physical therapy in your clinic, where the possibilities are unlimited. **CE**

CAROLYN BOLDT, IIDA, LEED AP, has more than 35 years’ experience as a commercial interior designer. Over this time, she gained a complete understanding of the industry, which includes retail, hospitality, health care, corporate, sustainability and relocation design. She is a registered designer, and is a principal for CrossFields, with the mission to create practical and impactful environments that elevate chiropractic success. She can be contacted through chiropracticofficedesign.com.



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TAPING FROM HEAD TO TOE

Chiropractic muscle support for all lifestyles

BY MORGAN SERRANO

TIME TO READ: 5-7 MIN.

THE TAKEAWAY

Advanced kinesiology tape offerings have changed, and offer athletes and patients performance support, recovery relief and reduced muscle soreness after exercise.

WHETHER YOUR PATIENT IS A WORLD-CLASS TRIATHLETE or a person who spends most of their time at a desk, they are likely visiting your clinic in search of one primary thing — drug-free relief for their aches and pains. Sore muscles, injuries and chronic inflammation can happen to anyone regardless of their age or activity level, which is why it is important to use a kinesiology tape designed to support people in all walks of life.

If you currently use kinesiology tape in your practice, you already know it can be a powerful tool, providing long-lasting relief for shoulder pain, tennis elbow, plantar fasciitis, injured knees and more. But the problem with most tape brands on the market is that they only offer one type of cotton-based tape, which has limitations as far as application and durability.

For example, while the majority of people find relief with traditional cotton-based tapes, many professional athletes need a more durable tape, whereas people with delicate skin need a milder tape.

Tape for every body

The newest kinesiology tape products are designed to support athletes at every stage, with adhesives to provide a gentler release of the skin, so that applying and wearing kinesiology tape can be an even more comfortable experience for everyone.

The majority of tapes provide breathable fabric, flexible support, and comfortable, water-resistant wear for 1-3 days,



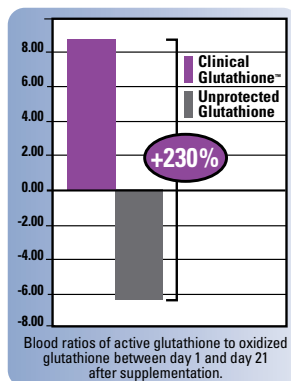
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Tapes designed for pro or “extreme” athletes are for individuals who perform long-distance runs, triathlons, water sports, or on patients who need superior support...

and newer “gentle” tapes now provide the same relief but feature an adhesive specially formulated to release more gently from the skin. The gentler tapes are great for youth athletes, elderly champions and anyone with sensitive skin.

Synthetic kinesiology tape products now provide even longer-lasting relief, designed with synthetic performance fibers that are fast-drying, water-resistant, and provide superior strength and support, compared to cotton materials, for even the toughest workouts and harshest environments. They also feature a more durable strength, enabling them to maintain their elastic properties, helping deliver superior support for muscles, joints and tendons without restricting range of motion.

Tapes designed for pro or “extreme” athletes are for individuals who perform long-distance runs, triathlons, water sports, or on patients who need superior support throughout multiple workouts, as this type of product can be worn on the skin for 4-7 days.

4-7 DAYS
TAPES DESIGNED FOR PRO OR
“EXTREME” ATHLETES CAN BE
WORN ON THE SKIN FOR 4-7 DAYS



Using kinesiology tape for recovery, relieving sore muscles

Turn on the television to any professional sport, and it won't take long to see a tape-wearing athlete in action. This is because sports tape is commonly used to help support the body while the muscles are actively engaged.

But the benefits of kinesiology tape extend far beyond performance support, providing recovery relief by reducing muscle soreness after exercise.

If you've ever experienced extremely sore muscles that made it difficult to walk or even sit down several days after an intense workout, you probably know what delayed-onset muscle soreness (DOMS) feels like. Sure, the soreness is a nice reminder

that you had a great workout, but the pain is not fun.

While the mechanism surrounding DOMS is not well understood, the theory is that after strenuous exercise, the body experiences an influx of muscle spasms, lactic acid, tissue damage and inflammation, resulting in discomfort and soreness that peaks at 48 hours and continues for up to seven days.

But good news for DOMS sufferers: In a new study, “Effects of Kinesio Taping on the Relief of Delayed Onset Muscle Soreness: A Randomized, Placebo-Controlled Trial,” kinesiology taping was shown to have a positive impact on reducing muscle soreness after intense exercise.

In the study, a group of participants received kinesiology tape applied to their quadriceps and then performed a leg workout involving a set of drop jumps from a platform. The non-placebo group received proper placement of the tape, whereas the placebo group received kinesiology tape without technique or tension. At the 72-hour mark, researchers tested participants and found that muscle soreness was significantly lower in the group that received accurate kinesiology taping versus the placebo group. They also measured the participants' serum creatine kinase levels, used to measure muscle damage or injury, and found that the placebo group showed significantly higher levels compared to the non-placebo group.

As the first randomized, placebo-controlled study investigating kinesiology tape and DOMS, more studies are needed to help clarify the positive effects of kinesiology tape on muscle recovery. But results may be an indicator that the lifting effect of kinesiology tape could help release pressure in the soft tissues of the body, allowing lymphatic fluid to move. This increase in lymphatic fluid helps minimize muscle pain and soreness.

To implement the use of kinesiology tape to reduce the effects of DOMS within your own practice, it is important to apply tape to the targeted muscle group prior to anticipated activity and continue to wear the tape for days after training. Using kinesiology tape in this way can result in decreased post-workout muscle soreness by 50% for 48-72 hours post-exercise.

Simple application tips

If you are curious about how to utilize kinesiology tape in your own practice, here are a few basic tips to ensure you get the most out of your application:



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The newest kinesiology tape products are designed to support athletes at every stage, with adhesives to provide a gentler release of the skin.

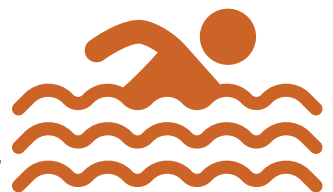
- Apply kinesiology tape at least an hour before physical activity. Start by cleaning the skin with an alcohol wipe or other skin-safe disinfectant. Then, trim any excess hair as necessary.

- Next, get your pre-cut tape or cut your own strip to the size you need. Apply tape directly to the skin following our recommended taping techniques for the area of the body needed. Place one end first to create an anchor and then use a light or moderate stretch as you apply the rest of the tape.

- After application, patients can work out, shower and go about the day as normal. Leave on as desired, typically around 1-3 days for cotton-based tape, or 4-7 days if using tape designed for pro or extreme athletes. To remove the tape, simply lift the edge of the tape and roll it gently downward.

1-3 DAYS

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When it comes to supporting your patients with their active lifestyles, a little kinesiology tape goes a long way. You can apply it in your clinic as part of your practice and you can also encourage your patients to use it on their own for extended results.

No matter where your patients are in their activity, you can find everything you need with the latest in kinesiology taping. **CE**

MORGAN SERRANO is a writer for KT Tape. To find chiropractic tape application techniques for every part of the body, go to KTTape.com.



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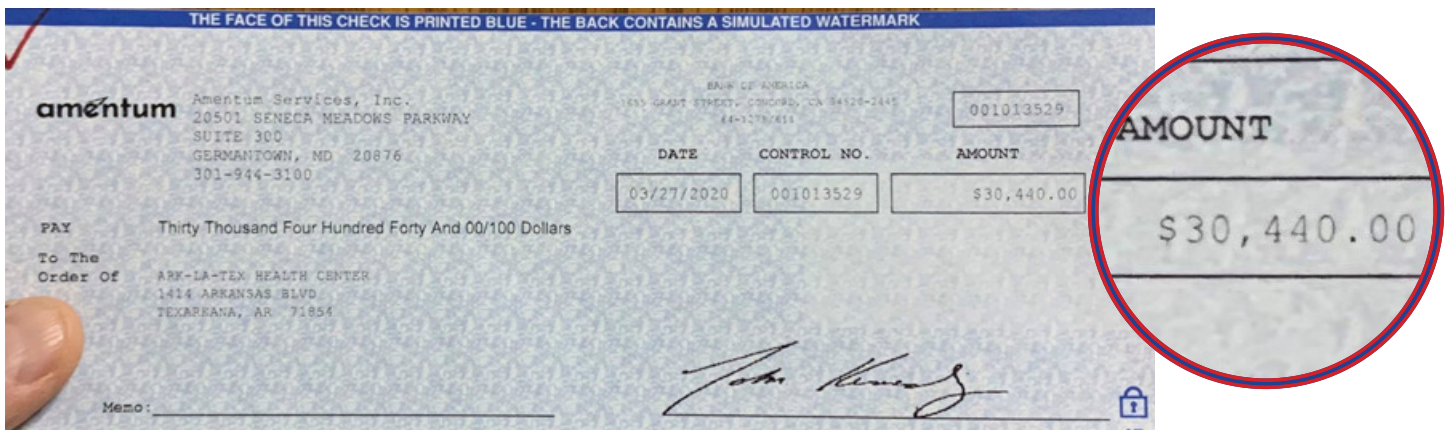
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WHAT GUT MICROBIOME TESTING CAN ACHIEVE FOR YOUR PATIENTS

DIAGNOSTIC TESTING AND ASSESSMENT ARE AN IMPORTANT PART OF THE CHIROPRACTIC PROCESS as their findings dictate treatment recommendations. Generally, this involves asking questions about the patient's medical history, conducting a comprehensive physical exam and taking X-rays. Another type of test, gut microbiome testing, can be beneficial for better understanding patient health; it is one that analyzes their gut microbiome.

Gut microbiome and health

It's no secret that the foods we eat either contribute to or detract from our health. Though, we are constantly learning about the specific effects that these foods — and other ingested substances, such as nutritional supplements and drugs — have on the health of the gut, ultimately influencing health as a whole.

Research explains that the human gastrointestinal tract contains around 100 trillion micro-organisms. A majority of these micro-organisms are bacteria. The rest are viruses, fungi and protozoa. All these tiny organisms work together to support the digestion process and supply the body with the nutrients needed for optimal health.

What scientists are beginning to learn is that people with chronic health conditions often have a low level of diversity in their gut bacteria. This includes individuals with gastrointestinal disorders such as inflammatory bowel disease and Crohn's. Lower bacterial diversity has also been noted in people diagnosed with diabetes, atopic eczema and cardiovascular disease.

Testing basics

A gut microbiome test involves taking a stool sample or fecal swab, then analyzing it to learn which micro-organisms are present. This gives a better understanding of the level of diversity that exists. It also helps identify specific micro-organisms that may be negatively impacting health, either by being present or due to their lack of presence.

For example, a 2019 article published in BMC Biology explains that if the gut contains a higher amount of bacteria in the *Christensenellaceae* family, this can reduce one's risk of obesity and inflammatory bowel disease. Research published in Frontiers in Immunology in 2020 adds that bacteria from the genus *Alistipes* may protect against cardiovascular disease, colitis and liver fibrosis.

Some tests provide only a broad-level view of gut health while others break each type of bacteria down, identifying them individually.

Patients who might benefit from a gut microbiome test

Patients experiencing gastrointestinal issues may benefit from learning the makeup of their gut microbiome. This includes those with regular bouts of diarrhea, constipation, bloating and abdominal pain.

If these symptoms are major or problematic, seeing a health care professional can help either confirm or rule out a medical diagnosis. However, it is also possible that making dietary or supplemental adjustments can offer relief. The adjustments needed would depend on that individual's gut microbiome and the bacteria that need to be increased or decreased.

Patients might also want to get a gut microbiome test even without any signs of gastrointestinal distress. Gut health doesn't just impact the digestive tract. It impacts other areas of the body as well. Some studies have even connected gut microbiome makeup with mental health.

One such study was published in Nature Reviews Microbiology in 2019. It noted that *Faecalibacterium* and *Coprococcus spp.* are indicators of a higher quality of life. Additionally, people with depression tend to have depleted levels of *Coprococcus spp.* and *Dialister spp.*

Selecting a gut microbiome test

When selecting a test, look at customer ratings and whether the test is backed by any research-based studies and discuss with your doctor. Also, look at what it measures and to what extent. Some testing sites also deliver results via an app, providing convenience and speed in learning more about the gut microbiome.

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DEAR DOCTOR OF CHIROPRACTIC,

You are essential to the health care of America. Your patients count on you to help them through this difficult time, as do your family and friends. If you're a business owner your employees are counting on you also.

In pre-pandemic times there was less to worry about and it was easier to find mental escapes and downtime. Now we're trying to create that new normal as a society, trying to make it look as close to the old normal we can, for both doctors of chiropractic and their patients.

WE'RE IN IT TOGETHER

Last year we told the story of the two young chiropractors who 30 years ago attained their DC degrees, both near the top of the same graduating class and full of enthusiasm to enter chiropractic care. When they returned for their 30-year reunion, both were married with family and had stayed in touch over the years. But while one worked in a multi-doctor practice, the other had founded his own multi-location practice and as CEO was contemplating an early retirement.

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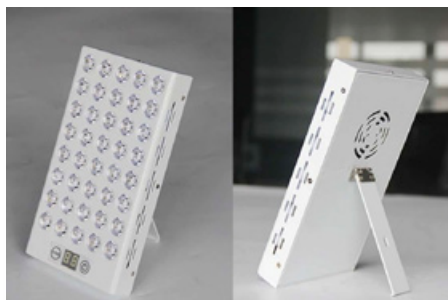
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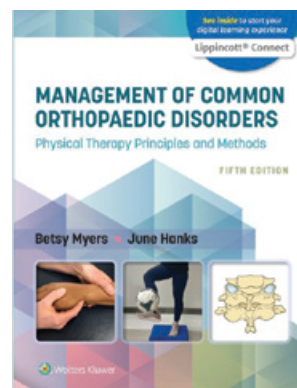
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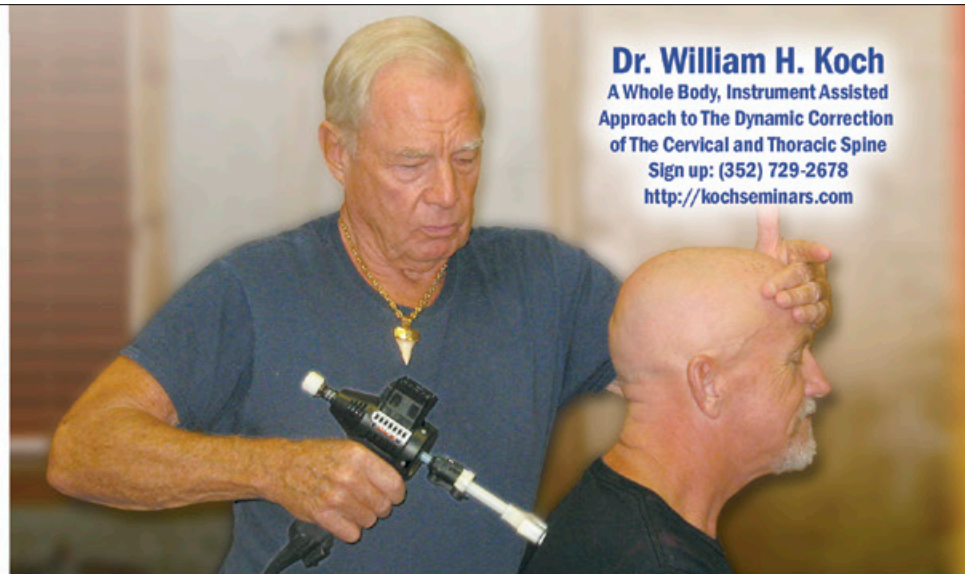
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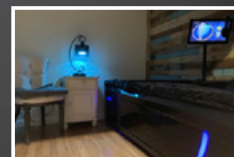
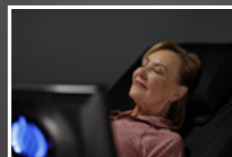
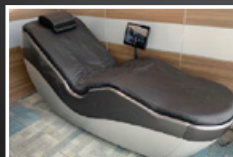
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- The athlete’s needs and the role of supplements
- Different categories of sport supplements
- Examples of popular sport supplements and supportive evidence
- Case studies and protocols



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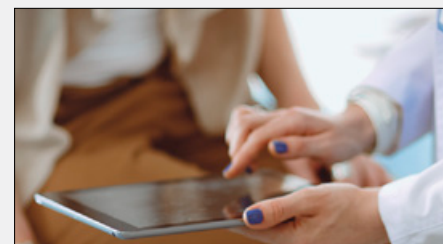


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SPEAKER:
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- Patient-reported health outcomes and research
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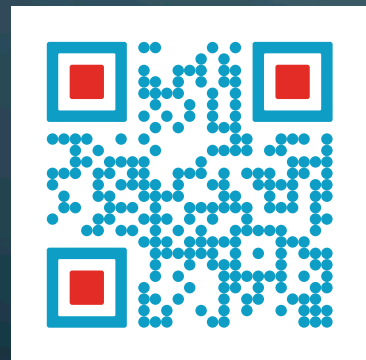


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Future-proofs your business

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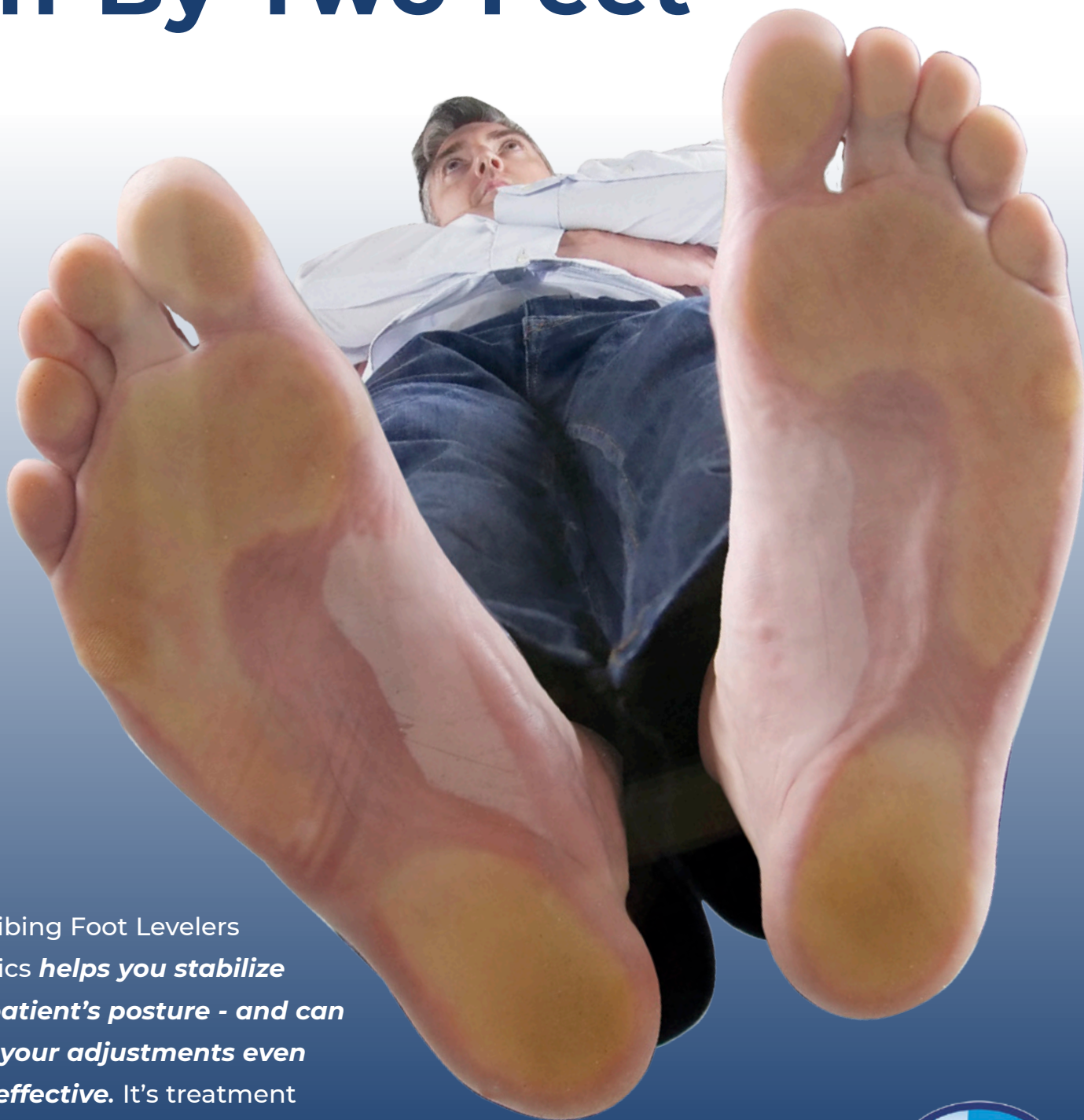
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Sample Size: 800

Diet and Exercise: None

Outcome Measures: 95% Confidence Interval

Body Fat % Lost:

1.24% to 2.82% (1.75% avg.)

Pounds of Body Fat Lost:

2.33 to 6.60 lbs. (4.53 lbs. avg.)

Fat Energy Metabolized per Treatment:

1,761.66 calories avg.

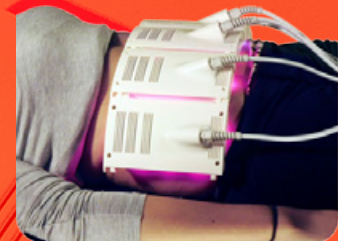
Inches Lost:

8.13 to 12.20 inches (10.16 inches avg.)

Adverse Reactions: 0

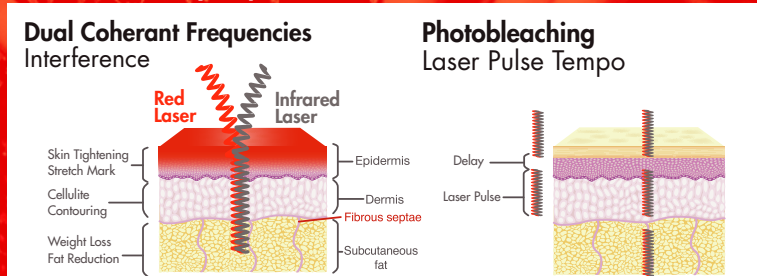
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