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21**

**DAY
18**

**DAY
15**

**DAY
10**

**DAY
5**

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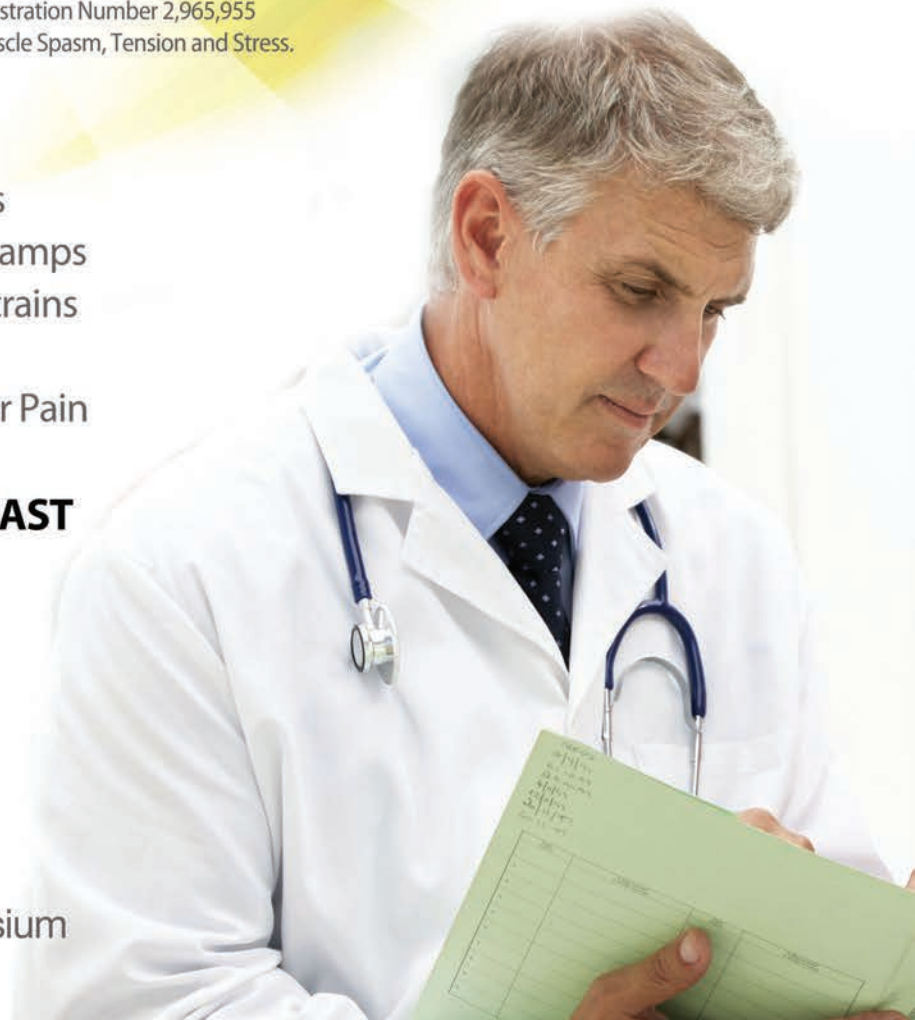
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Chiropractic Marketing Connection

The 4 trends in marketing you MUST know for 2016
Kelly Robbins, MA



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"I think" and "I believe"
Shawne Duperon, PhD



My Breakthrough

Resolutions
Mark Sanna, DC

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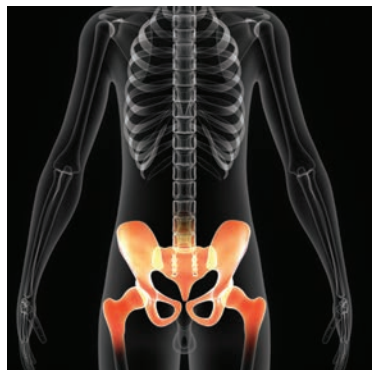


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IF YOU'VE BEEN IN BUSINESS FOR A WHILE, YOU'VE LIKELY DISCOVERED THAT REPLACING A STAFF MEMBER IS NEVER AN easy thing to do. You might think you've found the perfect candidate, who has a great résumé and is dazzling during the hiring interview. But there's one more component to the picture: the "fit."

Your other staff members, associates, and partners will have to integrate this person into the operation, and there are so many variables that you'll never be certain that the new



Let me know what's on your mind:
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hire will work out until he or she does (or doesn't). This is the "chemistry" involved, that indescribable process involving attitudes and personalities.

In this issue of *Chiropractic Economics*, we'll take a look at how your team can be a force multiplier for your marketing efforts. If you can achieve synergies with your staff, you'll experience the magic of two and two adding up to five. If you've been going it alone and marketing your practice by yourself, we hope this issue inspires you to enlist your staff on your behalf, if they have the chemistry needed for the task

While we do not normally report on chiropractic news from overseas, one item stood out and attracted our attention: "Alternative medicine made legal." In this article, it states that Qatar's board of medicine has officially adopted the phrase "complementary medicine" instead of "alternative medicine" to reinforce the idea that patients are not opting out of allopathic care when they choose a complementary modality.

The ruling names the following as disciplines to be so regulated: Hijama (wet cupping) chiropractic, homeopathy, Ayurveda, and acupuncture. Here in the U.S., the general term is "complementary and alternative medicine," or CAM, and it may be time for us to drop the term "alternative" as well.

After all, as the adage has it, there's a term for medicine that's proven to work: It's called "medicine." Increasingly, we're finding buy-in from the establishment—hospitals, the VA, third-party payers—that chiropractic has a demonstrated track record of clinical results.

To your success,

Daniel Sosnoski, editor-in-chief

chiropractic economics

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THE CHIROPRACTIC PULSE

Call for doctors of chiropractic to participate in chronic pain study

The RAND Corporation is conducting a study on the impact of evidence, outcomes, costs, and patient preferences on the choice of treatment for chronic low-back pain and chronic neck pain. This study is funded by the National Center for Complementary and Integrative Health (NCCIH), and its aims are:



- ▶ To understand better ways to assess appropriateness within complementary and alternative medicine (CAM), such as chiropractic care,
- ▶ To determine how the inclusion of patient perspectives and cost impact measures of appropriateness, and
- ▶ To learn about patient preferences and experiences related to treating back pain and neck pain.

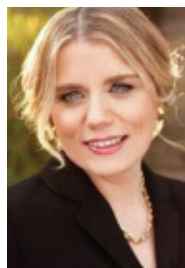
The study will be conducted in and around six regions: Dallas, Texas; San Diego, California; Minneapolis, Minnesota; White Plains and Yonkers, New York; Portland, Oregon; and Tampa, Florida. RAND Corporation is recruiting clinics for the national study starting now through the end of 2016.

Licensed chiropractors are eligible to apply if they are working in a standalone (community) practice, are in a solo or multiprovider practice, are part of a chiropractic-only or integrated practice, see a minimum of 25 patients per week, and have at least five years of experience post-training.



To learn more about the study, visit ChiroEco.com/randstudy.

Source: The RAND Corporation, rand.org



F4CP names Sherry McAllister, DC, executive vice president

The Foundation for Chiropractic Progress (F4CP), announced the appointment of Sherry McAllister, DC, as executive vice president, effective November 6, 2015.

McAllister, the first doctor of chiropractic to lead the F4CP positive press campaign, has a unique professional and academic history, combining more than 20 years as a practicing DC with a graduate degree in education and extensive knowledge of the technological and social media landscape.

"We hand-picked Dr. McAllister based upon her seasoned experience as a practitioner in the industry, coupled with her wealth of knowledge spanning industry research and higher education," said Kent S. Greenawalt, chairman, F4CP. "This distinctive combination is what sets her apart as a leader—not only does she have key insights into what will excite the profession and help DCs at an individual level, but she has the educational tools and technological ability to help spread our message farther than ever before."



To read more about this appointment, visit ChiroEco.com/mcallister.

Source: Foundation for Chiropractic Progress, f4cp.com

Prescription drugs dominate 2016 presidential debates; F4CP responds to the conversation

As issues surrounding overprescribing and abuse of prescription drugs begin to dominate the conversation of presidential candidates, experts at the Foundation for Chiropractic Progress (F4CP) assert the need for evidence-based, drug-free options, including chiropractic care, to serve as a primary approach to pain relief.

"The public must band together and create a unified movement to modify the patient care model around pain management," McAllister says. "It is imperative for individuals to educate themselves on effective, nonpharmacological alternatives for pain relief to help prevent the risk of prescription drug addiction and the 46 overdose-related deaths per day in the U.S. that are a result."



To read the complete statement, visit ChiroEco.com/f4cpdrugpolicy.

Source: Foundation for Chiropractic Progress, f4cp.com

BY THE NUMBERS

3.6%

is the number of doctors of chiropractic who hold staff privileges at hospitals, according to the NBCE. While obtaining such privileges is arguably difficult, nearly 2,000 DCs have accomplished this level of access to formal medical institutions. This group has a unique ability to educate MDs and the public about the value of chiropractic.



INGRAM PUBLISHING/
THINKSTOCK

Source: American Chiropractic Association

22 million

is the estimated size of the U.S. population that annually visits chiropractors. And for those seeking alternatives for back-pain relief, chiropractic is the healthcare option of choice. Other common reasons people see chiropractors include resolving pain in the legs, arms, neck, and for relief from headaches.



LISA F. YOUNG/THINKSTOCK

Source: WebMD

17%

is the estimated year-on-year job growth foreseen for doctors of chiropractic for the period 2014 through 2024. This is on par with that forecast for other health diagnosing and treating professionals. For all other occupations, the number is only 7 percent.



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Source: U.S. Bureau of Labor Statistics

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■ THE LEARNING CURVE

Logan University graduates 105 doctors of chiropractic and 32 master's degree students at 178th commencement

Logan University held its 178th commencement for the degrees of Doctor of Chiropractic, Master of Science in Nutrition and Human Performance and Master of Science in Sports Science and Rehabilitation on Saturday, December 19, 2015, in the William D. Purser, DC Center on the campus of Logan University in Chesterfield, Mo.



The ceremony, which included the academic hooding of each graduate, honored

105 students with the conferral of Logan's flagship Doctor of Chiropractic degree by Logan President Clay McDonald, DC, MBA, JD. In addition, 13 students were conferred with the Master of Science Degree in Nutrition and Human Performance and 19 students with the Master of Science Degree in Sports Science and Rehabilitation.

Michael Wittmer, DC, director of Logan's Health Centers, served as master of ceremonies. The commencement speaker was Arlan W. Fuhr, DC, chairman/founder of Activator Methods International.

The Doctor of Chiropractic valedictorian was Monique Gabrielle White. In addition, Logan recognized Tayler J. Suydam as the valedictorian for the Master of Science in Nutrition and Human Performance degree and Matthew D. Clark, Travis Augustus Falkner, and Monique Gabrielle White as valedictorians for the Master of Science in Sports Science and Rehabilitation degree.

 **To read more, visit ChiroEco.com/logan178.**
Source: Logan University, www.logan.edu

22 DCs pass 2015 Diplomate in Clinical Chiropractic Pediatrics board certification examinations

The International Chiropractors Association (ICA) Council on Chiropractic Pediatrics recently announced that 22 doctors of chiropractic passed the 2015 Board Certification Examinations conducted by the International College of Chiropractic Pediatrics, the testing board for the Diplomate in Clinical Chiropractic Pediatrics (DCCCP).




Examinations in 2015 were held in Chicago, Illinois, and Auckland, New Zealand. The addition of 22 new DCCCPs brings the total number of DCCCPs to more than 260.

 **For further details, visit ChiroEco.com/va-bill.**
Source: The Council on Chiropractic Pediatrics, icapediatrics.com

Life West appoints Mark Zeigler, DC, as VP of Institutional Advancement

With a 35-year-plus career, Mark Zeigler, DC, has worked in a variety of leadership capacities. He worked five years in local government as mayor of the city of Sturgis in South Dakota, was selected as the fifth president of Northwestern Health Sciences University, served as vice president of the Association of Chiropractic Colleges, and had a successful private practice for more than 25 years.



"It's a privilege to join the team at Life Chiropractic College West, under the leadership of Dr. Brian Kelly. This is an exciting time to be part of Life West as is reflected in the major capital improvements to their campus, the commitment to clinical education, and the growth in student enrollment," Zeigler said. 

 **Learn more about the new services at ChiroEco.com/nuhs-va.**
Source: Life West, lifewest.edu

■ WHAT'S HAPPENING IN HEALTH?

Advances in anti-aging medicine revealed at 23rd Annual A4M Conference

The American Academy of Anti-Aging Medicine (A4M) held the world's largest Anti-Aging conference in December 2015 at the Venetian Hotel in Las Vegas, Nevada, with participation by more than 5,100 medical specialists and attendees and more than 450 exhibition booths from over 60 nations. Now a \$380 billion industry, anti-aging medicine continues to see explosive growth and is projected to exceed \$1 trillion dollars before 2025. At this pace, anti-aging medical therapies are expected to soon displace disease-based healthcare, which has been the focus of contemporary Western medicine.

Asked about the impact of anti-aging sciences on communities across the globe, Ron Klatz, MD, DO, said, "The A4M is excited to see our decades of research resulting in incredible achievements. We are pleased to announce that varying communities spanning the globe are now achieving average life expectancies of 91.5 years versus the standard 68-year life expectancy for those only receiving standard care." He continued, "This 23.5-year difference is so substantial that I have coined it 'the anti-aging dividend.'"

 **To learn more, visit ChiroEco.com/a4mresearch.**
Source: WorldHealth.net and American Academy of Anti-Aging Medicine, a4m.com

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KESUOI, SYNTIKA/THINKSTOCK

The silent killer

You can do a lot to fight inflammation.

BY JONNY BOWDEN, PHD, CNS

YOUR PATIENTS MAY NOT PAY MUCH ATTENTION TO INFLAMMATION, but you should. It's linked to chronic conditions as diverse as cancer, Alzheimer's, obesity, congestive heart failure, and diabetes. "Silent inflammation" is literally a stealth bomber, reducing your odds of living a long and disease-free life just as effectively (and as silently) as if you were breathing an invisible, odorless poison gas.

Why should you care?

If you've ever stubbed your toe, banged your head against a beam, or gotten a splinter or an abscess, you know what acute inflammation is. White blood cells—also known as leukocytes—mobilize to the injury site, surrounding it like an army blocking off an invading force. Specialized white blood cells called *macrophages* (Latin for "big eaters") look and act like little PacMen, initiating defense mechanisms and literally swallowing up and immobilizing any invading pathogens.

These activities are collectively known as "inflammation." And the body needs inflammatory chemicals, because the ability to mobilize them effectively is an integral part of the natural healing response.

But for most people, the inflammatory army is in overdrive while the anti-inflammatory army is underfunded.

People need inflammation to heal—it's vital to have those white blood cells rushing to the site of an injury. But the body *also* needs anti-inflammatory compounds to act as correctives when there's too much inflammation. Inflammation and anti-inflammation forces need to be in balance, otherwise there's trouble.

The slow killer

"Classic (acute) inflammation hurts," says Barry Sears, PhD. "Silent (chronic) inflammation slowly kills." In the latter case, instead of being a transient event, the inflammatory response persists over time, "like an ornery child who can't resist picking at a scab" writes science

reporter Christine Gorman. Eventually, chronic inflammation can and will destroy tissue. Little wonder *Time* presciently titled a cover article in 2004, *Inflammation: The Silent Killer*.¹

Some foods, like sugar and excess vegetable oils, have the effect of turbocharging the inflammatory production pathways, while other foods (like wild salmon with its rich content of omega-3s, and the antioxidant astaxanthin found in certain marine plants and animals) have precisely the opposite effect. This is where things get interesting from a clinical perspective.

The body makes inflammatory and anti-inflammatory compounds called *eicosanoids* from one source only: fat. The type of fat one consumes has a profound effect on the eicosanoid production factory. Omega-6 fatty acids, the kind found in vegetable oils like corn, safflower, soybean, and canola oil are pro-inflammatory—they're the precursors for the inflammatory chemicals manufactured in the body. Omega-3 fatty acids, the kind

Inflammation is likely to emerge as the health concern of the decade, but the good news is that you can do a great deal to combat it.

found in fish, fish oil, flaxseed, chia seed, and hempseed are the exact opposite. They're precursors for the body's anti-inflammatory compounds.

Most researchers agree that the ideal relationship of omega-6 fatty acids to omega-3 fatty acids is about 1-to-1, the same ratio found in the diet of hunter-gatherer societies. This ratio keeps the eicosanoid production factories in harmony, with the body producing a nice balance of inflammatory and anti-inflammatory chemicals as needed.

But the ratio of pro-inflammatory fats to anti-inflammatory fats in the typical Western diet is far from ideal. It's usually between 15- and 20-to-1.

Steps toward wellness

Fortunately, a great deal of inflammation is controllable. If patients can put out the fire within, or at least stop it from spreading, they'll be well ahead of the game. And it all starts with food.

The plant kingdom is loaded with natural anti-inflammatories. (One example is quercetin, found in onions and apples.) Some of the anti-inflammatory superstars that should be part of any anti-inflammatory diet are the following:

- ▶ onions
- ▶ garlic
- ▶ leeks
- ▶ leafy greens (e.g., spinach, chard, and kale)
- ▶ tomatoes
- ▶ bell peppers
- ▶ Brassica vegetables (e.g., Brussels sprouts, cabbage, broccoli, and cauliflower)
- ▶ beans (all types)
- ▶ nuts and seeds
- ▶ spices (ginger, turmeric, cinnamon, cloves)
- ▶ herbs (parsley, rosemary, thyme, oregano, mint, tarragon, dill)
- ▶ tea (all types)

- ▶ red wine
- ▶ cocoa and chocolate (if low in sugar)
- ▶ flaxseed and flax oil

And wild salmon, which isn't a member of the plant kingdom but is a great source of the two most important omega-3s found in food, as well the superstar antioxidant astaxanthin. Grass-fed beef also has omega-3 fats, as do sardines, mackerel, herring, and tuna.

Inflammation is likely to emerge as the health concern of the decade, but the good news is that you can do a great deal to combat it. Healthy whole foods, plenty of omega-3 fats, and a minimum of sugar are a great place to start.

Many supplements can help lower inflammation. Here's a short guide to the most important ones.

Omega-3. Omega-3s are among the most anti-inflammatory substances known and should be part of everyone's supplement program. Given the variety available in the market, it's clear that most consumers are sold on them.

Omega-7. Omega-7 is a fatty acid found in cold-water fish as well as macadamia nuts and sea buckthorn berries. It has beneficial effects on metabolic syndrome, diabetes, weight, triglycerides, and insulin resistance. A study at the Cleveland Clinic found that omega-7s lower C-reactive protein—a marker for systemic inflammation—by 44 percent.²

Curcumin. This extract from the Indian spice turmeric has multiple benefits and is highly anti-inflammatory, while being easy to supplement. Research has demonstrated its anti-inflammatory, anti-oxidant, anti-thrombotic, and cardiovascular protective effects.³ It also reduces oxidized LDL (bad) cholesterol.⁴

Magnesium. Magnesium supplements are a must for those who want to protect their heart. Magnesium lowers blood pressure, helps control blood sugar, and relaxes the lining of blood vessels. And almost all dietary surveys show that Americans aren't getting nearly enough. Because blood pressure can contribute to inflammatory lesions in vascular walls, it's a good idea to include it in an anti-inflammatory supplement program.

Resveratrol. Resveratrol is the ingredient in red wine that's best known for its anti-aging properties. It helps protect the arteries, improves their elasticity, inhibits blood clots, and lowers both oxidized LDL and blood pressure.⁵ It's both a strong antioxidant and an anti-inflammatory, inhibiting a number of inflammatory enzymes that can contribute to heart disease.⁶ The recommended dose is 200 mg a day of trans-resveratrol, the active component of resveratrol.

Methyl sulfonyl-methane (MSM). This is a natural anti-inflammatory that blocks the transmission of pain signals in nerve fibers. It's known as being great for joint health and reducing the pain of arthritis. The biochemical precursor to MSM—dimethyl sulfoxide—has been studied extensively for pain and inflammation.

Cocoa flavanols. Plant chemicals in cocoa known as flavanols help the body synthesize nitric oxide, which is critical for healthy blood flow and blood pressure. Nitric oxide also makes the lining of the arteries less attractive for white blood cell attachment. Researchers in Germany found that those who ate the greatest amount of flavanol-rich dark chocolate had lower blood pressure and a nearly 40 percent



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lower risk of heart attack or stroke compared to those who ate little or no chocolate.⁷

Boswellia. Boswellia is well-known for its ability to lower inflammation. A dose of 150 mg three times a day is recommended for two to three months. It has been used effectively in combination with ginger, turmeric, and ashwaganda, and proven beneficial for

inflammation and pain associated with osteoarthritis and rheumatoid arthritis.⁸ BosPure is an extract that is standardized to contain more than 10 percent natural AKBA (acetyl-11-keto- β -boswellic acid), the most powerful form, and can be found in some commercial products.

Gamma-linolenic acid (GLA). This is an anti-inflammatory omega-6 fatty acid

and the active ingredient in evening primrose oil, borage oil, and black currant oil.^{9,10} GLA seems to have a synergistic effect with the long-chain fatty acid EPA (eicosapentaenoic acid) and should be given together with omega-3 fish oil. About 1000 mg a day of GLA is recommended.

Lowering inflammation may be one of the most important things you can do for your overall health and the health of your patients. Fortunately, most of the effective tools are at your disposal. 



JONNY BOWDEN, PhD, CNS, is a nationally known board-certified nutritionist and expert on diet and weight loss. His latest book, *Smart Fat: Eat More Fat, Lose More Weight, Get More Healthy*, cowritten with award-winning patient educator Steven Masley, MD, will be published by Harper Collins in early 2016. He can be contacted at @jonnybowden, or through jonnybowden.com.

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Make it work

How to provide optimal care for frozen-shoulder patients.

BY JEFFREY BENTZ, DC, AND
V. ROBERT AGOSTINO, EDD

RIDOFRAZ/THINKSTOCK



THIS ARTICLE DESCRIBES THE CAUSES AND TREATMENT OF frozen-shoulder syndrome, with a look at reimbursement considerations. The implications of multilayered, multimodal treatments are of interest to doctors of chiropractic.

Source of the syndrome

Frozen shoulder (adhesive capsulitis) is a common condition characterized by insidious onset of pain, restriction of movement of the shoulder, and restrictions of activities of daily living. In frozen shoulder, the shoulder capsule thickens and becomes stiff, forming bands of tissue called fibrotic adhesions.

A patient will present to the chiropractor's office with an inability to move his or her shoulder due to pain, with a restricted range of motion. A comprehensive and thorough orthopedic examination will determine which of many potential causes has created the condition. Possible diagnoses of frozen shoulder include: arthritis, bicep tendinopathy, neoplasm, torn

rotator cuff, and bursitis.¹

According to the American Academy of Orthopaedic Surgeons, frozen shoulder develops in three stages:

1. Freezing. In this stage, the patient slowly experiences increasing amounts of pain. As the pain worsens, the shoulder loses range of motion. Freezing typically lasts from six weeks to nine months.

2. Frozen. Painful symptoms may actually improve during this stage, but the stiffness remains. During the four-to-six month frozen stage, daily activities may be difficult.

3. Thawing. Shoulder motion slowly improves during the thawing stage. Complete return to normal or close to normal strength and motion typically takes from six months to two years.²

Routes to recovery

You have a range of modalities available to produce results for frozen

shoulder syndrome:

1. Interferential electrical muscle stimulation, or interferential therapy (IFT), increases blood flow to the soft tissue and creates a pain-reducing analgesic effect due to blocking the pain receptors. IFT in combination with shoulder exercises is often effective in treating frozen shoulder patients.³

2. Extracorporeal shockwave therapy, or ultrasound therapy, creates a deep warming in the soft tissue to accelerate blood flow and healing. This modality can be an alternative treatment, at least in the short-term, for primary adhesive capsulitis of the shoulder.⁴ In the Chen study, the ultrasound group showed significant improvement when compared to the steroid group with regard to activities of daily living and pain levels at the sixth week of the study.⁴

3. Therapeutic exercises will create strength to support the shoulder joint and flexibility to enhance elasticity, which increases ranges of motion.

Ask the Expert

Question: How Do I Prepare For My Tax Bill?

Answer: Uncle Sam is the last person you ever want to tangle with. The following guidelines should help you avoid an unpleasant encounter.

1. Create a separate bank account named "tax account."
2. From every deposit deduct the tax bracket percentage you are in, e.g., a 30 percent tax bracket means you'd deduct 30 percent from each deposit and put it into your tax account.
3. Make your quarterly estimated tax payments from your tax account.
4. Have a quarterly meeting with your accountant to determine if you are deducting enough from each deposit.
5. Determine in December how much you plan on putting away for retirement in the next upcoming year.
6. Set up another banking account and call it your "retirement savings."
7. Each week or month deposit money into your retirement savings account; e.g., if you wanted to save \$5,000 in your retirement fund for the year; each month deposit \$416.66 into your retirement savings account.
8. Every time your retirement savings account reaches \$500, transfer the money to an investment vehicle (stocks, bonds, CDs, municipal bonds, etc.).

If you adopt these strategies you will never have to scramble to pay your taxes again. It will also afford you the luxury of proper retirement planning, saving, and investing. Remember: Wealth is created by the compounding of interest over time. So invest early and frequently.



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RESEARCH RESULTS

Chiropractors who perform extremity adjustments can enhance the glenohumeral joint function of a frozen shoulder.

Therapeutic exercises and mobilization are strongly recommended for reducing pain and improving range of motion and function in patients with stages two and three of frozen shoulder.⁵

Review of reimbursement

In looking at reimbursement rates of a national insurance company accepted by most chiropractors, it is evident they understand chiropractors who perform extremity adjustments can enhance the glenohumeral joint function of a frozen shoulder. Expected outcomes include decreased patient pain and increased range of motion. But the provider should also consider performing modalities to both increase patient results and practice revenue.

For example: According to the standards of the insurer in question, reimbursements (less copays) are as follows:


- ▶ Extremity adjustment: \$24
- ▶ Electrical muscle stimulation: \$15
- ▶ Ultrasound: \$13
- ▶ Therapeutic exercise: \$27

This insurer reimburses for one adjustment and three modalities or therapies per treatment. Over the course of one treatment schedule, this correlates to a substantial increase in practice revenue.

Chiropractor A, who performs an extremity adjustment with electrical muscle stimulation, can expect a reimbursement of \$39 per treatment.

Chiropractor B who performs the four abovementioned billable services will see a reimbursement of \$79 per treatment.

Over the course of a 16-treatment schedule (less copays and examinations), chiropractor B will be reimbursed an additional \$640, enjoying increased practice revenue.

The ethical chiropractor will understand the numbers and ideas above as a call for patient education. The idea of multilayered treatments done over time with copays and insurance costs is a complex one, especially for many senior chiropractic patients. An economic analysis that does not include time for explanations to patients about value for money is incomplete. The DC who conveys the sequence of treatments in common language with the costs and benefits set out clearly is acting in the spirit of B.J. Palmer. 



JEFFREY BENTZ, DC, is a graduate of Palmer College of Chiropractic and practices in Pittsburgh. He practices in a multidocor corporation, in which he works directly with family physicians, orthopedists, and neurosurgeons.



V. ROBERT AGOSTINO, EdD, recently retired as a professor in the School of Education at Duquesne University. He works on chiropractic educational sharing ideas for professional growth with the chiropractic community.

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Total recall

Healthcare marketing strategies to attract your ideal patients.

BY CAROLINE FEENEY

FINDING YOURSELF IN THE RIGHT PLACE AT THE RIGHT TIME IS OFTEN chalked up to luck, but in the marketing world moments of perceived serendipity are the result of meticulous design. Coincidence, in fact, has nothing to do with a message about your practice that resonates with your target audience. It signifies the success of a carefully constructed plan.

When you enter the chiropractic industry with little advertising experience, your efforts to attract and retain patients can seem aimless and consequently be ineffective. To get on a productive path, you need a comprehensive strategy that's measurable and tailored to your ideal patients.

You want your community to remember the name of your practice when a problem that *you* can solve

arises. To be at the forefront of patients' minds, people have to understand what you do and associate your practice with a positive experience, starting with their first call to your office.

Begin from within

If you're facing stagnation or wish to increase your patient base, a good place to start is by auditing your current protocols. You want the structures of your practice maximized in value. This includes the procedures followed by your staff for first-time patients, follow-up calls, and etiquette across all types of communications.

Having these procedures working at their full potential will enhance one of your most powerful marketing sources—referrals. One bad patient experience can spread by word of

mouth and exponentially via social media and review sites.

Put an end to any glitches in the matrix with a thorough evaluation of your internal operations. Get a bird's-eye view of your systems by consulting an outside party to conduct the review and assist you with the necessary modifications.

Engineer community connections

No matter how strong your patient referral network is, your patient base can always be more robust if your goal is to help more people and increase profits. "If you're telling me your practice is all referrals, then you're telling me that you can't handle any more new patients," says Charles Webb, DC, and healthcare marketing consultant. "Referrals are part of it, but

if you can handle more patients, then you're going to have to go out and market yourself."

Webb recommends building connections with other businesses in your community that align with your philosophy, such as organic grocers. But your approach in developing a partnership has to benefit *them* at the outset. "The mistake most doctors make is they go out just to promote themselves," Webb says. "Here's what I do; can you help me build my practice?"

In comparison, you might first offer to educate customers about the benefits of healthy eating for free as they walk through the store. "You can come in and help these people understand the business," Webb says. "And instead of buying 20 percent of their food goods here, they buy 50 percent. And you also get the opportunity to promote yourself."

Educational outreach

An educational focus should spill over into your other efforts so that you aren't wasting time trying to convince people that your services are worth their money, Webb says. During their first visit, patients should already understand your values and what your care entails, whether it's conservative treatment for low-back pain or counseling for an active lifestyle. This creates less work for you in the long run.

One way to deliver this pre-education is through direct mail, which allows you to target specific demographics and keep track of the results. In the healthcare industry, this can include outreach aimed at patients with specific health ailments, medication treatments, and lifestyles in addition to factors such as age and gender.

But it's crucial that your mail campaigns communicate the right message. Webb indicates a postcard that promotes your degrees and how long you've been in practice will likely fail to attract patients. The copy and visuals should emphasize what you can offer to a specific group you're trying

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to reach, such as athletes, the elderly, or health-conscious professionals and be crafted accordingly: "It has to be all about [the patient]," Webb says. "That way you don't have to go through a dog-and-pony show to justify what you do."

Always test the waters

With any marketing strategy, keep track of the time and money you're putting in and evaluate the ROI. Consider the first time you try anything new to be a test period. If one strategy fails, revise your efforts based on metrics and analytics to perfect your target, timing, and message.

Webb also highlights the importance of your promotional materials standing out in the midst of everything your

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patients are bombarded with. So don't let pride stand in the way of asking for help and ensure your marketing dollars don't go to waste. "I've always sought out advice from people who know more than me in an area that I want to master," Webb says.

With this mindset, you're no longer at the mercy of hoping your optimal patients find out about you. Indeed, the newly found "luck" you discover in bringing patients through the door might closely reflect your professional marketing plan. 



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The future is looking down

Technology means you will be busy for years to come.

BY ANTHONY J. LOMBARDI, DC



ANYA BERKUT/THINKSTOCK

YOU WAKE UP, LOOK DOWN, AND CHECK YOUR WATCH—IT'S 8 A.M. You stare at your watch for a few seconds and then you look up. Three minutes later you look down and check your watch again—it's 8:04 and you stare with your neck flexed down for another few seconds. Now imagine doing this look-down-and-stare routine every four minutes until midnight. But you're not just looking at your watch, you're also checking your smartphone.

According to a Tecmark study, the average person looks at a smartphone 221 times a day for a total of about three hours and 15 minutes—about once every four minutes for 16 hours straight. A chiropractor should find this to be worrying because in one year the average person will spend almost 1,200 hours—50 days—staring down at a screen.

Repetitive strain injury

Professionally speaking, you'd have to agree that without a doubt the magnitude of this number of repetitions could become responsible for decades of chronic neck pain. A preliminary study in the 2011 edition of *Applied Ergonomics* shows a relationship between mobile device use and musculoskeletal neck pain.

Another study, from the 2012 edition of the same journal, tells us that when people use mobile devices, their posture is often poor (not a surprise). Sarah Hopkins, DC, believes the long-term side effects of text messaging and smartphone use can cause a person's posture to change over time. "The body has an incredible ability to adapt," Hopkins says. "Unfortunately, when people are hunched over their cell phone all day, the body adapts to that posture, too."

Not all thumbs

The general public is under the impression that smartphone overuse can cause conditions like "Blackberry thumb" or "iPad finger," but texting is actually a full-body activity. Muscles like the sternocleidomastoid, deep neck flexors, pectoralis major, latissimus dorsi, masseter, and erector spinae all contract during the traditional texting stance: head down and arm adducted with the elbow bent at 90 degrees. The continual repeated use of these tissues can trigger the release of neurogenic inflammation which can lead to motor muscle inhibition.

Negative outcomes

Neurogenic inflammation in the musculoskeletal system is generated by nerve impulses and the release of inflammatory substances from the sensory axon at the site of the original

injury. These substances are typically (but not limited to): substance P (SP), calcitonin gene-related peptide (CGRP), and neurokinin-A (NKA).

Prolonged inflammation and pain can lead to protective muscle spasm, accumulation of fibrous tissue, and muscle shortening. Accretion of fibrous tissue can form palpable taut muscle bands and trigger points, creating muscle dysfunction and spasm

that leads to the compression of blood vessels—creating nociception.¹

In short, nociception is a nerve's reaction to the chemicals that irritate it. Neurogenic inflammation, which can be caused by injury or repetitive strain, is the chemical mixture that irritates the nerve that controls a specific muscle. This causes that muscle to become inhibited and forces adaptation of the musculoskeletal

system—which contributes to long-term degradation of mechanics.

Accelerating problems

Alpha-motor neuron muscle inhibition occurs when the nerve that sends the impulse to contract a muscle becomes unable to function at its optimal capacity because of chemical or physical trauma. This results in a perceived weakness of the muscle that changes the biomechanics of the entire region.

The primary cause of motor inhibition is a sufficient amount of neurogenic inflammation released by the sensory axon to inhibit the motor neuron. So, looking down at a smartphone over 1,500 times a week can not only contribute to motor inhibition but also accelerate its onset.

Incorporating texting into patient history

You can adapt your history-taking to incorporate texting as part of the functional orthopedic exam. With tech-savvy patients who are suffering from neck and shoulder discomfort, you can reproduce and exacerbate their pain by taking out a phone and texting them a series of common history-taking questions.

For example: Text them questions like, “When did the pain start,” “What makes the pain better or worse,” or “What medications are you currently taking?”

These questions lead them to text you the answers and even though the exchange only takes three or four minutes, that is usually long enough to exacerbate their symptoms. In addition, it reveals to them the contributing factors to their chief complaint.

The eyes have it

Smartphone use taxes not only the musculoskeletal system but the ocular system as well. You want to be able to explain this to your patients so you can better diagnose and treat their condition.



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4. Any changes in the treatment plan.

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PRACTICECENTRAL

Looking down at a smartphone over 1,500 times a week can not only contribute to motor inhibition but also accelerate its onset.

Researchers from the *Journal of Optometry and Vision Science* found the average working distance for text messages to be about 14 inches, whereas the average working distance for viewing a webpage was about 12 inches.

But those were both closer than the typical working distance of approximately 16 inches when reading printed text, as with a newspaper or magazine. Holding smart phones at such short distances can place increased demands on the eyes' ability to correct for distance.

This is why optometrists are also weighing in on the "text neck" debate. Otto Lee, OD, believes the use of smart phones, tablets, and computers is certainly on the rise regardless of age group. The growing concern with smartphone and computer use stems from the effects of increased exposure to harmful blue-violet light.

Many digital devices use LEDs that can emit about 35 percent blue-violet light, says Lee. "Normal visible light that we can detect ranges from 380 nm to 780 nm. UVA, UVB, and UVC ranges from 315 to 1000 nm and can damage human tissue, including the eyes." This can increase the risk of developing cataracts and age-related macular degeneration.

Patient protection

Lee recommends that antioxidants and vitamins can provide some protection against blue-violet light damage. In addition, lens manufacturers have developed lenses that block out harmful blue-violet light without altering image clarity and color.

"Prevention is the key. Limiting the use of smartphones, tablets, and

computers is obvious—if you can get your teens or yourself away from them," Lee says. He also recommends regular "eye breaks," which will complement good neck posture because eye strain is usually compensated by changing neck position. A one-minute break after every ten minutes of screen time is a good recommendation.

Ounce of prevention

To take the pressure off of the neck and shoulder muscles, patients need to find smartphones they can hold and type on using only one hand. Some of the larger phones, known as "phablets," generally require two hands to use and are less ergonomic.

Repeatedly flexing the neck downward to operate a smartphone will likely cause damage over time. To combat this, patients can try using voice dictation and auto-text options that allow them to speak their message or help it type itself. Also, when they have to text, they should try sitting comfortably at a desk or table with their hand resting on the surface about 18 inches away from the body. This will put the neck at a more gradual angle, placing less strain on the muscles. **CE**



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Reference

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Team effort

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BY KAREN APPOLD

RIDOFRANZ/THINKSTOCK

Most chiropractors don't want to spend much time marketing their practices. Instead, they'd prefer to focus on healing patients.

But the fact is that most chiropractic practices need to be promoted to be viable businesses. Turning your staff into a team of marketing champions (or hiring someone to do this task) is the best way to market your practice while minimizing your involvement. We gathered some proven experts in the field to show you how.

Theme of the week

One effective way to turn your staff into a new-patient machine is to get them to embrace a daily patient education and referral system, says **Len Schwartz, DC**. To achieve this, he suggests choosing a specific topic each week to discuss with patients during their visit, such as how chiropractic care can help to decrease headaches.

For example: After greeting a patient, the receptionist would broach the topic by saying something like, "Did you know that according to the government chiropractic care is the treatment of choice for headaches? The doctor will tell you more about this when he sees you."

If there's a bunch of people in your waiting room and there's no time to mention this to each person individually, have the receptionist stand up when the rush is over and announce the topic to everyone waiting.

If another staff member—such as a massage therapist or rehabilitation assistant—works with a patient, they can provide additional information, such as stating that a university's research found that chiropractic care is the treatment of choice for specific types of headaches.

When patients check out, the receptionist can follow up by asking

them if they know anyone who suffers from headaches. If so, they can be asked if they would be willing to share with them some information about how chiropractic care can eliminate headaches.

On the patient's next visit, the receptionist then asks if the information was shared and what the headache sufferer said about it. If the person is interested in learning more, the receptionist can offer a free initial consult.

Another strategy to generate leads is a reactivation effort. Have staff send a series of letters to missing patients throughout the year. The next step is to follow up with a phone call to confirm that they received the letter, see how they are doing, and reiterate the special offer (that was also mentioned in the letter) to get them back into the office. "This also gives staff an opportunity to ask patients why they have not been in recently," Schwartz says.

Getting staff buy-in

Another suggestion, offered by **Jared Yellin**, is to compile a one-year educational and relationship-based marketing plan. To garner staff buy-in, have them help create it. Hold offsite meetings quarterly or so to plan for the next three- to 12-month period. Develop such strategies as educational workshops inside and outside the practice, patient appreciation days, referral programs, interactive community events, and webinars or teleseminars.

Yellin advises a three-pronged approach to building a staff that's on fire to grow your practice with your marketing plan. Begin by working with staff to create a list of leverageable leaders consisting of local people, groups, and associations that are conduits to your ideal patient. Staff should then look at the list of leaders and determine which segment would make the perfect partner for the

marketing campaign that month. Next, reach out to these folks and invite them to engage in that campaign.

The next task is to make your staff aware that your practice is a business. "Even when they aren't in the office, staff should still be thinking about the practice and talking to people they encounter about how it can serve them," Yellin says. "For example, they should invite people in the community to events you are holding so that they can be exposed to your practice, educated on how you can help them, and eventually converted into practice members who will have their lives transformed."

The third task is for you and your staff to make declarations each month. This means setting serious goals about building the practice. "Most people make goals and fall short," Yellin says. "Dig your feet into the ground and commit to changing lives. If your declaration is to change 25 lives during the month of February, everyone on your team will be aware of this declaration and they should rally around it," Yellin says.

Another facet of building a committed marketing team is to get staff to view their position as a career and not just a job. "Instill a sense of purpose to come to work every day," Yellin says. "Share with them why you became a chiropractor, so they can connect with you on an emotional level."

During an offsite meeting, have each staff member talk about their vision for their life so you know their intentions. Build a plan that will enable each person to accomplish their vision for the next year, as the company progresses simultaneously.

Rewarding employees when they reach milestones will help to maintain buy-in. "I believe in a performance-based compensation structure beyond salary," Yellin says. "This enables individuals to make more income and

Meet the experts



Len Schwartz, DC, owner of Market Domination Specialists, in Philadelphia.
pro2pronetwork.com



Jared Yellin, president of Synduit in Englewood, NJ.
synduit.com



Paul S. Inselman, DC, president of Inselman Coaching in Coral Springs, Fla.
inselmancoaching.com



Keith Maule, president and CEO of Integrity Management in Lincoln, Neb.
integritymanagement.com



David Singer, DC, president of David Singer Enterprises in Clearwater, Fla.
dse-inc.com

have more freedom in their lives.”

When staff members meet weekly goals, reward them with dinner or take everyone to a movie or sporting event. “Always have exercises to motivate people to up their game,”

Yellin says. “Create a culture where they feel like they are progressing.”

Working with workshops

Paul S. Inselman, DC, agrees that it’s important to get your whole team involved, because everyone has a unique perspective.

One way to engage staff is by conducting a workshop. “This gets you and your team solving problems, owning the solutions, and implementing them enthusiastically,” Inselman says. Begin by writing a topic on a whiteboard, such as “Who is our ideal patient?” Then, ask everyone to silently write down bullet points addressing the topic.

Next, record on the whiteboard everyone’s ideas regarding how to attract the ideal patient. While doing this exercise, emphasize that no one can be ridiculed, and no idea can be shot down. The goal is to get creativity flowing. Criticism at this juncture is counterproductive.

After you’ve identified your target patient type, including gender, condition, ZIP code, educational status, and hobbies, pinpoint where such individuals can be found. Now evaluate what methods might attract them.

For example: Free marketing—such as volunteering at a school or church—or paid marketing—such as doing a



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radio show or TV campaign, might be the better route to attracting this type of person. Ask staff to choose several ideas from the list, rank them in importance, and then proceed to implement the plan.

Your staff can be marketing champions by showing enthusiasm, looking for ways to praise patients, and making them feel better about themselves. Have them educate patients about the goods and services offered by your practice, share anonymous success stories of other patients, and ask for referrals.

"Everyone has to do what they are comfortable doing," Inselman says. "As a leader, delegate tasks to employees who can best handle them." For example, you can assign an extrovert with good communication skills to follow up with potential patients after a screening rather than a shy introvert.

Perform a postmortem analysis following your marketing efforts. Evaluate everything you've done, step by step, and if you were to repeat the activity, what would you change?

For example: After a campaign of following up on screened patients, Inselman found that the scripting was good based on results, the time of day was right (people answered the phone), but people weren't getting engaged in conversations. "We listened to tape recordings of the conversations, and determined that the caller was not strong enough to handle rejections and navigate through," he says.

Staying on script

Keith Maule, of Integrity Management, has a different approach. He believes that for staff to do marketing, they must do it in a controlled environment. "We don't want them going out and saying whatever they want," he says. "We don't even want their ideas. We know what works."

For classroom presentations, Maule has staff memorize two prepared scripts. The classes clarify why people of all ages benefit from chiropractic care.

But if your staff aren't eager to market your practice, it's time to hire a marketing person, says Maule, who dubs this person a "practice representative." This individual should introduce him-or herself with both name and title, e.g., "Hello, my name is Sally Smith and I represent Keith Maule." This way, listeners will know they are talking to someone with authority.

"This works perfectly when answering the phone, teaching a class, or doing a screening," Maule says. A practice representative should operate inside boundaries, however. They should not diagnose nor recommend care. Their role is to invite the potential patient to come to the office for a consultation.

Another recommendation Maule has is to avoid free marketing. "New patients have to pay, even for a screening," he says. "However, we let them know that we give back to the community and care about the community." The chiropractor and staff decide which cause to support. This may

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**A person who works in multilevel marketing
may make a great chiropractic assistant.**

be a well-known organization or a local person in need.

"As a result, most doctors who adhere to our programs are awarded the title of outstanding business of the year or similar by local organizations such as the chamber of commerce or small business association," Maule says. This gives staff pride and confidence in their work.

Surveying for skills

David Singer, DC, advises first asking your staff if they want to do marketing; don't force them to do it. If they respond positively, gauge their ability to market by having them survey a dozen family members or friends.

By this, he refers to a "stress survey" he invented. It requires asking someone's name and seeing if they have any stress-related symptoms such as fatigue, sleep problems, or digestive issues. Then this information is recorded on a form.

"Most staff will not complete this task," Singer says. "This shows that they don't have the propensity or personality to confront people and get them to discuss their health issues."

If no one on staff is appropriate to engage in marketing, then hire a part-time chiropractic assistant who can go out into the community to meet people and survey them.

"The goal is to let people know that your practice exists, what you can do to help them and why they should come and see you," Singer says. A good place to do this is in a mall setting.

A person who works in multilevel marketing may make a great chiropractic assistant. "This person knows how to make contact, talk to people, and make stuff happen," Singer says. "Or, walk around the mall and approach salespeople at kiosks. Ask them about the product they're selling

to gauge their sales capabilities."

Before hiring an assistant, first see if he or she has the ability to survey people. "If she can't do this, she won't be good at marketing," Singer says. "She needs to have the ability to talk to people, as marketing involves setting up lectures in the community and getting the practice to exhibit at health fairs." When surveying, the assistant should mention that the chiropractor offers free health seminars and ask respondents which topics would be of interest. If enough people sign up, you're ready to call on them.

Proceed cautiously by retaining someone on a part-time basis initially to work on weekends. "That way, if they don't work out, they will still have their full-time job to fall back on," Singer says. "You should be able to tell in a week or two if they have what it takes."

Use caution when giving bonuses, Dr. Singer warns. It is not legal in most states to compensate marketing staff for recruiting new patients. Instead, compensate the assistant for each person surveyed.

The bottom line is that there are many proven ways to engage staff in your marketing efforts. Getting staff buy-in and choosing the right person for the job is key. If current staff aren't a good fit for your market efforts, hire a marketing assistant. **CE**



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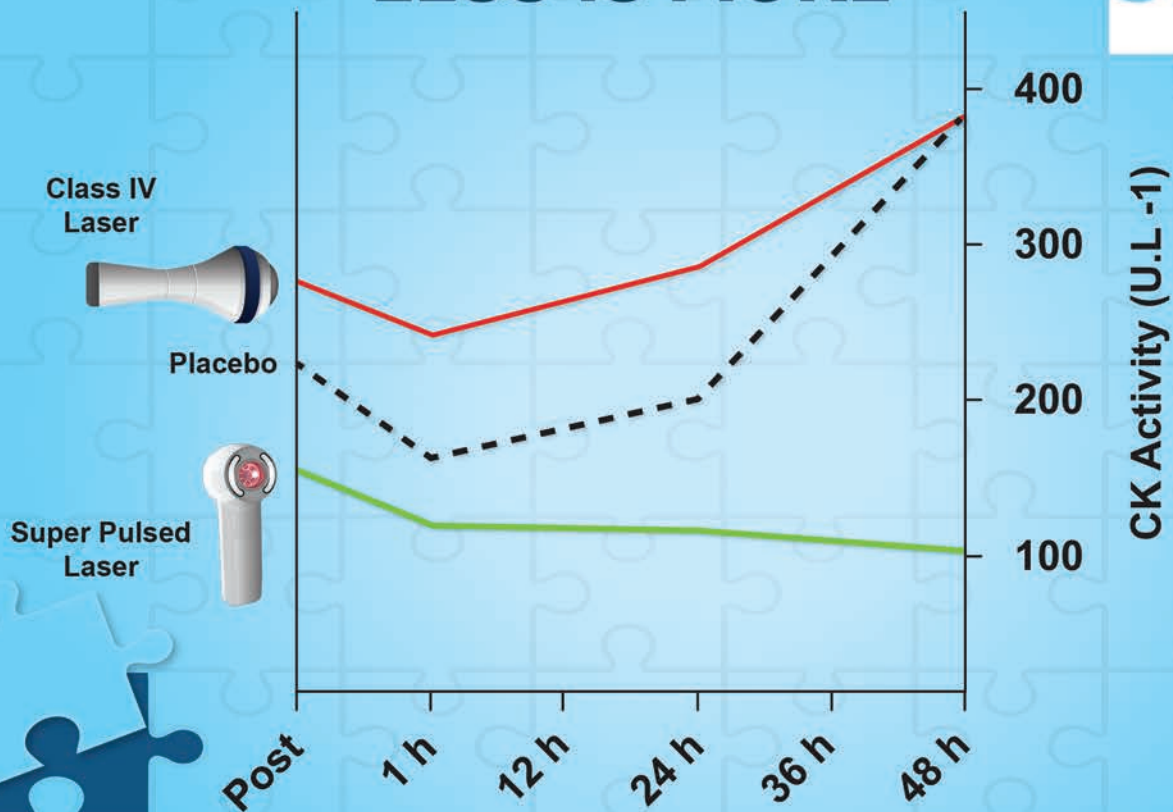
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Billing and coding for wellness care

BY MARTY KOTLAR, DC, CPCO, CBCS

Q Do insurance companies pay for wellness care?

A Yes, some carriers pay for wellness exams and preventive medicine services. Here are the codes and descriptions:

1. Preventive Medicine Services—New Patient:

Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling or anticipatory guidance or risk-factor reduction interventions, and the ordering of laboratory or diagnostic procedures, new patient:

- ▶99381: infant (age younger than one year)
- ▶99382: early childhood age (age one through four years)

- ▶99383: late childhood age (age five through 11 years)
- ▶99384: adolescent age (age 12 through 17 years)
- ▶99385: 18–39 years
- ▶99386: 40–64 years
- ▶99387: 65 years and over

2. Preventive Medicine Services—Established Patient:

Periodic comprehensive preventive medicine re-evaluation and management of an individual including an age- and gender-appropriate history, examination, counseling or anticipatory guidance or risk-factor reduction interventions, and the ordering of laboratory or diagnostic procedures, established patient:

- ▶99391: infant (age younger than one year)
- ▶99392: early childhood age (age one through four years)
- ▶99393: late childhood age (age five

through 11 years)

- ▶99394: adolescent age (age 12 through 17 years)
- ▶99395: 18–39 years
- ▶99396: 40–64 years
- ▶99397: 65 years and over

Codes 99381-99397 are covered by most insurance plans when performed by an MD or DO. These codes are not covered by Medicare.

3. Initial preventive physical examinations (IPPE)—aka the “Welcome to Medicare”

visit: Use the Healthcare Common Procedure Coding System (HCPCS) code G0402. This is a “once-in-a-lifetime” covered Medicare benefit. It does not include lab tests. Co-pay, co-insurance, and deductible are waived.

G0402: Initial preventive physical examination: face-to-face visit, services limited to new beneficiary during the first 12 months of Medicare enrollment.

4. Medicare annual wellness visits

(AWVs): Use HCPCS code G0438 for the initial AWV. This service is covered one time in the second year of eligibility. It does not include lab tests. Co-pay, co-insurance, and deductible are waived.

G0438: Annual wellness visit: includes a personalized prevention plan of service (PPS); initial visit.

Use HCPCS code G0439 for the

subsequent AWV. This service is covered one year after the initial AWV. It does not include lab tests. Co-pay, co-insurance, and deductible are waived.

G0439: Annual wellness visit: includes a personalized prevention plan of service (PPS); subsequent visit.

A common diagnosis for wellness examinations, preventive medicine services, IPPEs, and AWVs is Z00.00.

This ICD-10 code is used for an encounter for a general adult medical examination without abnormal findings.

For wellness and maintenance chiropractic adjustments (non-Medicare), consider using HCPCS code S8990. This HCPCS code is used for a manipulative therapy performed for maintenance rather than restoration. As a reminder, the only Medicare-covered service when performed by a chiropractor is spinal manipulation (CPT codes 98940, 98941, and 98942).

Additional prevention and wellness services and screenings that waive co-pays, co-insurance, and deductibles include:

- ▶ Bone mass measurements
- ▶ Smoking cessation counseling
- ▶ Diabetes screenings
- ▶ Glaucoma screenings
- ▶ HBV, HIV, and STD screenings
- ▶ Prostate cancer screenings
- ▶ Mammography and pap smear tests
- ▶ Abdominal aortic aneurysm ultrasound screenings

Chiropractic spinal manipulation for maintenance therapy is not payable by Medicare. According to Medicare, maintenance therapy includes services that seek to prevent disease, promote health, and prolong and enhance the quality of life, or maintain or prevent deterioration of a chronic condition.

When further clinical improvement cannot reasonably be expected from continuous ongoing care, and the chiropractic treatment becomes supportive, the treatment is then considered maintenance therapy. **CE**



MARTY KOTLAR, DC, CPCO, CBCS, is president of Target Coding. Kotlar is certified in CPT coding and healthcare compliance and has been helping chiropractors

nationwide with billing, compliance, coding, and documentation for over 10 years. He can be reached at 800-270-7044, info@targetcoding.com, or through targetcoding.com.

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Which one are *you*?

Joe
Seminar

The Parker Experience
Attendee

Joe
Non-Seminar

Non-Attendee

Philosophy

- Body's ability to heal itself
- Practice & personal growth come from within
- Acute, corrective, and wellness care
- To positively influence community health

Practice Methodology

- Steady flow of new patients and retention
- Convincing and confident ROF
- Invests in advanced certifications and new equipment

Favorite Tools

- Daily affirmations and visualizations
- The Parker Experience mobile app
- Modern patient education
- Office celebrations for achieving goals

Persona

- Lives in prosperity
- Has loving relationships
- Has tremendous pride in chiropractic

Overheard

- "Loving service is my first technique."

Philosophy

- Symptomatic relief
- Practice built on and limited by insurance
- Primarily condition-based care
- Leaves practice growth to luck

Practice Methodology

- Always thirsting for more new patients
- Haphazard ROF
- Fears spending on self and the practice

Favorite Tools

- Dreams without deadlines
- Friends' Facebook™ posts
- Outdated patient pamphlets
- Close early due to lack of patients

Persona

- Always worried about money
- Conflicted with work-life balance
- Lacks chiropractic confidence

Overheard

- "Why aren't people calling to schedule appointments?"

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Cover your bases

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BY DENISE HOCKMAN

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CHIROPRACTORS ARE KNOWN FOR THEIR PASSION AND DEDICATION to the human body and for providing holistic, natural treatment solutions to complex patient problems. Most chiropractors are also business owners who face unique challenges in running a practice. Successfully balancing your duties as a healthcare provider with your responsibilities as a business owner can be daunting at times. The right insurance strategies can go a long way toward helping address both personal and business risks.

Business defense

To protect your business, consider business protection and employee practice liability insurance. Business protection needs differ based on the structure of the practice. *For example:* An independent contractor's insurance needs will vary from that of a multi-doctor practice, and similarly with a

traveling chiropractor to one with a brick-and-mortar shop. Regardless of your business model, there is a business insurance strategy that can meet your needs.

The options for business protection insurance are broad and can be tailored to best suit your specific risk. The policy may cover the business's equipment and property, general liability such as slip-and-fall accidents, business income, non-owned auto, and even employee dishonesty.

Let's say, for example, that you asked your office manager to stop by the bank to make a deposit on his or her way home from work. While turning into the bank parking lot, she is involved in a rear-end collision. Several insurance policies and carriers will respond, including the employee's auto insurer, your business insurer, workers' compensation, and the other vehicle's insurer.

Because both you and your practice are exposed to potential risk, making

sure your insurance policies are properly structured to respond to such a complex claim is vital to the continued success of your practice.

Business protection insurance is necessary for practices of all sizes; however, for doctors with staff members, employee practice liability coverage plays an important role in risk management. Any time a business brings on more staff, the concern for you as the owner increases. Employee practice liability protects against accusations of wrongdoing with staff, including wrongful termination or harassment claims. This type of coverage may be written as part of your business owners' policy or as a standalone policy.

And you don't have to worry about just your employees, but also any vendors you are using. *For example:* You have a friendly office-supply delivery person. You have worked with this supply company for the last five

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MONEYMANAGEMENT

Malpractice insurance varies greatly and should be tailored for your practice's unique needs and varying exposures.

years since you first opened your practice.

One day, one of your staff members advises you that they feel threatened and harassed by the person due to continuous unwanted advances and inappropriate jokes. Employees have a right to work in an environment free from such harassment.

At any time, an employee can make an accusation—whether justified or not—filing complaints with the EEOC or bringing a lawsuit against the employer. Even if vindicated, an employer can incur thousands of dollars in legal fees to defend such claims. Employment Practices Liability Insurance protects the employer for these types of claims, as well as from third parties if structured properly.

To protect yourself, consider professional liability, malpractice, and disability insurance. Similar to insuring the business, holding professional liability coverage goes a long way toward defending you from potential uncertainties—and there are plenty to consider, from audits and board complaints to patients alleging professional wrongdoing.

Malpractice insurance varies greatly and should be tailored for your practice's unique needs and varying exposures. Key to knowing that your coverage needs are being met is communication with your broker.


For example: You have just completed laser therapy certification and plan on implementing it in your practice. Have you advised your malpractice carrier? If the answer is no, you may have a gap in your coverage.

On a more personal note, as you think about the professional-level protection you can put in place, pay special attention to disability insurance.

Your livelihood depends on your capacity to treat patients, and practice is physically demanding. Should something happen that physically limits your ability to practice, your business and your livelihood are both in jeopardy. Disability insurance can help ensure your business and protect your family in the occurrence of such an event.

To protect your patients, consider cyber liability insurance. Finally, in looking at necessary insurances for your practice, there are options to safeguard your clients' personal information as well. Most practices have transitioned to computer-based recordkeeping, appointment booking, general office administration, and many have adopted electronic health records.

But the convenience and efficiency technology affords also puts the business in harm's way. Oftentimes, technology isn't a problem until it becomes a big problem, and your practice must safeguard your patients' private information. Cyber liability insurance is relatively new but goes a long way toward protecting your business and your patients' information from hackers.

When designing your practice's insurance strategy, assess all areas of potential concern. Proper insurance coverage can make the difference in your business and as a healthcare provider. 



DENISE HOCKMAN is the chiropractic program director at NFP, a leading insurance broker. A consultant with more than 15 years of experience, Denise helps

create tailored property and casualty insurance solutions for chiropractic clients across the country. She can be contacted through nfp.com.

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The big picture

Strategies for adding Functional Medicine to your practice.

BY MARC SENCER, MD

IMAGINE A PRACTICE WHERE THERE IS NO INSURANCE TO DEAL WITH BECAUSE your patients pay cash at the time of service. It's a practice where you can use all your skill and knowledge to solve difficult clinical problems that other doctors have failed to correct. And one where your patients are truly grateful for the efforts you make on their behalf. Interested?

It gets better because much of the income from this practice is generated by physician extenders who can perform their work even if you aren't present at the office. What's more, your average patient will spend perhaps five to 10 times what a typical family practice or chiropractic patient spends in your office now.

If you create a Functional Medicine (FM) specialty practice, you will reap all of the benefits mentioned above and more. If you are ready to get rid of your billing staff and software, along with your accounts receivable reviews, read on.

What exactly is FM? There isn't one commonly accepted definition among practitioners, but what you will find are multiple descriptions of how FM doctors view health and disease and how they treat it.

FM sees disease as a problem that involves the whole body, and treatment is aimed at correcting any imbalances and problems that exist—not just attacking the specific symptoms of the patient's chief complaint. Thus, a patient with fibromyalgia may require an endocrine workup and allergy testing in addition to trigger-point injections.

Common conditions

FM views most medical problems as being strongly correlated to inflam-



DAU/THINKSTOCK

ation. Doctors who practice in this specialty believe that if chronic inflammation is not treated, the patient will never be truly healthy. Traditional allopathic physicians agree that chronic inflammation is deadly, directly causing autoimmune disease, heart disease, stroke, and many other conditions. Where they differ is on the emphasis they place on treating chronic inflammation and the methods they employ.

Another cornerstone of FM is the concept of a disordered immune system

causing or contributing to poor health. This could be due to an overactive immune system (which itself can lead to chronic inflammation) as seen in conditions such as autoimmune thyroiditis, rheumatoid arthritis, or an underactive immune system as seen in many cancers and chronic infections. There are markers of chronic and acute inflammation that can be tested, such as C-reactive protein. Treatment aims at correcting such imbalances.

FM also focuses on the endocrine

system. Most important are the male and female sex hormones testosterone and estrogen, DHEA, progesterone, thyroid hormones, and adrenal hormones. The levels of these different hormones may be too high or too low.

Correcting hormonal imbalances can be complicated as they can have multiple effects on one another. Simply put, it is not always enough to correct a deficiency in one hormone without making changes to several others.

In FM it is always important to balance hormones using bioidentical hormones rather than standard commercial preparations like synthroid; these bioidentical hormones are prepared by a compounding pharmacist and are tailored to each patient.

Lastly, many doctors of functional medicine subscribe to the “leaky gut” hypothesis of illness. The idea is that for any number of reasons (e.g., autoimmune disorder, infection, or trauma) the permeability of the gastrointestinal (GI) wall becomes altered, allowing small amounts of toxic material to leak into general circulation, where it can travel and affect all the organs of the body.

Food allergies such as gluten intolerance are suggestive of this syndrome. Diagnosis may involve testing the stool. Treatment is aimed at reducing toxins in the GI tract and treating the causes of increased membrane permeability.

Getting started with FM

FM is a demonstrably complex field. The first thing you need to do is learn the clinical basics of FM. Fortunately, there are several courses available that can get you up to speed.

Moreover, a practice management consultant knowledgeable in this area can be a priceless resource in setting up the practice, monitoring its performance, and dealing with the day-to-day issues that arise. A consultant can also help with essential issues such as determining whether

you have enough space, where you will treat these patients, and how you will schedule them. You won't be able, for example, to do IV vitamin therapy if you don't have enough space.

Adding FM to an existing chiropractic practice will generally add little to your overhead, but you should still analyze what getting set up will entail and formulate a business plan.

You must also decide who will be performing therapies and directly interacting with patients, and what their roles will be. Will you need to have a medical doctor on board?

While it is true that you can perform many FM procedures, an FM practice usually works better from a patient-satisfaction standpoint if you have an MD involved. Also, there are some highly profitable procedures that can only be done with an MD ordering or performing the therapy, such as IV nutritional therapy and chelation.

There is a definite tie-in between FM, anti-aging medicine, and aesthetics, and you may want to branch out into these fields some day. To perform these modalities, some level of MD supervision is necessary. For these reasons, it's generally best to offer FM through an integrated practice model.

FM billing basics

Naturally, you will have to set prices for your services. Try to find out what the competition (if you have any) is doing. Some patients will want à la carte, pay-as-you-go pricing, but it is recommend to use discounted pay-in-advance pricing whenever possible.

For example: You can get patients to pay in advance for implantable testosterone pellets for four months to a year, where you package in tests and doctor visits. Obviously this does wonders for your cash flow and is good for patient compliance.

Even though insurance will not be a factor with your FM practice, you should still keep proper records and

document just as you would if you had a third-party payer looking over your shoulder. You can still be sued and are subject to the same board discipline if you break any of their rules. Good documentation is your best defense.

Functional Medicine allows you to use your skills as a physician creatively and serve patients who have not been helped by traditional medicine. At the same time, it provides you with a lucrative practice that rewards you for your help and avoids the headaches of third-party reimbursement. ☞



MARC H. SENCER, MD, is the president of MDs for DCs, which provides intensive one-on-one training, medical staffing, and ongoing practice management support to chiropractic integrated practices. He can be reached at 800-916-1462 or through mdsfordcs.com.

Test yourself

Test your knowledge of a Functional Medicine (FM) practice with this true and false quiz.

1. In an FM practice, there is no need for billing staff or follow-up collections.
2. An FM approach to a patient with low-back pain would not include a hormone workup.
3. Immune deficiency or dysfunction may be the cause of some cancers.
4. An à la carte fee schedule can maximize your profit and cash flow.

Answers: Nos. 1 and 3 are true. Nos. 2 and 4 are false. An FM approach to illness assumes that if imbalances of the endocrine system and all the functional systems of the body are not corrected, the patient will not have an optimal result. An à la carte fee schedule is not as likely to maximize profit and cash flow as well as a pay-in-advance plan will. Even though you may offer a discount, this is offset by guaranteed compliance.

On April 21st Your Website Took a Major Hit From Google

... if your website was not compatible with Google's NEW mobile-friendly algorithm.

According to Google and their new ranking algorithm,

“Starting April 21, we will be expanding our use of mobile-friendliness as a ranking signal. This change will affect mobile searches in all languages worldwide and will have a significant impact in our search results. Consequently, users will find it easier to get relevant, high quality search results that are optimized for their devices.”

Google modifies their ranking algorithms constantly. Why is this April 21, 2015 update so important?

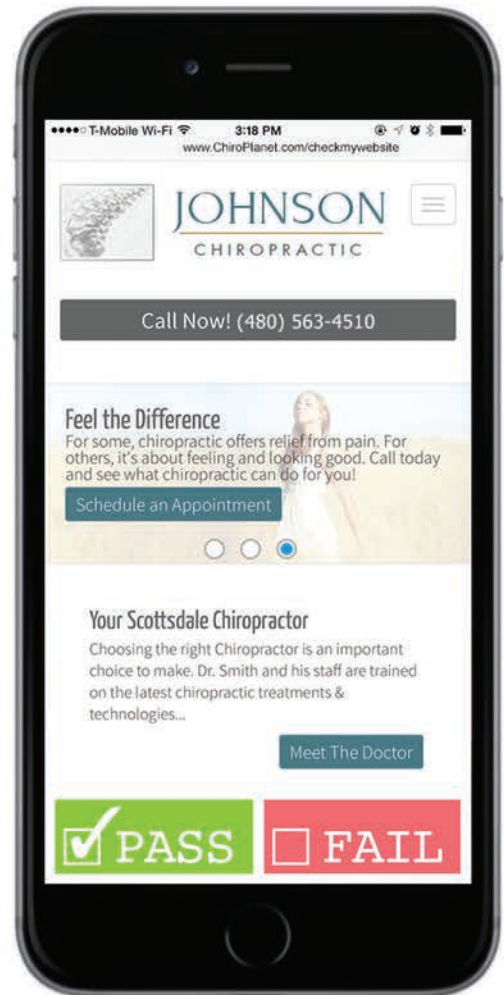
Since 2014, mobile internet usage has exceeded desktop usage with that trend increasing through 2015. Additionally, 48% of users start their research on search engines when looking for a business. Research also shows that local search on mobile phones has the highest conversion rate compared to both desktop and tablet searches. In short, mobile search is important to your business. The importance of having a mobile-friendly website, as newly defined by Google, has never been higher.

Did your current website provider fail to educate you on Google's new mobile search requirements?

On April 21, 2015, Google updated their mobile search ranking algorithm. This change has impacted millions of websites and mobile search results. Did your current website provider fail to provide you with proper knowledge of this update and other critical changes impacting your business? Perhaps it's time to reconsider which companies are truly valuable and proactive partners in your business success vs. just another company repeatedly processing your credit card.

How do I determine if my website meets Google's new standards?

Many businesses believe their websites to be mobile-friendly when in fact, after the recent April 21, 2015 implementation of Google's new standards, they are not. To assist, ChiroPlanet has designed and is now offering free of charge, a simple yet accurate solution for small businesses wanting to evaluate their website's mobile friendliness using Google's new standards.



FREE Mobile Friendliness Report

To learn whether or not your business website meets these new standards and obtain your FREE Mobile Friendliness Report visit, www.ChiroPlanet.com/checkmywebsite

Each Mobile Friendliness Report indicates whether the website passes the new Google mobile-friendly requirements and includes the specific reasons when it does not.



The online resource for future doctors of chiropractic.

Practice brain, business brain

BY WILLIAM D. ESTEB

YES, YOU WANT A PRACTICE, BUT YOU'RE GOING TO END UP running a small business.

Calling it a *practice* rather than a business, and calling those you help *patients* rather than customers can obscure the fact that it's a business first and a practice second.

Far too many chiropractors are of the mind that the business of chiropractic is somehow distasteful or uninteresting. That's too bad, because these chiropractors could be helping more people if they were willing to embrace the business aspects of professional practice. Instead, chiropractors with amazing adjusting skills can find themselves in an underperforming practice.

Newly minted chiropractors rarely fail because of their clinical skills. Rather, if their practices go bust it's almost always due to some oversight or shortcoming in running their small businesses.

A practice encompasses all the clinical elements of caring for a patient: The consultation, the examination, the adjusting—the things you love doing. The business part is doing all of the above at a profit while also taking care of the marketing, banking, taxes, hiring, and staff training.

Falling in love

Become a student again and learn the fundamentals. Pick up a copy of *Fast Company* magazine. Pick up just about any book written by marketing savant Seth Godin.

When you fall in love with the business of chiropractic you'll be able to help more people. Don't forget that the chiropractic legends who became millionaires did so at a time when adjustments cost less than 5 dollars.

First-hand experience

Back in the day, I consulted with a chiropractor who owned and operated seven associate-run clinics. Initially, we focused on improving his daily live call-in TV talk show about chiropractic. Many of the chiropractic purists in town were jealous of his domination of the airwaves and his particular style of chiropractic.

By mastering the business aspect of chiropractic and actively marketing his services, however, he not only filled his seven clinics but also created a livelihood for his practitioners and support team of almost 50 people.

When chiropractors struggle

When I consult with chiropractors who are feeling stuck, the problem rarely involves their clinical skills. Often, in fact, they report delighted patients, steady referrals, and even a good number of customers who stay beyond symptomatic relief and pay cash for wellness visits.

Rather, the problem is almost always some aspect of the *business* of chiropractic that's standing in the way of real success.

And this is a shame because the marketing advice, human resources

advice, cash flow planning, mental outlook, and all the rest are readily available and largely for free. All you need is a willingness to learn.

Few struggling chiropractors wake up one morning with an excited, "Eureka—I need to work on my business!" epiphany. More often, they imagine that some new service, technique, or gadget holds the key to the professional income they seek.

Build it and they will come

If you're still clinging to the belief that delivering great clinical results is all that's needed to have a profitable enterprise, snap out of it.

The key is to tell as many strangers as possible about how the body works, how it heals, and why lifetime chiropractic care makes sense. There are many ways to do that. Some involve spending money (a highly ranked website) or emotional effort (public speaking). But you must get out of your office and into action. Market your business, because if it fails, so will your practice. **CE**



WILLIAM ESTEB is the creative director of Patient Media, a patient communication resource for chiropractors. He is the author of 11 books that explore the doctor/patient relationship from a patient's point of view. His most recent, *Recalculating!*, provides hope and direction for chiropractors attempting to navigate today's changing practice environment. He can be reached through patientmedia.com.

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Feb. 19-20	CEAS I: Ergonomics Assessment Certification Workshop	San Jose, CA	Back School of Atlanta	800-783-7536
Feb. 20	KT3: Kinesio Taping Clinical Concepts	St. Louis	Kinesio Taping Association	410-777-2939
Feb. 20-21	Graston Technique M1 Basic Training	Boston	Graston Technique	888-926-2727
Feb. 20-21	Graston Technique M2 Advanced Training	Boston	Graston Technique	888-926-2727
Feb. 20-21	Graston Technique M1 Basic Training	Las Vegas	Graston Technique	888-926-2727
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Feb. 21	KT4: Kinesio Taping Specialty Sports/Orthopedics (KT4)	St. Louis	Kinesio Taping Association	410-777-2939
Feb. 27-28	Graston Technique M1 Basic Training	Miami	Graston Technique	888-926-2727
March 4-5	CEAS I: Ergonomics Assessment Certification Workshop	Houston	Back School of Atlanta	800-783-7536
March 5-6	Graston Technique M1 Basic Training	Dallas	Graston Technique	888-926-2727
March 5-6	Graston Technique M1 Basic Training	Charleston, SC	Graston Technique	888-926-2727
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March 5-6	Graston Technique M2 Advanced Training	Omaha, NE	Graston Technique	888-926-2727
March 10-11	Graston Technique M1 Basic Training	White Plains, NY	Graston Technique	888-926-2727
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March 14-15	Graston Technique M1 Basic Training	Des Moines, IA	Graston Technique	888-926-2727
March 17-18	CEAS I: Ergonomics Assessment Certification Workshop	Charlotte, NC	Back School of Atlanta	800-783-7536
March 18-20	Posture Assessment, Rehab, and Certification	Orlando, FL	BodyZone	770-922-0700
March 19-20	Physical Demands Analysis and Employment Testing Certification	Atlanta	Back School of Atlanta	800-783-7536
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April 28-29	CEAS II: Aging Workforce Ergonomics Solutions Certification	Phoenix	Back School of Atlanta	800-783-7536
April 29-30	Graston Technique M1 Basic Training	Salt Lake City	Graston Technique	888-926-2727
April 30-May 1	Graston Technique M1 Basic Training	Boston	Graston Technique	888-926-2727
May 5-6	CEAS I: Ergonomics Assessment Certification Workshop	Pittsburgh	Back School of Atlanta	800-783-7536
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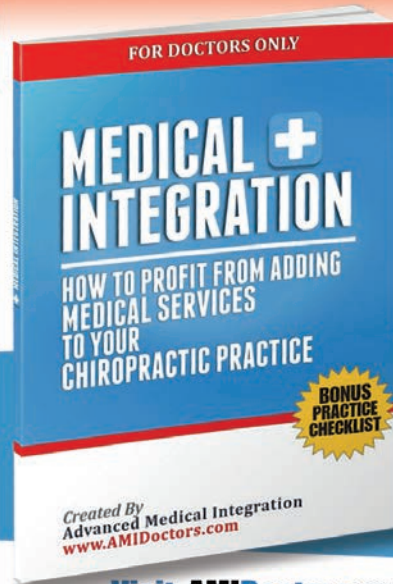


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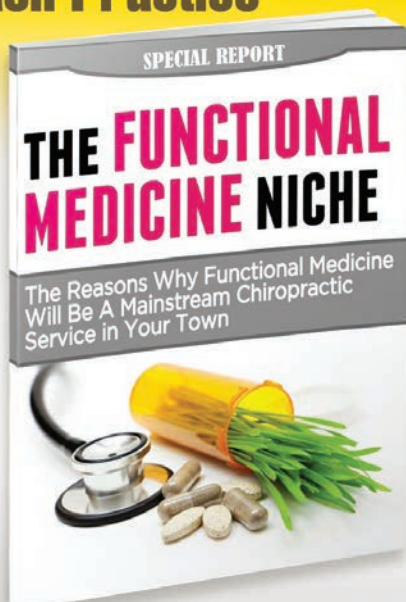
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- Aquatrek™ insole and rugged outsole for slip-resistance
- Silky smooth nylon straps to prevent chaffing
- Extremely soft and cushiony EVA mid-layer for irresistible comfort



See Pages 18-19

Escape with **Fiji for Her** and **Mavi for Him** and lose yourself in a paradise of comfort and support. Both are offered in a variety of colored straps: Black Pearl, Black Chevron, Manta Gray and Palm Green.



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