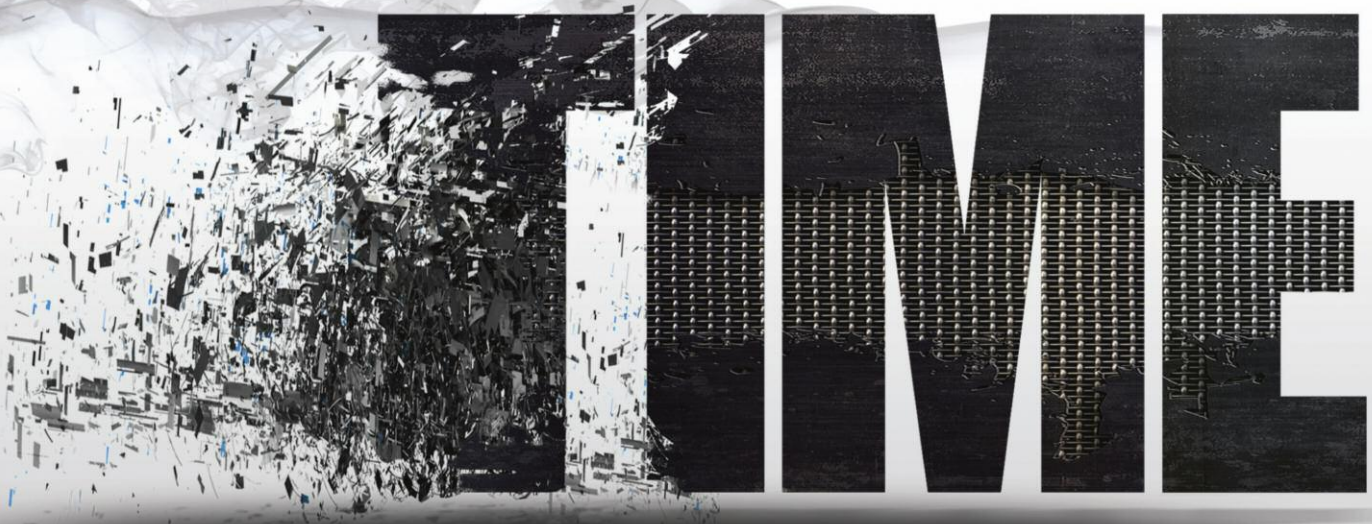


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Chiropractic Economics (ISSN 1087-1985) (USPS 019-178) is published monthly except semi-monthly (twice a month) in January, February, April, May, June, August, September, and October; 20 issues annually. Address: Chiropractic Economics Inc., 5150 Palm Valley Road Suite 103 Ponte Vedra Beach, FL 32082. Phone: 904-285-6020; Fax: 904-285-9944. Website: [www.chiroeco.com](http://www.chiroeco.com). (A Florida Corporation) Postmaster: Please send form #3579 to Chiropractic Economics, PO Box 3521, Northbrook, IL 60065-9955. Periodicals class postage paid at Ponte Vedra, Florida and at additional mailing offices. GST #R123168416. Subscription Rates: U.S. and possessions, \$39.95 one year, Canadian subscribers add \$35 per year shipping and handling; overseas subscribers add \$60 per year shipping and handling. Students, \$19.95. Single copy, \$4. Statement: While encouraging the free expression of opinion by contributors to this publication, *Chiropractic Economics* and members of its staff do not necessarily agree with or endorse the statements made in the advertisements or contributed articles. *Chiropractic Economics* is owned by Chiropractic Economics, Inc. a Florida Corporation, Joseph D. Doyle, President and CEO and Daniel Sosnoski, Editor. Authorization for the use of photographs and/or illustrations is the responsibility of the author(s). All materials submitted for publication shall remain the property of this magazine until published. Change of Address: Six to eight weeks prior to moving, please clip the mailing label from the most recent issue and send it along with your new address (including zip code) to the *Chiropractic Economics* circulation Department, PO Box 3521, Northbrook, IL 60065-9955. For a faster change, go to [www.ChiroEco.com](http://www.ChiroEco.com) and click on "Customer Service."



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Perhaps no issue looms larger than the Great Recession that began in 2008. We're still feeling the reverberations of that crisis, and it presented chiropractors with substantial challenges. But you pulled through, and brighter days are clearly just ahead.

Getting through that difficult period was tough to be sure, but you didn't have to struggle alone. *Chiropractic Economics*, practice consultants, industry vendors, the colleges — you had friends along the way who were committed to helping you succeed. And we still are today.

The real picture that emerges from our study of the last decade is that chiropractic succeeds when we all succeed, and that together we can triumph against all odds.

To your success,

Daniel Sosnoski, editor-in-chief

# A fond farewell

**F**OR NEARLY SIX YEARS, I'VE BEEN AN EDITOR FOR *CHIROPRACTIC ECONOMICS* MAGAZINE. AND FOR NEARLY six years, I've had the distinct pleasure of watching the chiropractic profession grow stronger and more resilient than ever before.



As we celebrate our 60th anniversary, I'm proud to know that I had a part — albeit a small one — in the progression and development of such a tremendous publication. But while Issue 8 will be my last, it won't be the end of my chiropractic journey. I've grown to love complementary and alternative medicine and the benefits it has for people of all shapes, sizes, and ages.

And I have you to thank for that.

Because if there's one thing I've learned during my time here, it's that you *are* the profession — in character and in practice.

'Till next time,

Melissa Heyboer, associate editor

# chiropractic economics

VOLUME 60, NUMBER 7

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# Acupuncture in chiropractic

The first three years and the last 10.

BY JOHN A. AMARO, DC, LAC



THINKSTOCK

**A**mericans did not become aware of acupuncture until the summer of 1971, following a cascade of events surrounding the world pingpong tournaments in Beijing.

The developing friendship between President Richard M. Nixon and Mao Zedong in February 1972 helped ease tensions between the two countries. And, as a result, a new awareness of each other's countries and cultures developed. Among those discoveries was acupuncture, which at the time was known primarily by a small group of Asians and several hundred DCs.

The first official acupuncture program offered in the U.S. was presented by Richard Yennie, DC, and sponsored by Columbia College of Chiropractic. This was under the

influence of Ernest Napolitano, DC, president of the college, as well as Rolla J. Pennell, DC, and Gordon D. Heuser, DC, presidents of the Interventional Pain Control Institute.

Pennell and Heuser first traveled to Japan and Taiwan as early as 1965 and visited several more times over the next few years. During their visits, they met a variety of influential Asian doctors who would later become vital guest speakers through the Acupuncture Society of America.

It was also promoted and endorsed by Bill Luckey, founder and developer of *Chiropractic Economics*. Luckey was unquestionably a major supporter of acupuncture. In fact, I had the good fortune of traveling to China and Japan with him and his wife in 1974.

It would be 10 more years before

acupuncture would start to get recognized as a separate and distinct profession.

In 1968, Pennell and Heuser published the book *Oriental Pain Control* and began holding seminars on the mechanisms of acupuncture and pain management to a variety of doctors across North America. The vast majority of these, however, were doctors of chiropractic. In 1973, Pennell and Heuser published *The "How to" Seminar of Acupuncture for Physicians*. Pennell and Heuser's two books were the first on the subject of acupuncture published in North America, and written and researched by two DCs.

Pennell and Heuser were arguably the godfathers of acupuncture in North America, and Yennie could arguably be



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called the father of acupuncture.

I was fortunate to have been raised in Kansas City, which was also the home of both Pennell and Yennie. From the age of 6 to my early teens, I lived directly across the street from Yennie. I was a frequent visitor to his home where he taught me a number of concepts and interests regarding martial arts, Asian culture, and healing.

Yennie was taught from a young age how to read, write, and speak fluent Japanese. And even though he was of Scotch-Irish descent, his knowledge of the culture and language of Japan was profound. So much so that he served as a translator during World War II when he was just a teenager.

Pennell died in July 2004 and Yennie passed away October 2013. While the acupuncture, chiropractic, and medical professions may never


fully know their influence and contributions to acupuncture in North America, the contributions of Pennell and Yennie will affect the chiropractic profession for years to come.

As acupuncture continues to develop in concert with chiropractic, the National Board of Chiropractic Examiners (NBCE) created a national acupuncture certification examination in 2003 that is now utilized by 16 states and the District of Columbia. There are an additional 12 states that regulate the practice of acupuncture and meridian therapy, and they have established their own laws pertaining to practice.

Twenty-one states have placed restrictions on the growth of chiropractic regarding acupuncture, but with diligence and persistence this will likely change in time. It is essential that we work in collaboration with all philoso-

phies if chiropractic is to thrive.

As we celebrate the 60th anniversary of *Chiropractic Economics*, I know my old friend Bill Luckey would be honored and humbled to know how the profession has matured.

And whenever I think of acupuncture in the chiropractic profession, Luckey's name is as prominent as that of Pennell, Heuser, Yennie, and Napolitano. 



**JOHN A. AMARO** DC, LAC, FIAMA, Dipl.Med.Ac., Dipl.Ac. (NCCAOM) is a founding member of the American College of Chiropractic Acupuncture of the American Chiropractic Association and is the president of the International Academy of Medical Acupuncture. He conducts fellowship (FIAMA) and diplomate (Dipl.Med.Ac.) certification programs for physicians of all disciplines. He can be contacted at DrAmaro@IAMA.edu or through IAMA.edu.

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## Embracing the chiropractic model

Anti-aging medicine has made deep inroads into wellness care.

BY JAMES STOXEN, DC

**A**N EXCELLENT EXAMPLE OF THE SYMBIOTIC RELATIONSHIP between chiropractic and the anti-aging movement occurred in 2002, when Bob Goldman, MD, DO, PhD, sought the help of a chiropractor after sustaining a severe back injury that involved a badly herniated disc. It had led to a severe case of sciatica neuritis that was so bad he had foot drop. And Goldman is the cofounder and chairman of the American Academy of Anti-Aging Medicine (A4M).

What's more, Goldman is also the founder and international president emeritus of the National Academy of Sports Medicine, which has 80,000 members. The A4M, in comparison, has 26,000 physician members and it seeks out top physicians from around the world to teach postgraduate educational programs.

So even though Goldman had access

to the top MD experts in medicine to help him with one of the most difficult healthcare challenges of his life, he chose a chiropractor for his care.

In fact, both he and the A4M president, Ronald Klatz, MD, DO, have consulted with many chiropractors for their personal health needs.

Goldman and Klatz envision anti-aging medicine as a direct extension of sports medicine. Just as sports medicine aims to keep athletes' bodies functioning at the optimum level, anti-aging medicine seeks to keep the body functioning at its peak as well. They founded the organization based on the principle of extending the healthy human lifespan and maximizing health throughout as the core of anti-aging medicine.

Given that chiropractic shares these same perspectives, you can see how the anti-aging movement offers a positive and welcoming environment for

chiropractors.

The academy has invited chiropractors to lecture to thousands of medical physicians around the world at conferences in Asia, Australia, Indonesia, Europe, South America, and South Africa. DCs have even been invited to address such prestigious groups as the Royal College of Physicians in London.

### Functioning in the anti-aging field

Anti-aging medicine focuses on the early detection, intervention, and prevention of age-related diseases.

**Early detection:** If you can order a diagnostic test in your state to evaluate the biomarkers that correlate with aging of the cardiovascular system, nervous system, musculoskeletal system, etc., you are just as qualified to participate in the early detection phase as any physician.



# ANTI-AGING

**Intervention:** In anti-aging medicine, intervention involves educating patients on how to prevent aging-related diseases before getting them. Philip Santiago, DC, who was the only chiropractic member of the U.S. sports medicine team at the XXV Olympiad in Barcelona, is also on the A4M board of directors. He believes that 90 percent of anti-aging medicine can be done by chiropractors.

In the last decade, the A4M has been expanding its world-class education conferences, often cosponsored with universities and approved by the Accreditation Council for Continuing Medical Education. A4M welcomes the chiropractic profession to evaluate the course material for license renewal and there have been educational conferences with chiropractic organizations that have been highly successful in the past.

After each conference, the A4M publishes the proceedings in *Anti-Aging Therapeutics*, and has done so annually for the last 20 years. The full compendium is more than 5,000 pages of published presentations and articles that discuss the newest developments in anti-aging, regenerative, and preventive medicine.

Also, in the last 10 years, the A4M has published an official textbook of anti-aging and progressive medicine, called the *Encyclopedia of Clinical Anti-Aging Medicine and Regenerative Biomedical Technologies*. Between this official textbook and *Anti-Aging Therapeutics*, chiropractors have a wealth of data at their disposal.

According to Goldman, the three most significant developments in anti-aging medicine over the past decade are as follows:

1. Research and development into the therapeutic use of stem cells.
2. The use of nutrients by healthcare professionals to stimulate the immune system for protection against inflammation and other diseases of aging.
3. The development and use of advanced diagnostic and virtual imaging for diagnosis including ultrasound, CT, MRI, and PET scans.

In the last decade, the academy launched the Fellowship in Anti-Aging, Regenerative and Functional Medicine (FAARFM), which is interactive education with modules that include hands-on clinical training, and Web broadcasts. This elite fellowship explores the latest findings

in cardiology, neurology, cancer therapies, nutrition, and more.

The fellowship program is open to MDs, DCs, PhDs, PAs, nurse clinicians, pharmacists, nurse practitioners, nutritionists, and other medical professionals.

Chiropractors can now become fellows or obtain certification in anti-aging medicine and join this new and fast-growing medical specialty.

Indeed, one of the strengths of the A4M is that it facilitates cooperative relationships between DCs and MDs.

The A4M and its leaders know that more than half of baby boomers use some form of alternative or complementary medicine, and a strong majority favors alternative medical therapies. This should be a growth area of healthcare for years to come. **CE**



**JAMES STOXEN, DC**, owns and operates Team Doctors Chiropractic Treatment and Training Center. He has lectured to more than 40,000 doctors and scientists around the world on his approach to treating, training, and progressive preventive medicine. He has an extensive background in sports medicine and was inducted in the National Fitness Hall of Fame. He can be contacted through [teamdoctors.org](http://teamdoctors.org).



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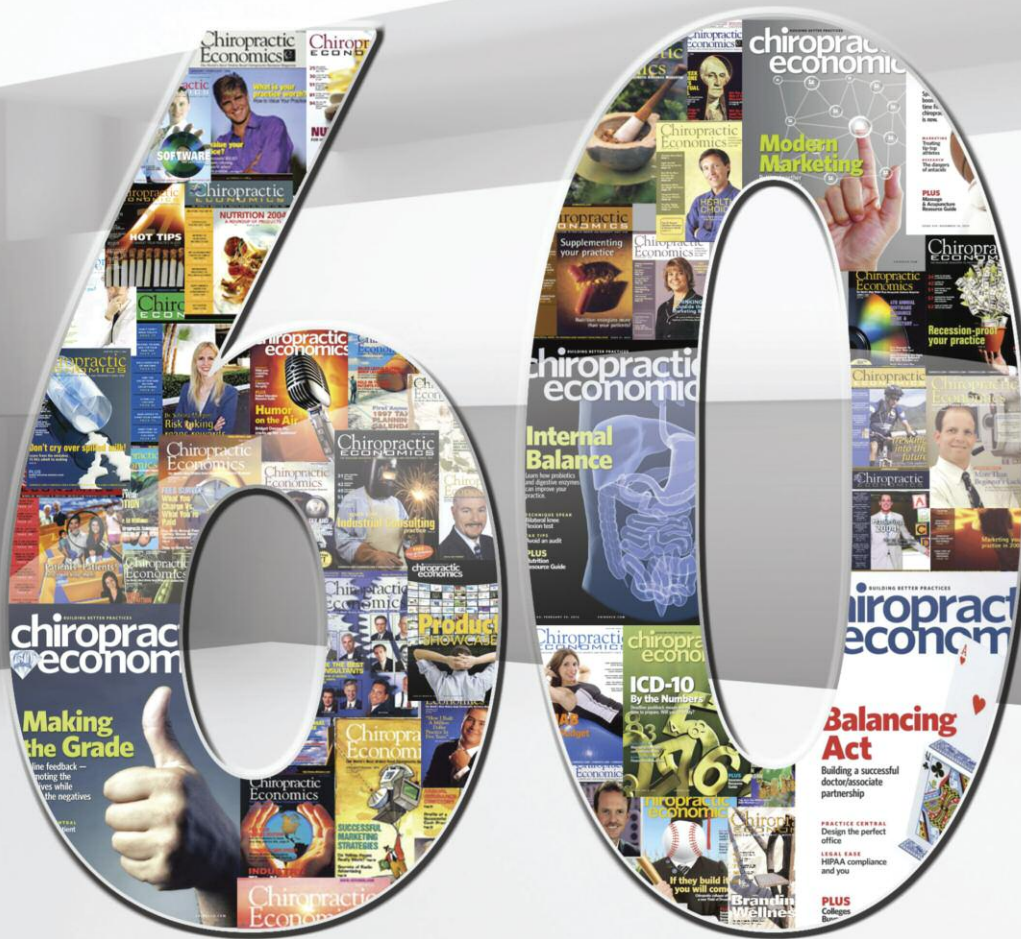
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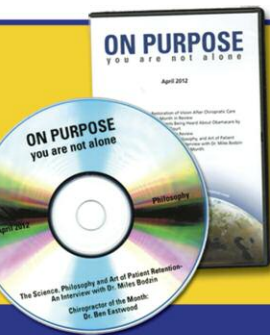
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THINKSTOCK

# Taking a stand for chiropractic

How the American Chiropractic Association has represented the profession and its patients on Capitol Hill and across the country.

BY AMERICAN CHIROPRACTIC ASSOCIATION STAFF

**L**IKE *CHIROPRACTIC ECONOMICS*, THE AMERICAN CHIROPRACTIC Association (ACA) recently spent some time reflecting on its 50th anniversary in 2013.

For more than half a century, ACA volunteers and staff have worked to give patients access to the healthcare provider of their choice. Bias and misconceptions about the chiropractic profession, as well as other obstacles, have challenged progress along the way, but the ACA carried on toward its ultimate goal — patients' rights.

That perseverance has resulted in many significant achievements for the profession over the past decade.

The ACA has followed a time-tested path to build cultural legitimacy for the profession. That path has led the association to the halls of Congress, the offices of the country's major insurance companies, and the pages of *The New York Times*.

On Capitol Hill, the ACA is the national voice of the chiropractic

profession, acting daily on behalf of chiropractors and their patients. Even before it lobbied for a provision that would make it possible for DCs to provide their services under the Patient Protection and Affordable Care Act (PPACA), the ACA was at work in late 2008 and 2009 ensuring the profession's inclusion in the Blue Cross Blue Shield (BCBS) Federal Employee Plan (FEP), which was widely recognized as the model for healthcare reform.

At the time, BCBS instituted a policy that removed doctors of chiropractic from the category of "physicians" under the plan. The ACA immediately took action, and after several months of meetings and discussions, FEP overturned its decision and returned DCs to their physician designation.

Thanks to the ACA and its allies, the PPACA contains Section 2706, the non-discrimination provision stating that no health plan may discriminate against any healthcare provider acting within the scope of his or her license

or certification under applicable state law. The provision also applies to ERISA plans and plans developed under the new law.

The ACA was also successful in expanding chiropractic's role in the Medicare Shared Savings Program and Accountable Care Organizations (ACOs). As a result, DCs are able to share in any savings and bonuses achieved by an ACO.

Expanding access to chiropractic services for veterans and active-duty military is another area where the ACA has achieved success. In 2001, DCs became the first healthcare providers added to the U.S. Department of Veterans Affairs (VA) system in 25 years.

In 2005, the ACA advanced legislation to expand chiropractic benefits to all military personnel. Today, chiropractic care is available at nearly 50 VA medical centers and more than 60 U.S. Department of Defense (DoD) facilities across the country — with



## ASSOCIATION

hope for more on the way as the VA's first-ever chiropractic residency program begins in the summer of 2014.

### Other legislative accomplishments

**2005:** The Medicare Chiropractic Demonstration Project, testing the feasibility of expanding chiropractic services, was launched in five states

**2006:** The ACA thwarted a federal effort to usurp the authority of state scope-of-practice laws for non-MD healthcare providers

**2008:** DCs became eligible for participation in Medicare's quality reporting bonus program

**2009:** DCs were included in federal initiatives to reward providers who transition to electronic health records

**2013:** The ACA's advocacy led CMS to

increase the value of chiropractic manipulative treatment (CMT) CPT codes up to 10 percent in the Medicare 2014 Physician Fee Schedule

Outside Washington, D.C., the ACA has achieved victories over insurance companies across the country, including:

**2006:** The ACA participated in a \$3.5 million class-action settlement with Humana. That same year, the ACA helped expand the FEP Standard Option plan to include 10 spinal manipulations along with coverage for physical medicine services, an initial X-ray, and an initial exam

**2007:** The ACA and the Council on Chiropractic Guidelines and Practice Parameters led an effort to overturn UnitedHealthcare's policies restricting chiropractic care for children and headache patients

**2010:** The ACA stopped Kaiser Permanente Mid-Atlantic from prohibiting cervical manipulation, and it successfully overturned UnitedHealthcare's decision to deny in-clinic mechanical traction

**2011:** The ACA filed a class-action lawsuit against UnitedHealthcare/Optum Health regarding restriction of care, ERISA violations, and recoupments

**2012:** The ACA filed legal action against American Specialty Health and Cigna, addressing restriction of care, violations of ERISA, manipulation of payment data, and other complaints

**2013:** The ACA's efforts caused Aetna to stop denying separate payment for code 97140 when billed with CMT if documentation is submitted with the claims showing that 97140 is provided to a separate region

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**2013:** The ACA worked with FEP to reverse its policy allowing only one E/M and one X-ray per calendar year and to remove all limitations to DCs' physician classification

The profession's work toward cultural authority also reaches consumer media. As the profession's standard-bearer and spokesperson, the ACA is a resource for the media, responding to requests

from more than 100 members of the media annually.

Reporters from consumer media outlets such as ABC News' *World News with Diane Sawyer*, Bloomberg News, and The Huffington Post have reached out to the ACA in the past 10 years.

As a result, the ACA has had prominent earned-media placements such as a letter to the editor printed in *The New York Times*, and an article on

office chairs featuring ACA experts, patients, and ACAs staff in the *The Wall Street Journal*.

The ACA's annual observance and promotion of National Chiropractic Health Month (NCHM) each October has grown steadily since its launch in 2006 and has been successful in raising public awareness about the services and expertise of DCs. Participation has increased in recent years with the incorporation of electronic tools such as profile images, sample Facebook and Twitter posts, and customizable news releases.

Doctors, students, and chiropractic organizations also have new ways of participating in NCHM through websites, blogs, and a wide range of social media platforms. NCHM takes on a new theme each year, bringing attention to a different facet of the profession.

Aside from advocating for DCs, the ACA offers professional resources to help DCs run their practices more efficiently and effectively, as well as keep them abreast of news and issues affecting the chiropractic community. *For example:* On the ACA's website, doctors can find answers to coding and insurance questions, guidance on participating in federal incentive programs, and tips and sample outreach letters to nurture relationships with MDs and DOs.

The ACA will spend the next decade cementing the foundation it has built for the profession. More changes to the country's healthcare system are inevitable, but the ACA will continue its work, advancing chiropractic by improving patients' access to DCs, advocating for coverage and reimbursement for DC services that are on par with other provider groups, integrating with other healthcare providers, and providing chiropractic services in all healthcare settings, and — perhaps most importantly — advocating for conservative care first.

We hope you'll join us. 

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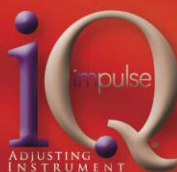
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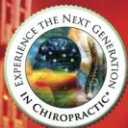
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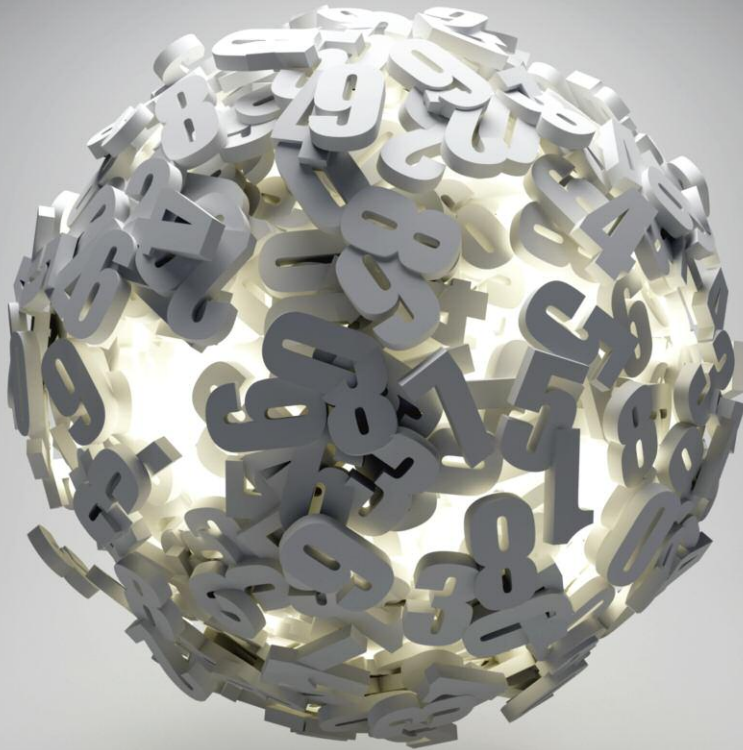




# A decade of coding progress

When it comes to documentation, the only thing that stays the same are the never-ending changes.

BY KATHY MILLS CHANG, MCS-P



THINKSTOCK

**Y**OU MAY BE OLD ENOUGH TO REMEMBER WHEN BEING A chiropractor was like sitting at the little kids' table and eating mac and cheese off paper plates while the grown-ups (MDs) got "real" food on the good china. That all changed in 1992, when DCs were considered physicians for the use of evaluation and management services. Finally, chiropractors were sitting at the grown-ups' table and getting properly paid for evaluation and management, not just treatment.

Flash forward five years later to 1997, and the profession got much-needed chiropractic manipulative treatment (CMT) codes, thanks to the tireless efforts of the American Chiropractic Association (ACA). Instead of the old A2000 HCPCS code that rewarded DCs with a whopping \$16 for Medicare services, CMT codes were part of the CPT procedural coding set, and allowed DCs to increase their potential reimbursement from Medicare (and others) by 60 percent. Suddenly, chiropractic wasn't eating mac and

cheese anymore.

Thus we fought, and continue to fight, long and hard to get to sit at the same table with the big kids — and we won. It was and is a great opportunity. But it's an opportunity with the very real risk of failure if you don't follow through by bringing your "A game."

Far too many practices are resting on the victories of chiropractic's past and not staying alert to today's tightening rules and increased scrutiny by third-party payers, Medicare, and the Office of Inspector General (OIG). Although we haven't had to deal with major coding changes in the past decade, the alphabet soup of HIPAA, EHR, OIG, and CMS leave their mark on the language of coding you must speak in order to sit at the big kids' table.

This is quite possibly the worst time to be complacent about coding and documentation. Because the biggest change in coding *ever* is about to come down the pike with the inevitable advent of ICD-10. For those practices who are already lagging or lax in their efforts to

provide proper documentation and establish systems that bulletproof their coding, compliance, and reimbursement policies and procedures, things are about to get complicated.

Codes are a language spoken between practices and third-party payers. And, like any language, clarity and specificity are key. Whatever codes DCs use, they need to accurately paint a complete picture of their patients' diagnosis, care, prognosis, and ultimately graduation from active care.

Coding today is all about meticulously documenting medical necessity — the only kind of treatment covered under Medicare. Even though the codes haven't changed (yet), the way they are scrutinized by these payers has put coding directly in the spotlight.

ICD-10 is heading toward chiropractic like an 18-wheeler, and it's easy to panic like a deer caught in the headlights over the sheer volume of additional codes it contains. And yes, it's important to get up to speed, especially from a systems-and-software



## CODING

standpoint — your current billing software needs to be able to handle both five-digit ICD-9 codes as well as the new seven-digit ICD-10 codes, should the situation require it.

Nevertheless, the basics of coding won't change. There are even significant improvements, such as ICD-10's ability to specify laterality in treatment. *For example:* If you are treating a patient for sciatica on the left side, the

new codes will actually *say* so, which lets you be more clear and specific in your documentation.

This, in turn, enables you to paint a compelling and detailed picture of medical necessity — one that has a greater chance of a smooth approval instead of a protracted and stressful, back-and-forth exchange with third-party payers.

This is common sense: If you report

in your coding that a patient has disc degeneration in the cervical (versus the lumbar) region, your documentation had better show how you know that, and that you didn't simply make an educated guess. It's the tenor of the new diagnosis codes that's important, not their sheer volume.

The rubber meets the road when you show that the care you gave your patient meets Medicare and other third-party payers' standards for medical necessity. Period.

The bottom line on coding is the same as it's always been, whether we're dealing with a few thousand codes or the more than 140,000 contained in ICD-10: Don't leaf through the code book and ask, "How can I use this to make a profit in my practice?" Start with the service provided based on patient need, then find the most appropriate code to use, and use it correctly as part of a thorough, compliant documentation process.

We're sitting at the big table now. Let's make sure we keep our seats. **CE**

**KATHY MILLS CHANG, MCS-P,** has been providing chiropractors with reimbursement and compliance training, advice, and tools to improve the financial performance of their practices since 1983. She also serves as Foot Levelers' insurance advisor, and can be reached at 855-832-6562 or [info@kmcuniversity.com](mailto:info@kmcuniversity.com).

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# Healthcare reform and paperwork

A decade of coding and compliance.

BY EVAN M. Gwilliam, DC, CPC, NCICS, CCPC, CCCPC



THINKSTOCK

**Y**OU WILL LIKELY NEVER MEET A DOCTOR WHO IS THRILLED TO BE doing the paperwork and administrative tasks associated with running a chiropractic practice. After all, we became chiropractors to take care of people and help them regain their health.

The last time the National Board of Chiropractic Examiners conducted their comprehensive survey of chiropractic practices was in 2009. They concluded that doctors of chiropractic, on average, spend about 40 percent of their time on administrative tasks, leaving just 60 percent remaining for patient care and education.

And the next survey will likely see that administrative percentage increase even more. The last decade has seen widespread changes to regulations, coding, and compliance. The biggest changes include meaningful use, technology improvements, the Health Insurance Portability and Accountability Act (HIPAA), ICD-10, the Patient Protection and Affordable Care Act,

and the updated CMS-1500 claim form.

For many, the administrative side of running a practice continues to grow even more complex and cumbersome. And while many of these changes will increase the administrative workload, most came about in response to problems with medical costs for things ancillary to actual patient care (such as doing paperwork). In other words, the long-term intent of many of these changes is to give you more time with patients, not less.

## Meaningful use and EHR systems

The U.S. government knows that clear records that can communicate across multiple platforms should bring about big increases in efficiency and ultimately lead to great savings and fewer errors in patient care. But the transition can be painful and difficult.

A great deal of money has been invested in the transition to electronic health records (EHRs) because the short-term trouble should be worth the long-term benefits. The meaningful-

use program offers significant financial incentives to make the transition to EHR software. But you have to meet a number of specific parameters. Though help is available in the marketplace, these incentives are only accessible when significant time is invested in the process.

## Technology

Technology has made some aspects of coding and compliance easier and more efficient. *For example:* Code searching software and databases have become increasingly user-friendly and comprehensive. In some cases, internal compliance audits can be performed with software programs rather than expensive consultants.

Most of these resources now reside in the cloud or are available as apps. One especially useful ICD-10 cross-walk tool is available as a free smartphone app (check out FindACode). A decade ago, we had to install these programs on a desktop computer using CD-ROMs or floppy disks.





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## CODING

### HIPAA

HIPAA, with all of its complexities, has been around for nearly 20 years. In the last decade, however, it's been given more teeth because of the HITECH act, and then finalized with the Omnibus Rule in 2013.

Updating your business associate agreements, notice of privacy practices, and ultimately your HIPAA policies and procedures are all necessary changes in order to remain compliant and avoid hefty fines.

Becoming compliant with HIPAA is not a quick task, rather it requires a significant investment of time and money. But the good news is it should improve the whole healthcare system by protecting patients and removing other problems that can only be overcome by an act of law.

### ICD-10 coding

HIPAA is also a major reason for the transition to ICD-10. Though it's not expected to take effect until 2015, the transition means that after 20 years of waiting, the U.S. healthcare system is catching up with the rest of the world.

The new coding system is far superior to ICD-9 and is truly necessary for healthcare reform. It is far more granular and logical and will provide much better data for researchers and policymakers. But practices can't just jump into this new system without a bit of study and preparation. You will need to learn to document in a way that supports the new codes. And this is just the beginning. ICD-11 will likely be ready to take effect by the end of this decade.


### Healthcare reform

The Patient Protection and Affordable Care Act brought about sweeping changes to the health insurance industry. Chiropractic has significant opportunities as a result, such as participation in things like affordable care organizations, and also significant challenges, such as exclusion from coverage on many new plans. Its effects are still to be determined, and no one is completely exempt.

### CMS-1500

The first update to the CMS-1500 claim form in nearly 10 years also took place this year. For those unaware, they will not be able to submit claims until they get up to speed. But, like other reforms, the new CMS-1500 is an improvement over the old one. It will allow for better transmission of information between providers and payers.

The last decade of coding and compliance can be summed up in two words: "healthcare reform." The inefficiencies and problems with the U.S. healthcare system have been exposed and political parties and special interest groups recognize that it is time to change.

You may or may not like or agree with these changes, but they are not going away. The best way to reform the system will continue to be a source of debate in the years ahead. The next decade will continue to be defined by the same catchphrase: It can't be avoided. Dealing with ongoing reform is just a part of doing business in healthcare. 



**EVAN M. GWILLIAM, DC, CPC, NCICS, CCPC, CCCPC**, is director of education and consulting for the ChiroCode Institute, teaches seminars around the country on

behalf of Cross Country Education and Target Coding, and is on the editorial board of ICD10Monitor.com. He can be contacted at [DrG@ChiroCode.com](mailto:DrG@ChiroCode.com).

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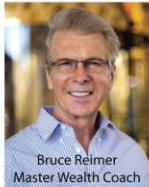
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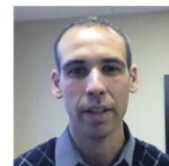
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**Dr. Joey Miles**



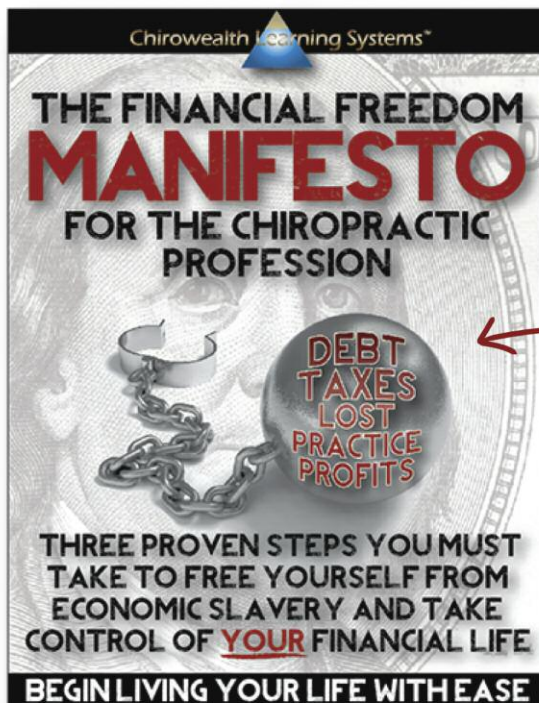
"Bruce helped us get a tax refund check for \$15,000, money that we overpaid last year that was overlooked by our former accountant. We expect to save at least \$25,000/year in taxes in the years to come."

**Dr. Corinne & Scott Weaver**



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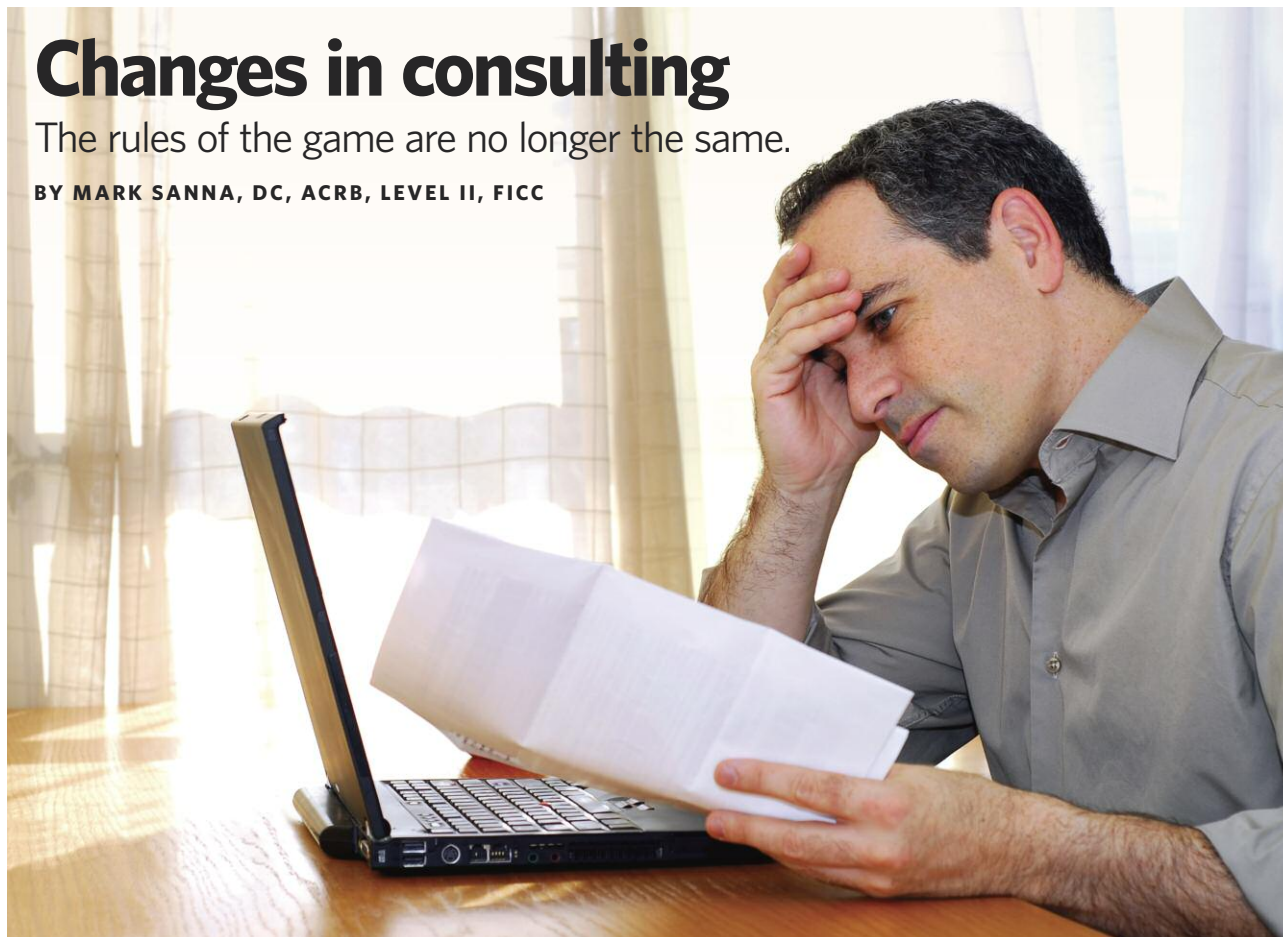
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# Changes in consulting

The rules of the game are no longer the same.

BY MARK SANNA, DC, ACRB, LEVEL II, FICC

THINKSTOCK



**A**S THE SAYING HAS IT, THE ONLY PERSON WHO ENJOYS A CHANGE is a baby with a wet diaper. But in the last 10 years, chiropractors and the experts who provide them with practice management advice have had to confront change at a faster pace than in the previous 30 years combined. Like a wet baby, many have done so unwillingly, kicking and screaming all the way. Others have attempted to ignore change altogether and find themselves confronted with a future filled with uncertainty and fear.

When you look through the rearview mirror, chiropractic as a profession sometimes appears as if it had been in a kinder and gentler place than we find it today. The rules of the game have changed — and chiropractic consulting has changed as well.

A successful practice has always been about successful systems. When

your systems are running smoothly, so is your practice.

A decade ago, practice management consulting focused on systems to get new patients, handle finances, educate patients, run an appointment book, and eliminate missed appointments. Chiropractors could attend a potpourri of seminars offered by presenters with varying levels of expertise and cobble together the advice that caught their fancy into a unique set of basic procedures to manage their practice.

## A sea change in systems

Today, success in practice requires mastery of all of the original systems plus an entirely new set to contend with. Procedures that were unheard of 10 years ago have become requirements to survive and thrive in the new healthcare environment.

Today's chiropractic consultant must

possess a broad scope of knowledge and provide an integrated, systematic approach to practice management. No longer can chiropractors claim to be unaware of the rules of the game. The costs for non-compliance are steep and even in the absence of criminal or fraudulent intent, a naive chiropractor can be charged with “recklessness” and be barred from participating in all federal and non-federal forms of third-party reimbursement.

Regulatory compliance requires coaching chiropractors through a constantly changing alphabet soup of acronyms with a particular focus on dotting I's and crossing T's. Let's review some of the most important systems that should have the attention of chiropractors in the upcoming years.

## Electronic health records

This is the final year that you can



## CONSULTANTS

receive a financial incentive for converting your patient records from paper to a certified electronic format. Those who have chosen not to change will find themselves confronting a financial penalty for non-conversion next year.

A significant financial incentive, in the tens of thousands of dollars, remains to support your conversion to an electronic health record (EHR) and the achievement of “meaningful use” in the documentation and transmission of data via your EHR — if you make the switch before the final quarter of this year.

The right consultant can help you select the right EHR system for your practice. Yet, even with all of the great advice available, there will remain a significant number of chiropractors who will be clinging to their paper “travel cards” after the new year arrives — don’t find yourself among them.

### ICD-10-CM

The switch from the ICD-9-CM diagnostic code set to ICD-10-CM is the most sweeping change to confront the chiropractic profession in the last 30 years. Not the typical yearly tweak of the codes that chiropractors have

become accustomed to, this change will require you to discard virtually everything you know about diagnostic coding.

ICD-10-CM brings region, tissue, and encounter-specific coding and documentation requirements. This means that for every ICD-9-CM code that you were familiar with in the past, there will be an option of up to a half-dozen equivalents that you must choose from.

Even the Health Insurance Claim Form (HCFA-1500) has been altered significantly to comply with the new coding requirements and now has space for 12 diagnostic descriptors (up from four spaces on the old form). ICD-10-CM was created to increase diagnostic specificity and this increased level of detail multiplies the opportunities for audits by third-party payers. Consultants must help their clients and prepare for these dramatic changes and how they could impact the cash flow of their practice going forward.

### Healthcare reform

The Patient Protection and Affordable Care Act (PPACA) is the law of the land and would require an unlikely act

of Congress over a potential presidential veto to be repealed. Chiropractors must accept that the new healthcare law is not going away.

And yet, the moving target created by PPACA with its shifting deadlines has chiropractors unsure whether they will be included as “essential benefits” providers as mandated by the original law. Blatant attacks against the non-discrimination section of the law (Section 2706) by special interest groups attempting to strip chiropractic from participating in the delivery of essential benefits requires extra vigilance at both the state and national levels.

Consultants today must be prepared to help their clients understand where they stand in their home state as far as inclusion as a provider goes and must be prepared to scrutinize the level of chiropractic benefits provided by those healthcare networks that are included in each state’s health insurance exchange.

### Patient privacy and HIPAA audits

The latest version of the Health Insurance Portability and Accountability Act (HIPAA), called “Omnibus,” brought major changes to what your



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practice must do to safeguard your patients' protected health information (PHI). Some of the most significant changes include an overhaul of the business associate agreement (BAA) and the notice of privacy practices (NPP).

The right BAA can insulate your practice from liability in the unfortunate incident of a breach of PHI by a business associate. In addition to updating the NPP, HIPAA Omnibus requires you to keep a signed acknowledgment of receipt on file for each of your patients.

HIPAA audits are conducted by the Office of Civil Rights (OCR) and non-compliance can result in civil and criminal charges. Chiropractic consultants should be prepared to bring their clients up to speed with these and the other changes brought by HIPAA Omnibus.

### The hired guns

The pressure to control costs by the government and to increase profits by third-party payers means that there has never before been such a concerted effort to police healthcare practices for fraud. A decade ago, post-payment audits were unheard of in chiropractic practices. But a knock on the door from a Recovery Audit Contractor (RAC) from a federal, state or commercial auditor has now become a common occurrence.

Chiropractic consultants should help their clients to be organized and prepared prior to that knock on the door. The correct procedures for coding and documentation provide a "pillow factor" — the ability to sleep soundly at night knowing that you have done things correctly.

Note that a cash-only practice model in no way excludes your practice from being targeted for an audit. Unlike their medical doctor counterparts, chiropractors cannot opt out of Medicare. All it takes is for one patient to submit a "superbill" or statement to Medicare to jeopardize your entire practice future.

### Do what you do best

A chiropractic consultant's job is to keep his or her eyes on the changing rules and regulations that can impact your practice, and to communicate them in a clear and systematic manner to your practice team. This will free you to focus on doing what you do best — providing your patients with the highest quality care. This is one area that hasn't changed in the last decade and is sure not to change in the decades ahead. **CE**



**MARK SANNA**, DC, ACRB Level II, FICC, is a member of the Chiropractic Summit, the ACA Governor's Advisory Board, and a board member of the Foundation for Chiropractic Progress. He is the president and CEO of Breakthrough Coaching. He can be reached at 800-723-8423 or through [mybreakthrough.com](http://mybreakthrough.com).

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## TIMELINE

# A visual history of chiropractic

**I**F YOU WANT TO KNOW WHERE CHIROPRACTIC IS GOING, LOOK NO further than its past. The following timeline reveals at a glance the brief history of the profession, which is hardly 120 years old.

Note that chiropractic is interwoven through the story of healthcare over the past century. Major developments in medicine, media, and science have often formed a backdrop for the kind of humanistic, conservative care the profession champions.

The AARP and National Center for Complementary and Alternative

Medicine Survey of 2010 investigated older Americans' use of alternative healthcare and found over half had employed it at some point in their lives. An earlier study from 2007 found nearly 40 percent of Americans in general have made the same decision. Supplements and nutrition have taken center stage.

These trends are clear — the numbers are growing. The history of chiropractic is marked by successes and setbacks, but on the whole it gains ground year over year. Expect the next decade to witness further progress; help make it happen however you can.



# chiropractic economics

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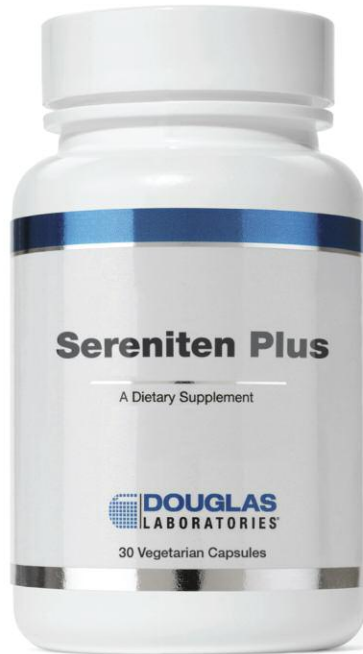


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# Chiropractic and World

**1895**

D.D. Palmer reportedly performs the first chiropractic adjustment.



**1895**

The X-ray is discovered by Wilhelm C. Roentgen.

**1896**

Richard Sears begins the R.W. Sears Watch Company in Minneapolis. His company would become Sears, Roebuck and Company.

**1890s**

**1897**

Dow Chemical and Goodyear Tire and Rubber companies are founded.

**1899**

D.D. Palmer and a Davenport, Iowa, allopathic physician feud and the struggle between chiropractic and allopathic medicine begins.

**1900**

Milton S. Hershey introduces the milk chocolate Hershey bar in the U.S.

**1902**

J.C. Penney Co. begins as the Golden Rule Store in Kemmerer, Wyo.

**1906**

The Universal Chiropractors Association (UCA), the earliest ancestor of today's ACA, is organized in Davenport, Iowa, as a legal protective society for DCs.

**1900s-1910s**

**1906**

D.D. Palmer is found guilty of practicing medicine without a license and serves 23 days in the Scott County Jail.

**1910**

B.J. Palmer introduces X-ray to the chiropractic profession at the Palmer School of Chiropractic.

**1915**

North Dakota and Arkansas are the first states to issue chiropractic licenses.

**1921**

*Time Magazine* and *Reader's Digest* begin publication.

**1922**

More than 80 chiropractic schools are in operation. Enrollment at Palmer tops 3,000.

**1929**

Standard Process is founded by Royal Lee, DDS.

**1920s-1940s**

**1930**

A merger of the Universal Chiropractors Association and an older ACA forms the National Chiropractic Association (NCA), today's ACA.

**1944**

The NCA founds the Chiropractic Research Foundation.

**Blue** - Chiropractic Events

**Red** - World Events

# Timeline Events

**1952**

IBM introduces the first commercial computer.

**1954**

Bill Luckey begins publishing a periodic newsletter, the antecedent of today's *Chiropractic Economics*.



**1955**

Douglas Laboratories is founded by Sam Lioon.

## 1950s



**1958**

*Chiropractic Economics* debuts as a magazine published six times per year.

**1958**

The Chiropractic Research Foundation, organized by the National Chiropractic Association as a nonprofit philanthropic agency in 1944, is reorganized as the Foundation for Accredited Chiropractic Education.

**1959**

Alaska and Hawaii are admitted to the union as the 49th and 50th states.

**1961**

B.J. Palmer, son of the founder of chiropractic and founder of the ICA, passes away.



**1962**

Palmer College of Chiropractic begins teaching liberal arts courses.

**1963**

President Kennedy is assassinated on Nov. 22, 1963.

**1965**

Medicare is established, providing hospital and medical benefits to people over 65 and financed through Social Security.

**1967**

The Activator Method Chiropractic Technique was co-invented by Drs. Arlan W. Fuhr and Warren Lee.

## 1960s

**1963**

Chiropractic becomes legal in the state of New York.

**1963**

Today's NBCE is chartered. It will give its first exams in 1965.

**1964**

The ACA's director of education warns *Chiropractic Economics* readers about the AMA's intent to eliminate chiropractic.



**1968**

The ACA and ICA respond to a biased report by the Dept. of Health, Education and Welfare, which recommends against including chiropractic in Medicare.

**1969**

Neil Armstrong becomes the first man to walk on the surface of the Moon.



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## 1970

The presidents of leading straight chiropractic colleges form the original Association of Chiropractic Colleges and seek to form an accrediting agency independent of the ACA and ICA.

## 1971

Nike is founded.



## 1971

The CCE is chartered as an independent body, separate from the American Chiropractic Association.

## 1974

Louisiana becomes the last state to enact a chiropractic licensing statute.

## 1975

The first interdisciplinary meeting to review the "Research Status of Spinal Manipulative Therapy" is convened by the National Institute of Neurological and Communicative Diseases and Stroke (NINCDS), marking the beginning of chiropractic research.

## 1980

The Association for the History of Chiropractic is established.

## 1981

The *Journal of Manipulative and Physiological Therapeutics* becomes the first (and still only) chiropractic periodical to be indexed by the National Library of Medicine in Index Medicus.

## 1970s

## 1972

*Money Magazine* is launched.

## 1974

The Dept. of Health, Education and Welfare approves the CCE as the accrediting agency for chiropractic education.

## 1974

President Nixon resigns and Gerald Ford, an appointed vice president, becomes president.



## 1976

Chester A. Wilk, DC, and four co-plaintiffs sue the AMA for violating antitrust laws.

## 1978

In March 1978 the first issue of the *Journal of Manipulative and Physiological Therapeutics* (JMPT) is published.

## 1978

David D. Palmer, the grandson of the founder of chiropractic, dies at age 71.

## 1980s

## 1987

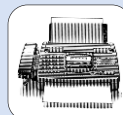
Federal District Judge Susan Getzendanner rules in favor of DCs in the second trial of *Wilk et al. vs. AMA et al.* Her ruling will be sustained by higher courts.

## 1988

A merger between the ICA and the ACA fails.

## 1988

Fax machines appear as an integral business tool.



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**1990**

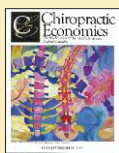
The U.S. Court of Appeals upholds the lower court's ruling that the AMA was guilty of conspiracy.

**1990**

The Berlin Wall is torn down.

**1995**

*Chiropractic Economics* gets a new look and a new publisher, The Doyle Group.



**2000**

The ACA files Trigon lawsuit for discriminatory reimbursement policies.

**2002**

The Port Orange, Fla., campus of Palmer College is founded.

**2003**

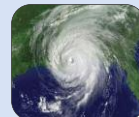
The Foundation for Chiropractic Progress is established.

**2003**

The HIPAA Privacy Rule compliance requirements go into effect.

**2005**

Hurricane Katrina wreaks havoc along the U.S. Gulf Coast.



**2008**

Mike Reed, DC, is named medical director of the U.S. Olympic Team — a first for chiropractic.

**2009**

The HITECH Act establishes incentives for converting to EHR software.

## 1990s

## 2000-2014

**1995**

Chiropractic turns 100.

**1997**

*Chiropractic Economics* launches its annual Salary and Expense and Fees and Reimbursements surveys.

**1998**

The ACA files suit against the federal government to protect patients' rights to receive chiropractic care under Medicare.

**1999**

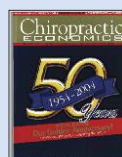
Nations around the world prepare to deal with Y2K (year 2000) computer problems.

**2004**

A major U.S. government study shows that 40 million have used chiropractic and consumer demand for alternative healthcare is increasing.

**2004**

*Chiropractic Economics* celebrates 50 years in publishing.



**2004**

Chiropractic services are now included as part of the standard medical benefits package available to veterans.

**2010**

The Patient Protection and Affordable Care Act (PPACA) is signed into law.

**2010**

Chiropractic care becomes fully integrated in the treatment of athletes at the Winter Olympic Games.

**2014**

Transition to ICD-10 coding gets postponed for one year.

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## Staying current

A glimpse into the rapidly changing world of electrotherapy.

BY NELSON THIBODEAUX

**T**HE ROLE OF ELECTROTHERAPY HAS FOLLOWED MANY PATHS. Thomas W. Wing, DC, ND, LAc, is credited with introducing a microcurrent instrument that was found to be beneficial in the treatment of muscular problems.

Originally approved by the Food and Drug Administration (FDA) as a muscle stimulator, it eventually found new life in the cosmetology industry for cellular rejuvenation, facial toning, and wrinkle reduction.

Since the early 1980s, microcurrent instruments have been classified as FDA-approved electrotherapy devices called transcutaneous electrical nerve stimulation (TENS) units. TENS units are used to help block pain and bring patients relief so they can reduce or

eliminate the need for pain medications. TENS run at 1-milliamp (mA) or 1-thousandth of an amp.

While a microcurrent electrical neuromuscular stimulator (MENS) runs at 1-microampere (uA) or 1-millionth of an ampere, the uses for MENS are distinctly different from those of TENS units. While still considered a “healing” current, MENS are primarily used in aesthetics.

Electrotherapy via microcurrent has grown in acceptance and it has been used widely in the 21st century. Microcurrent and cranial electrotherapy stimulators are used for anxiety, depression, insomnia, and stress-related disorders, as well as chronic, acute, and post-operative pain.

As a result, the FDA has not blessed

medical claims with this modality other than as a non-invasive means of pain relief with applications for symptomatic relief of chronic intractable pain. So the other benefits that occur with microcurrent treatments are considered “side effects.”

However, in 2012 the FDA approved a new type of device for cancer treatment, specifically for treating recurrent brain tumors: microcurrent therapy.

According to Mark Sircus, Ac, OMD, DM (P), director of the International Medical Veritas Association, “Microcurrent therapy is a novel anti-mitotic treatment that has been shown to slow or reverse tumor progression by inducing cell death in certain solid tumors. The microcurrent device is



### **Microcurrent and cranial electrotherapy stimulators are used for anxiety, depression, insomnia, and stress-related disorders, as well as chronic, acute, and post-operative pain.**

available for prescription use in the U.S., initially through several noted brain cancer research centers.”<sup>1</sup>

There has also been significant growth of electrotherapy in aesthetics. Wing discovered that microcurrent created a 500-percent increase in adenosine triphosphate (ATP) production. This phenomenon has MDs, DCs, and other notable providers utilizing new microcurrent protocols that may achieve dramatic “lifting” as a result of re-education of the facial and body muscles.

A combination of aging baby boomers, a sluggish economy, and the embracing of “natural” solutions, has sparked a growth in non-invasive

electrotherapy modalities over the last few years. In addition to being more affordable, improvements in the results rival more invasive alternatives. Emerging modalities, including ultrasound, radio frequency, lasers, and sterile high-pressure jet peel, have helped the non-invasive treatments industry grow to \$98 billion, with projections of around \$300 billion for 2015.

And some of the more popular modalities deal with fat reduction. *For example:* cryolipolysis, a method that destroys fat cells through a slow process of freezing cells. This leads to the release of cytokines and other inflammatory mediators that gradually help eliminate

the affected cells. Inflammatory cells gradually digest the affected fat cells in the months after the procedure, which ultimately helps reduce the thickness of the fat layer. Visible results usually take a few months.

Other ultrasound devices use 28 kHz and 40 kHz modalities to “destroy” fat cells by creating thousands of small bubbles around them, causing them to crack or implode. Ultrasound is followed by radio frequency to heat and liquefy the debris. Next, a combination of microcurrent is used to enhance lymphatic drainage, and then red LED helps tighten skin as fat is eliminated. This is a more aggressive treatment with results realized quicker.

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The provider can manage toxicity levels by limiting the amount of time per treatment.

Lipolasers have undergone innovation that now uses pads placed on the skin instead of units hovering over the patient. The penetration of the lasers empties the cells of triglycerides, creating free fatty acids. But it doesn't destroy the fat cells. The procedure only requires an attendant to place the pads on the patient and set the timer. Typically unattended treatments are 30 to 40 minutes in duration. The number of treatments are based on BMI charts, but typically eight to 12 sessions are recommended. After each treatment, the patient is encouraged to do a level of cardio exercise to burn off the fatty acids and induce drainage.


A mono-polar radio frequency treatment requires a contact plate that the patient lies on and porcelain applicators that send waves through

the body, contacting the plate and bouncing back. The porcelain disperses the heat at the surface, keeping the patient comfortable while creating significant internal heat. It's been successfully used in pain management, and has shown the ability to generate additional collagen while strengthening the inter-connective collagen tissue. Radio frequency is the modality known to "iron out wrinkles."

Finally, jet peel compressors forcing sterile saline through sprayers with outlets smaller than a human hair can obtain speeds up to 200 miles per second. The result is exfoliation of dead skin cells, while simultaneously deeply hydrating the skin. It's also effective in the treatment of acne, and has been used as an alternative to other more abrasive treatments.

Jet peel can be appropriate for the removal of burn scars, surgery and acne scars, and it can also shrink

pores, lighten skin, help teenage and adult acne, improve pigment deposition, enhance skin elasticity and luster, and improve glabella (frown) lines.

These modalities mentioned are not all-inclusive. But they do offer a glimpse into a market where a wide group of medical specialties are considering alternatives to offset challenges in the ever-changing landscape of the healthcare industry. 



**NELSON THIBODEAUX** is the president of Texas Biostetic Instruments, a company specializing in noninvasive equipment and products. He can be contacted through [biosthetics.com](http://biosthetics.com).

#### Reference

<sup>1</sup>Sircus M. "Pulsed Electromagnetic Field Therapy for Cancer and Pain." DrSircus.com. [drsircus.com/medicine/cancer/pulsed-electromagnetic-field-therapy-cancer-pain](http://drsircus.com/medicine/cancer/pulsed-electromagnetic-field-therapy-cancer-pain). Published Dec. 28, 2012. Accessed March 15, 2014.



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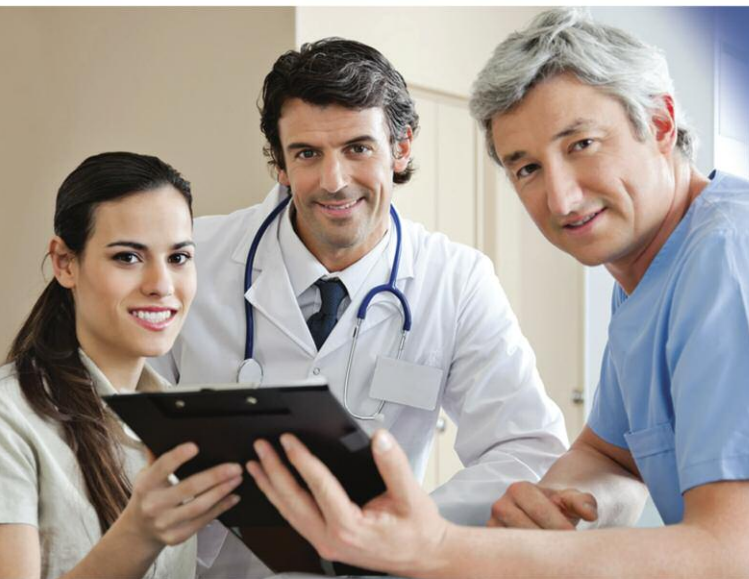
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# Fighting to secure the future of chiropractic

In just 10 years, the F4CP has proven itself a force for positive change.

BY FOUNDATION FOR CHIROPRACTIC PROGRESS STAFF

**T**HE FOUNDATION FOR CHIROPRACTIC PROGRESS (F4CP), established in 2003, is a national not-for-profit organization committed to the single mission of generating positive press for the chiropractic profession.

Composed of a cross section of the chiropractic community, the F4CP is supported by every national chiropractic organization, along with a majority of the chiropractic colleges, more than 40 state associations, and dozens of chiropractic vendors. Additionally, more than 4,500 doctors and students contribute to the foundation monthly.

The F4CP sponsors a comprehensive public relations campaign with the assistance of the public relations agency, CPR Strategic Marketing Communications. Since its involvement in 2006, this agency has provided its services pro-bono and helped the foundation generate unprecedented media coverage.

In 2013, the F4CP generated more than 31 billion media impressions about chiropractic care — a tenfold increase from 2011. This boost is attributed to an increase in the production of press materials, as well as the addition of social syndications.

The ongoing initiatives of the campaign have tremendously increased the exposure of the chiropractic profession, building awareness among patients and professionals nationwide. Regularly, the following distribution activities take place:

- ▶ Press releases distributed to thousands of publications via Business Wire
- ▶ Television public service announce-

ments distributed to more than 1,000 stations

- ▶ Radio public service announcements distributed to more than 5,000 stations
- ▶ Print advertorials distributed to thousands of prominent news outlets
- ▶ Social syndications distributed to hundreds of social media sites

Additionally, since 2006, the foundation has had an aggressive advertising campaign. Early on, ad placements were limited, and helped to support national events as well as landmark activities of the profession. Now, ads are placed several times a month in prominent publications such as *USA Today* and *The Wall Street Journal*. The majority of placed ads are derived from the F4CP series, "Champions of Chiropractic," which features quotes and images of celebrities, along with their treating doctor of chiropractic.

In late 2013, the F4CP began conducting focus groups nationwide to attain public feedback related to chiropractic and, more specifically, chiropractic advertisements. Based on group discussions, the foundation has begun to revise its ads to reflect the requests of the public — to include more factual information.

The F4CP has also established a partnership with the Association of Chiropractic Colleges (ACC) and the National Board of Chiropractic Examiners (NBCE) to develop an ad series that focuses on encouraging enrollment at chiropractic institutions.

As the F4CP gains momentum, it has had the opportunity to establish targeted initiatives that aim to further



## FOUNDATION

the profession and generate continued positive press.

Athletic TIPS (Toward Injury Prevention in Sports) is a major initiative of the F4CP formed to educate the public about the important role of multidisciplinary care in the recognition, management, and prevention of sports-related injuries, and enhance overall athletic performance. Athletic TIPS disseminates its information

through online channels, grassroots programs, and supportive affiliates.

The foundation has also allocated a portion of its resources to better educate the employer and healthcare communities about the important role of chiropractic care. Since 2009, the F4CP has sponsored exhibits and speakers at major conferences nationwide.

Presently, the F4CP has an active membership with the National Business


Coalition on Health (NBCH), which has provided several opportunities to establish relationships with medical directors of major corporations. Several of these individuals have later become authors of F4CP white papers and sponsored speakers. The foundation is able to leverage its established relationships to benefit others within the chiropractic profession, such as chiropractic colleges. In fact, one connection between a college and major employer has already been established.

In outreach initiatives related to the employer and healthcare sectors, the F4CP focuses its messages on timely topics that provide benefits to all parties, which have included: patient-centered medical homes (PCMHs), accountable care organizations (ACOs), and onsite health centers.

Looking ahead, the F4CP will further communicate the advantages of chiropractic within the onsite setting at future conferences, and initiate contact with major organizations nationwide to encourage a conversation about the inclusion of chiropractic.

Furthermore, the foundation will strive to break new ground for the chiropractic profession through the generation of billions of media impressions and the development of awareness programs.

This advancement of the profession would not be possible without the widespread support of vendors, associations, colleges, and individual members. In an attempt to engage the entire profession in the effort to generate positive press, the F4CP allows its monthly contributors to use its press materials at no cost for local campaigns. In the coming months, F4CP contributors will also be featured in a doctor directory, which will be listed in all new F4CP promotions.

For additional information about the foundation, or to join in the mission to progress the profession through education and awareness, visit [F4CP.com](http://F4CP.com). 



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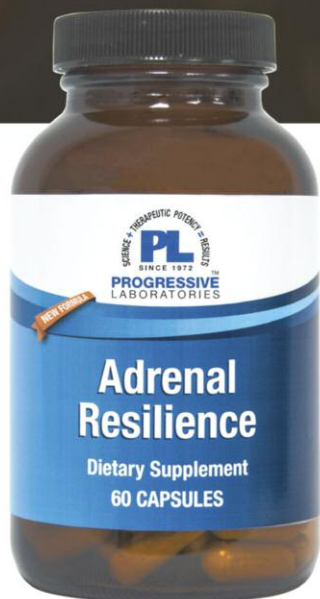
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## Thriving in a changed economy

What we've learned about marketing over the past 10 years.

BY PAUL S. INSELMAN, DC

**C**ONGRATULATIONS TO **CHIRO-PRACTIC ECONOMICS** ON 60 great years of educating and helping the profession navigate through good times and bad. Thank you for always being there.

What do the largest chiropractic practices have in common? They understand strategic marketing versus tactical marketing. A strategist will slaughter a tactician every time.

But the chiropractic profession has been weaned on tactical marketing techniques passed down through the ages since the days of the Palmers. Marketing ideas like healthcare classes, patient appreciation dinners, coat drives, and screenings are all good marketing efforts that, when deployed

from a strategic standpoint, perform as if they were on steroids.

Much has changed in marketing over the last 10 years. We have gone from print ads and the Yellow Pages to all of the riches of the Internet, like Facebook, Twitter, and other social media, along with texting, Google, and YouTube videos. In short, marketing today is vastly different than it was just 10 short years ago. It is also less expensive and more effective.

If you plan to succeed in marketing in today's economy, here are some easy-to-follow steps you can readily implement in your efforts to reach your community:

- ▶ Master the buying funnel, in which you locate prospects and then market

to them, drawing your business to your practice.

- ▶ Create a unique value proposition, separating yourself from the competition.
- ▶ Envision your ideal new patient, and tailor your efforts to reach this person.
- ▶ Establish your marketing budget (allocate about 10 percent of your gross collections).
- ▶ Create a minimum of five strategic marketing campaigns that cross-refer to one other in a fiscally responsible, budget-conscious way.

*For example:* Your strategic marketing could embrace a range of the following:



# MARKETING

## a. Print-based advertising

## b. Internet advertising

- ▶ Facebook
- ▶ Yelp
- ▶ YouTube
- ▶ LinkedIn
- ▶ Google AdWords

## c. Credibility-based advertising

- ▶ Write columns or articles in well-established media
- ▶ Radio
- ▶ Television
- ▶ e-Books
- ▶ Hardcover books

## d. Branding-based marketing

- ▶ Logo
- ▶ Billboard
- ▶ Tag-line development

## e. Education-based marketing

- ▶ Condition-based
- ▶ Email
- ▶ Texting

The technology advances of the last 10 years have made it easier for a mom-and-pop business to compete on a larger and more effective scale. Building a practice is easier now in many ways. Think of yourself as a politician. You get elected by delivering your message to more people than your rival does.

If you are unable to execute a strategic plan by yourself, then ask a friend, colleague, or professional to help you. If you hire a professional, make sure he or she has a personal and intimate knowledge of chiropractic because marketing this type of

healthcare poses unique challenges.

Every day you need to spread the word about your practice. Those doctors who don't market should ask themselves how Wal-Mart became a behemoth.

And if a company with global branding such as Wal-Mart needs to market itself, then your practice certainly does, too. **CE**



**PAUL S. INSELMAN, DC**, is president of Inselman Coaching and an expert at teaching chiropractors how to build practices based on sound business principles. From 2008 to 2013 his clients' practices grew an average rate of 145 percent, while the general profession was down nearly 30 percent. He's helped hundreds of chiropractors throughout the nation. He can be reached at 888-201-0567 or [inselmancoaching@gmail.com](mailto:inselmancoaching@gmail.com).



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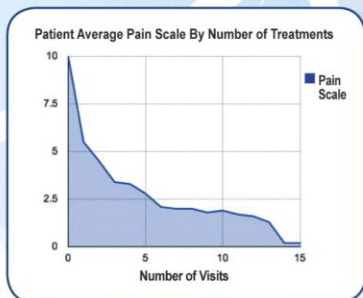
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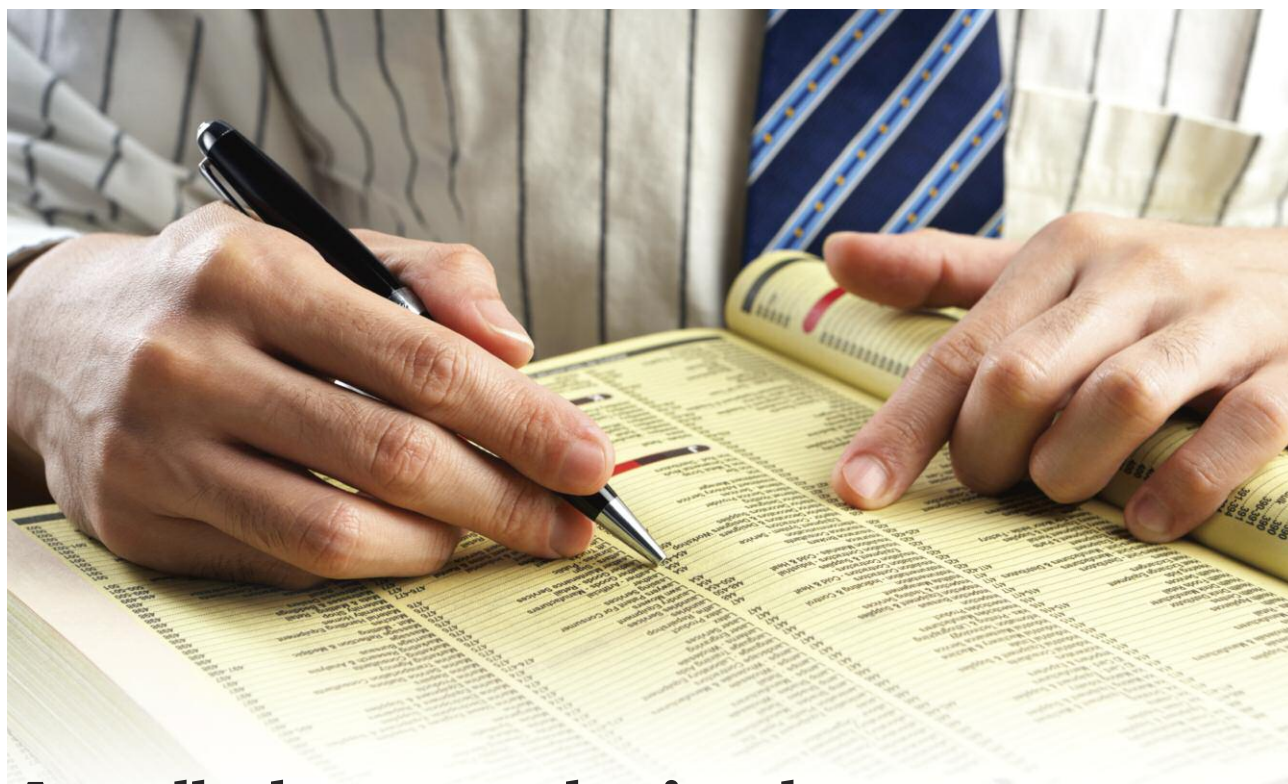
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## A walk down marketing lane

A decade of changes, a lifetime of innovation.

BY DREW STEVENS, PHD

**T**HE SONG “MEMORY” FROM ANDREW LLOYD WEBER’S production of *Cats* is a nostalgic remembrance of a glorious past and a declaration of a new life. As you reflect on the song, also think about the multiple changes in marketing during the last decade and how those advancements have created better opportunities for healthcare providers.

Marketing is a volatile business because there are so many pieces involved. For marketing to work effectively, there must be people to promote to, multiple channels to communicate the message, a willingness of the audience to accept the message, and desire behind the message.

Twenty years ago, marketing was difficult because of the lack of communicational tools and market demographics. And multiple channels for reinforcing messages weren’t

available. Today, however, innovations as general as the Internet and as specific as Facebook have shifted the paradigm in communications, creativity, and comfort.

### From 2000 to 2007

**Yellow Pages.** In 1886, Reuben Donnelley created an industry to enable consumers and patients to research and find the help they needed. Since print was the only method of delivery, the Yellow Pages became the iconic provider of goods and services for all businesses. The only method for finding a healer was to flip open the book, look for a chiropractor, and find one located near you.

**Media and print.** At the beginning of the new millennium, there were more than 150,000 periodicals and newspapers in print. To reach an

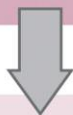
audience, doctors were required to place ads in industry journals, papers, and magazines based on the number and location of subscribers.

Even still, the returns were minimal and many did not provide access to the proper audience. Coincidentally, the changing habits of readers from print to digital have eliminated many newspapers and created disruptions in advertising and promotion.

**Computers.** More than 10 years ago, computers were used to conduct research and develop ads. But while computers became faster, they were larger than today’s versions and more difficult to travel with.

**Internet searching.** Ten years ago, Google, Yahoo, AltaVista, and Dogpile required browser-based methods for discovering doctors and other healthcare

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- benefit all intestinal inflammatory conditions
- restore the structure and function of the intestinal lining
- increase the population of beneficial intestinal flora



# MARKETING

options. Searching was fast for its time, but returns were marginal because the Boolean algorithms used to return large numbers of non-relevant results.

## **Business and social networking.**

Networking requires strong communication skills and an abundance of time so you can visit various associations and attend functions to meet new people. It is a one-to-one approach, which makes the effort labor intensive.

**Content.** Simply put, patients are attracted to content. They want to understand their symptoms, why they occur, and their options for healing. Written content that was useful at the dawn of the millennium is now perishing as a result of limited consumer time and attention.

## **From 2007 to present**

**Google searches.** Google's origins began

in the late '90s as a research project at Stanford University. Known initially for its search prowess, Google is the Yellow Pages of today. Google supports more than a billion searches per day and a trillion per year. The benefit of a chiropractor having a website, social networks, and great testimonials is that prospective patients can find doctors instantaneously and schedule an online appointment.

**Integrated marketing.** Born from a marketing researcher in the 1980s, integrated marketing is a method of using multiple channels to create attention and keep interest with an audience.

The average consumer views and hears more than 5,500 messages per day. And integrated marketing approaches enable a multichannel strategy so messages can be conveyed wherever, however, and whenever a

consumer is available to listen.

Multichannel marketing is a pivotal tool in a multidimensional society and ever-changing healthcare environment.

**Tablets and mobile phones.** The mobile revolution is unlike any other technology in terms of pace of innovation and adoption. It took almost 40 years for the telephone to reach 40 percent of U.S. households, but only 10 years for smartphones to reach the same level.

There are more than 7 billion mobile phones and more than 2 billion smartphones in use. They enable patients to seek help wherever they are and whenever they feel ill. Chiropractors must become attentive to this market. Phones and tablets are rapidly replacing functions formerly reserved for desktop and laptop computers.

**Search engine optimization.** Search engine optimization (SEO) is the latest

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trend in making sure patients can find Internet content with their smartphones, tablets, and computers. SEO often involves the use of keywords that ultimately rank websites.

*For example:* If searchers use words such as “neck stiffness” or “lower-back pain,” and those same words are used frequently on your website, your practice has a better chance of being listed high on a Google results page. And the more frequently a site appears in search results, the more visitors it will get from the search. SEO can now deliver more new prospective patients than any other method.

**Social media.** This is a new way to interact with people and create, share, or exchange information. It enables patients and doctors to be simply one person away from the next potential patient. According to Nielsen, a leading global information and measurement

company, the total time spent on social media in the U.S. increased by 37 percent (to 121 billion minutes, or 230,000 person-years) in July 2012. This is compared to 88 billion minutes in July 2011.

A review of these statistics not only illustrates the power and reach of social media but also the capability of connecting to potential patients, faster, cheaper, and better than any other advertising method.

**Videos.** YouTube, which is now a part of the Google family, didn't exist more than a decade ago. With video, people retain 10 percent of what they read, 20 percent of what they hear, 30 percent of what they see, and 50 percent of what they see and hear. Video is now both powerful and inexpensive, and it enables patients to instantly see passion, conviction, and knowledge in their doctor.

It is incredible to view so many subtle and remarkable changes over the last 10 years in marketing's history. And this is only the tip of the iceberg. There are many changes now occurring that will alter the current marketing landscape.

What every doctor must understand is that change, disruption, and innovation are an important part of the healthcare culture (they always have been). You can fear it or adopt it. Those adaptable to change will see better returns, higher profits, and more patients. Those who don't will be left on memory lane. **CE**



**DREW STEVENS**, PhD, is a practice management expert with more than 30 years of experience. His most recent book is *Practice Acceleration*, published by Greenbranch Publishing. He can be contacted at 877-391-6821 or through [stevensconsultinggroup.com](http://stevensconsultinggroup.com).

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THINKSTOCK

## Promoting the power of touch

Massage comes of age as an effective form of healthcare.

BY KAREN MENEHAN

**T**HE MESSAGE INDUSTRY HAS EXPERIENCED PRODIGIOUS GROWTH over the past decade, continuing a trend of acceptance by the public and within medical venues.

In 1993, an Institute of Medicine report by David Eisenberg, MD, and colleagues, titled *The Use of Complementary and Alternative Medicine by the American Public*, showed that nearly 35 percent of Americans had used some form of complementary medicine during the previous year — and heralded a new era for massage therapy.

In the decade following the report's publication, the public perception of massage transformed from confusion and a nudge-nudge, wink-wink reaction

to the thought of naked people paying for touch, to an understanding that massage contributes to health and happiness. In turn, investigators coordinated research into the effects and mechanisms of massage; mainstream media explored the relaxing, pain-relieving benefits of touch; seated-massage chairs sprouted up in corporate boardrooms, health-food stores and airports; and physicians began recommending massage to patients.

In the decade spanning 2004 to the current day, massage's growth has also attracted the attention of corporate entities, which have entered the massage industry to provide employment opportunities and enjoy monetary gain. Consolidation has also occurred:

Massage-product suppliers have bought smaller companies, franchised clinics have supplanted some single-practitioner massage practices, and educational corporations have purchased small proprietary schools.

### Industry snapshot

Despite massage's popularity, the number of sessions provided dropped from 5.7 per client annually in 2004 to 4.1 in 2013, a decrease attributed by experts to the nation's economic downturn.

"As we all know, the economic recession took away many of our clients," says American Massage Therapy Association (AMTA) President Winona Bontrager, LMT. "The number





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## MASSAGE

of people receiving massage each year hasn't increased since 2003."

There are approximately 320,000 massage therapists in the U.S., according to a February 2014 AMTA report. This is an increase of almost 50 percent since 2004; however, just 11 percent of that increase occurred over the past five years. The massage profession is primarily female, with the proportion of male therapists dropping from 18 percent to 12 percent over the past decade.

Many consumers consider massage an important component of their healthcare, with 88 percent of American adults believing massage is effective at reducing pain and beneficial to health

### Many consumers consider massage an important component of their healthcare.

and wellness, according to the AMTA report. Of consumers who received massage in 2013, the most recent year for which statistics are available, the primary reason stated by 43 percent was for medical purposes, including pain relief, soreness or stiffness, and recovery from injury. In 2003, 37 percent of consumers received massage for those reasons.

#### Benefits revealed by research

Research conducted over the past decade has indicated massage benefits people living with various medical conditions including cancer, heart disease, autism, and fibromyalgia. Studies have indicated massage decreases pain, increases range of motion, effects relaxation, and mitigates symptoms of post-traumatic stress disorder and depression.

The number of research studies conducted on massage has increased by more than 400 percent since 2004, according to Ruth Werner, president of the Massage Therapy Foundation, which supports massage research. "The U.S. National Institutes of Health has

invested over \$20 million in massage therapy research in the last year alone," she says.

The publication of such studies has led to a greater number of medical venues embracing massage, a key development of the past decade that has improved both the profile of massage and patient care.

"The healthcare world is starting to embrace massage therapy as an important addition to standard medical practice," says Karen Armstrong, NCTM, manager of clinical massage for Beaumont Health System, with hospitals in Royal Oak, Troy, and Grosse Pointe, Mich.

"[Massage] is a valued service in our

healthcare system, shown not only to improve quality of life for patients but also overall patient satisfaction, and it offers many benefits without side effects," Armstrong says. Beaumont utilizes massage in areas including oncology, and cardiovascular and maternal medicine.

Twenty-four percent of massage therapists work at least part time in a healthcare setting today; almost 20 percent of therapists work in a chiropractic or integrative clinic. A nationwide survey conducted by the American Hospital Association and the Samueli Institute in 2010, the most recent year this type of survey was conducted, showed 42 percent of hospitals provide some type of complementary medicine, such as massage therapy or aromatherapy, up from 14 percent in 2000. The survey found patient demand is the chief factor driving the implementation of complementary care.

#### The membership model

Demand for massage has led to the creation of the first massage franchise



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## MASSAGE

company, Massage Envy Spa, which grew from 13 clinics in 2004 to 100 clinics in 2010 and more than 950 clinics today. In addition to Massage Envy Spa, U.S. franchises include Massage Heights, Elements Massage, Hand and Stone, and LaVida Massage.

“Historical business perspective shows us that as consumer demand increases for a product or service, new avenues for supply are developed to answer the demand,” says CG Funk, vice president of industry relations and product development for Massage Envy Spa. “As a result of this growth, franchised massage therapy clinics are becoming a popular business to own in the alternative healthcare field.”

Massage franchises’ total revenue is almost \$3 billion annually, according to a report released in January by IBISWorld, an independent market

has to date provided more than 70 million sessions.

“Massage therapy franchises are contributing to the massage profession by increasing awareness of the benefits of massage therapy, creating an affordable way for clients to receive massage more regularly, increasing job opportunities for graduating therapists, and serving the needs of their communities in numerous ways,” Funk says. “What this means, really, is that profound differences are being made in more human beings’ lives through touch.”

### Regulatory response

Since 2004, the number of states regulating massage has grown from 34 to 45. (The District of Columbia regulates massage as well, and did so a decade ago.) What this has meant for

## Almost 20 percent of therapists work in a chiropractic or integrative clinic.

research firm, and the annual growth rate of massage franchises overall, from 2009 through 2014, was nearly 13 percent. There are about 1,850 massage franchise locations in the U.S., the report noted, and massage franchises employ nearly 32,000 people. Massage Envy Spa alone employs some 21,000 massage therapists. Today, 62 percent of massage therapists are sole proprietors. In 2004, that figure was 74 percent, according to the AMTA.

Some massage therapists say franchises are undercutting the hourly massage-session rate and are making it difficult for sole proprietors to stay in business. Other therapists see franchises as viable work venues where they can focus their time on providing massage rather than marketing or laundering linens. What can’t be argued is that by making massage sessions more affordable and easily bookable, franchises have contributed to massage’s increasing popularity. Massage Envy Spa alone

massage therapists, in many cases, is the dissolution of local laws requiring them to undergo fingerprinting, background checks, and HIV testing. Massage therapists generally view statewide regulations as a step forward on the path to professionalism and legitimacy.

A decade ago, the National Certification Board for Therapeutic Massage and Bodywork (NCBTMB) was the only entity providing a readymade exam for states to use when testing candidates’ competency. Even with the National Certification Exam for Therapeutic Massage and Bodywork (NCETMB) in place, U.S. regulation was a patchwork of requirements — and remains so, albeit to a somewhat lesser extent.

In 2005, the Federation of State Massage Therapy Boards (FSMTB) formed with the mission of creating a new licensing exam, the Massage and Bodywork Licensing Exam (MBLEx),



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## MASSAGE

along with commonality in regulations to support professional mobility. Today, 40 states plus the District of Columbia offer the MBLEx as one choice of exam, usually alongside the NCETMB or a state exam.

### Teachers and students

In response to increased demand for therapists, the number of massage schools more than doubled between 2001 and 2005, according to Pete Whitridge, LMT, president of the Alliance for Massage Therapy Education (AFMTE), a nonprofit organization founded in 2009 to advocate for the massage education sector.

This surge in the number of schools diminished educational quality, Whitridge says. Then, the economic downturn that began in 2008 forced many small schools to close. Concurrently, and more concerning, says Whitridge, corporations began purchasing many long-established and well-regarded massage schools.

"These corporate takeovers changed massage classrooms as teacher salaries were cut and long-time educators moved back into private practice," Whitridge says. "Poor foundational education has led to shorter careers in the field [because] under-qualified educators lead to under-qualified graduates."

In response, the AFMTE in

September 2013 announced the completion of the first phase of its Teacher Education Standards Project, which will ultimately recommend core competencies for massage instructors. Additionally, a coalition of organizations — the AFMTE, AMTA, Associated Bodywork and Massage Professionals, Commission on Massage Therapy Accreditation, FSMTB, Massage Therapy Foundation, and NCBTMB — in February 2014, released a report recommending 625 hours of training, representing an up to 25-percent increase in some states.

### The shape of the future

As a wide range of consumers — athletes, seniors, pregnant women, 20-somethings, and patients among them — continues to experience the benefits of massage therapy, massage is certain to grow its reputation as an effective form of preventive healthcare and a low-cost complement to standard medical care, for years to come. **CE**



**KAREN MENEHAN** is editor in chief of *MASSAGE Magazine*, a publication owned by *Chiropractic Economics'* parent company, The Doyle Group. Menehan has written for *The Sacramento Bee* newspaper, *On The Wing* and *Imagine* magazines, the LIVESTRONG Foundation, and other publications, and has also held positions in marketing and advertising.



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## A new era dawns in nutrition

How the nutrition industry has changed and will continue to change in the future.

**WE ASKED SEVERAL EXPERTS IN NUTRITION TO WEIGH IN ON** the subject of how the last decade has affected the field. Their insights offer clues to the directions that lie ahead. — ed.

### Key developments in genomic science herald new approaches to nutrition

Over the last 10 years, we've seen certain nutritional supplements making their way into mainstream medicine. Fish oil, for example, has human clinical trials for several indications, as well as epidemiological and biochemical data. More than 400 IU of vitamin D supplementation used to be considered excessive. Now, even multivitamin-multimineral formulas contain two to five times this amount.

In 2011, the Institute of Medicine raised the daily recommendation to 600 IU. Testing for vitamin D status is now more or less routine practice in many offices.

Probiotic strain research has been exciting as well. While probiotics are not a new discovery of the last decade, the sheer volume of evidence, as well as investigation of particular strains, numbers in the hundreds of published research studies.

Since the completion of the Human Genome Project in 2001, genetic evaluation, including direct-to-consumer testing, has been rising in popularity and, while the science is immature, the enthusiasm for individualized nutrition assessment and the targeted use of nutritional supplements has never been greater.

Over the course of 10 years we have also seen negative studies appear. Some were well-designed, others were not, and yet still others were simply sensationalized. Negative studies, suggesting no risk or even indicating that nutritional supplements lack effect, have made science-based formulations and evidenced-informed decisions all that more important for providers and the consumer.

The stage is set for a new era in science-based nutritional supplement use. The next 10 years of landmark research and prudent clinical decision-making will continue to advance the field of integrative medicine and patients will be the ultimate beneficiaries.

— **Mandy Kraynik**, vice president of Integrative Therapeutics.



## The emerging field of nutrigenomics shows tremendous promise

Research has revealed that nutritional support can affect the human genome. The study of the response of the genetic code to nutrients is called “nutrigenomics.”

To begin with, nutrigenomics is the study of the interaction between the genes and nutrition. The foods a person eats can contain more than the

basic vitamins and minerals contained in many of the supplements sold today both in the retail sector and in healthcare offices.

*For example:* DNA has receptors on it for methyl groups on the nucleotide cytosine. When a methyl group attaches to cytosine (C) it will bar nearby genes from being transcribed into a protein. In normal human cells, it is estimated that every 70th

cytosine-guanine base pair is methylated.

In normal cells, genes may be permanently silenced so that they cannot be expressed, thus maintaining the particular structural and functional characteristics of the cells of specific tissues.

When DNA is hypomethylated, this can result in increased transcript expression of aberrant genes. This expression of certain genes that normally should not express themselves may give rise to uncontrolled abnormal cellular growth.

What is even more interesting is that methyl groups are not a vitamin or mineral. They are part of the phytonutrient complex that makes up whole foods. *For example:* Red beet root contains betaine, which is a methyl donor. Folate in kale is a methyl donor, too.

Research is suggesting that adequate methylation of DNA can prevent the expression of harmful genes (such as cancer genes). As the body's ability to methylate declines with age, this likely contributes to the aging process. Nutritional supplementation with methyl donors thus should prove beneficial.

“Whether we choose to do or not to do; both have consequences.”

— **Bruce Bond, DC, DACBN**, independent clinical consultant for Standard Process Inc.

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## To get blood pressure below 120/80, that is to become normal, lifestyle modifications must be enacted.

### Better data helps you treat the patient, not the named condition

New information emerges first in the scientific literature, in journal articles rather than in books. This is always the case. From the perspective of nutritional supplements and medication, the trend is undeniably clear. In general, neither supplements nor drugs cure disease, which should not be viewed as confusing or distressing. The best example is hypertension.

Stage 1 hypertension is a blood pressure above 140/90 mmHg. The goal with medication is to get the blood pressure below 140/90, rather than achieving a normal blood pressure, which is below 120/80. In


other words, the goal of drug therapy for hypertension is to get patients to a pre-hypertension level, because drug therapy cannot lead to a normal blood pressure. The same holds true for nutritional supplements — they cannot create normal blood pressure.

To get blood pressure below 120/80, that is to become normal, lifestyle modifications must be enacted. Individuals need to eat an anti-inflammatory diet, exercise, properly manage stress, and achieve adequate sleep. Nutritional supplements are designed to support a healthy lifestyle, not to treat a named disease.

To support normal physiology, all patients can take a multivitamin,

magnesium, fish oil, vitamin D, probiotics, and coenzyme Q10, as part of a healthy lifestyle. Long-term use of glucosamine or chondroitin sulfate is also appropriate for most individuals. Additional supplements can also be employed, depending on need, such as proteolytic enzymes and anti-inflammatory botanicals.

This approach should be applied to patients independent of their “named” condition. The goal is to create normal physiology, which leads to a greater chance for patients to express health.

— **David R. Seaman**, DC, MS, DABCN, professor of clinical sciences at National University of Health Sciences in St. Petersburg, Fla. 

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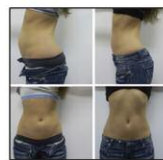
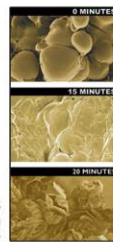
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## A stronger posture

Orthotics cement their role as an adjunct to chiropractic.

BY BRIAN JENSEN, DC

**F**ROM THE GREEK WORD “ORTHO,” MEANING TO STRAIGHTEN OR align, the first use of “orthotics” appears in the historical record more than 2,000 years ago. Responding to customers’ complaints of foot pain, innkeepers molded tufts of animal hair — what we might now call “felt” — into supportive shoe cushions.

Today we know the highly-specialized descendants of those early crude cushions by many names — “inserts,” “insoles,” “stabilizing orthotics” — and we’ve come a long way from the days of lumps of hand-formed fuzz. True custom-made orthotics are painstakingly crafted to fit a patient’s foot with accuracy that can be within a fourth of the width of a strand of human hair.

Orthotics are clinically proven to address myriad health concerns, from foot problems to related conditions like lower-back pain; knee, joint, and hip pain; and overall body imbalance. There are flexible and rigid varieties, a slew of different top-covers with options like

silver and magnets, and orthotics targeted at various activities and lifestyles, even sports-specific orthotics.

As awareness that the feet are the foundation of the kinetic chain gains acceptance among DCs, orthotic makers have responded; there are literally hundreds of options that can be tailored to the clinical needs of even the most complex patient.

The last decade has proven especially exciting in terms of advancements in the industry. From digital foot scanning to custom milling-machines and a growing number of specialized devices, the process of getting patients into orthotics is now easier than ever before. No longer a niche industry in chiropractic and allopathic medicine, orthotics have become an accepted and popular treatment option at the doctor’s disposal.

### Professional growth plus advancements in technology

My own journey with orthotics began

more than 25 years ago at a continuing education seminar. As a young chiropractor, I had no experience with orthotics; my focus was the spine, and the extremities seemed secondary at best. Yet, when I was educated on the effects a stabilizing orthotic might have on the spine and pelvis, it resonated with me: my own chronic low-back pain and sports injuries could be attributed to faulty biomechanics starting with the lower extremities.

Chiropractic care by itself always provided me with temporary relief from my symptoms, but the addition of orthotics completely changed the way my body responded. The pain relief I experienced led me to look at all of my patients differently: from the ground (feet) up rather than the spine down.

Over the years, my comfort with incorporating orthotics into my treatment protocol has strengthened and evolved. I tell my younger peers that there are many things to consider when choosing the right orthotics for your



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## ORTHOTICS

patients, but overall things are easier today with innovations like the weight-bearing digital scanner introduced just over 10 years ago.

This arrived as a viable replacement for foam casting kits, the time-tested method of creating a negative cast of the foot in dry Styrofoam. The latter method is still used today, but digital scanning provides quick and accurate results that can be transmitted to the manufacturer in seconds. The data is also stored with ease and is seamlessly integrated into patient records.

Software that accompanies the scanner can help you educate your patients on their pedal shortcomings. And the educated patient tends to be a compliant one.

Depending on the model of digital scanner, you may have access to detail about asymmetry in the height of the three arches of the foot, which can be used for educating the patient and making a recommendation for the patient's orthotic needs.

## Orthotics have become an accepted and popular treatment option.

Technology allows you to gather more detail about the patient, but it is used in the manufacturing process as well. Robotics are increasingly being used to provide more accuracy and efficiency. And water jet cutters, which use water for exceptional precision, can carve orthotic soles without introducing chemicals into the environment.

### Awareness and education

Thanks to industry advertising, public demand for orthotics has grown dramatically. The good news is that patients are more aware of the critical role that the feet play in overall health. The bad news is that patients may be duped into using "self-assessment tools" in retail stores to help them choose a "custom" orthotic, instead of visiting you.

There is a difference between a mass-produced comfort cushion and a true custom orthotic device designed to enhance optimal biomechanical and neurological function. In fact, the former can end up making a patient's problems worse by overcorrecting just one of the foot's three arches and placing additional strain on the remaining two.

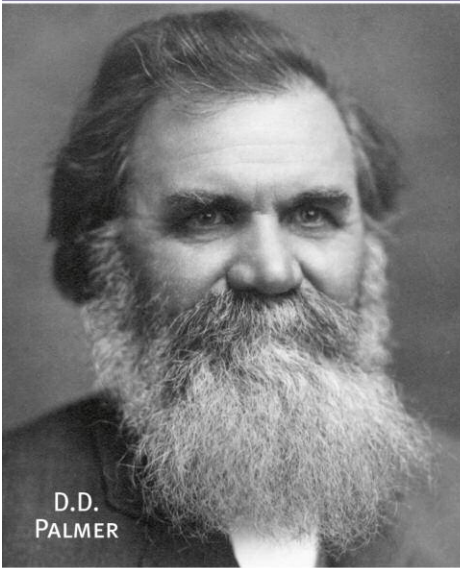
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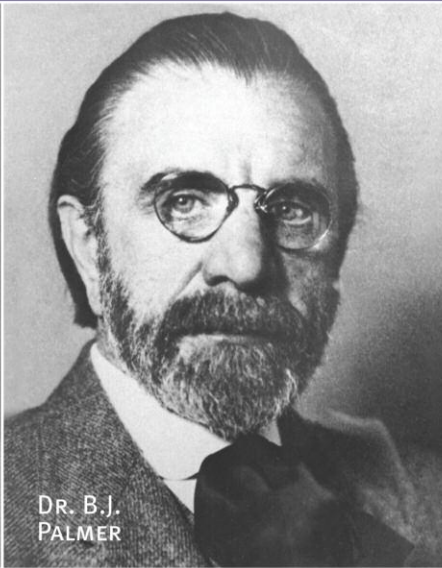
**BRIAN JENSEN, DC**, has been a chiropractor for more than 25 years. He has lectured at more than 20 chiropractic colleges and teaches continuing education seminars in the U.S. and abroad and is a frequent speaker for Foot Levelers Inc. He has authored numerous articles, been involved in chiropractic research, and has been a guest on radio and television. He currently practices in Virginia.

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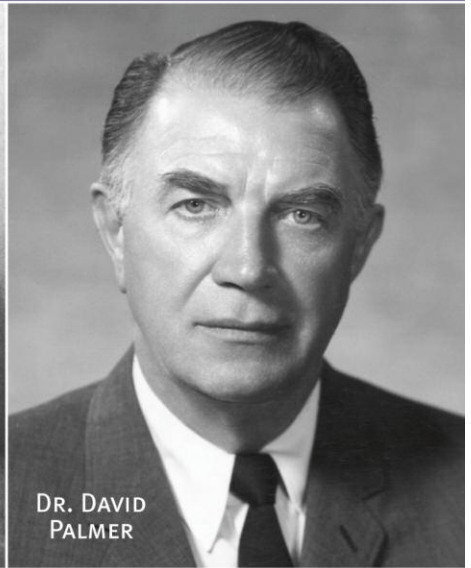
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THINKSTOCK

## Your technological edge

When it comes to software, change is both inevitable and constant.

**W**E ASKED SEVERAL EXPERTS IN THE SOFTWARE INDUSTRY FOR their thoughts about how the last decade has altered the technological landscape. Their answers address the ground we've covered and the shape of things to come. — ed.

### EHR software allows for true doctor-centric technology

Change is prevalent all around us, and as John Maxwell noted: it is inevitable, too. There may be no place where change has evolved more in the last 10 years than in the area of chiropractic software and technology.

Consider where we stood with technology 10 years ago:

- ▶ The main software readily available to chiropractors was billing software and scanning systems for notes with clumsy note handling.
- ▶ Patient notes were mostly

rudimentary travel cards.

- ▶ The scheduling systems in use were mostly paper appointment books kept by hand.
- ▶ There was little or no communication between different software programs, so data frequently had to be entered multiple times.
- ▶ Paper charts were the order of the day.
- ▶ Travel cards were the standard tool for creating office systems and efficiencies.
- ▶ The cost of office supplies, paper, photocopying, filing, record searching, and postage could be overwhelming.

Just as technology has changed dramatically over the last 10 years, so has chiropractic. Remember the push-button landline phone? Today, smartphones can control your home's heating, cooling, and security; open

and lock doors; and even start your car. Today, practice management systems can be fully integrated, such that all elements of your management system can work seamlessly together. From scheduling to patient notes, recordkeeping to billing, integration has eliminated double data-entry, reduced staff time, and increased doctor and patient efficiencies.

Cloud-based systems have also increased data security and improved emergency recovery. Now, in case of a fire, tornado, or hurricane, your data is safe and available from wherever you may be. In fact, the ability of patients, staff, or doctors to access data and records from anywhere at any time, via a variety of mobile, phone, and computer workstation devices has become the norm instead of the exception.

Today's EHR technology allows you to utilize true doctor-centric tech-



nology platforms built from scratch for the chiropractic profession. And you can customize these platforms to specifically fit your practice style and protocols. Some systems have even made the promise of the paperless office a reality, allowing you to easily create, add, and integrate any form already used by your practice into an integrated system.

Many chiropractors have discovered they can hold their heads high and stare third-party payers eye-to-eye because their systems meet — and even exceed — federal guidelines and regulations. In fact, nearly 6,800 chiropractors have received nearly \$85 million dollars through the process of establishing meaningful use in the EHR incentive program. With another 5,000 DCs ready to qualify for an incentive check this year, the total payout to DCs will be almost \$130 million by mid-2014.

But even those who choose not to undergo the meaningful-use process are finding that employing today's EHR technology helps to reduce costs, increase income, enable more efficient staff and doctor activity, and even create a more positive patient experience.

Technology is ever changing. Practice is ever changing. Together, practice workflow can be made easier with technology driving better patient outcomes, creating greater office efficiencies, and delivering overall practice success into a reality.

— **Steven J. Kraus**, DC, FIACN, DIBCN, FASA, FICC, founder and CEO of Future Health, which offers a fully integrated EHR system.

## Software is improving compliance

You probably remember the approach to the year 2000 and the computer chaos the date was expected to create. Everyone was worried about a technological catastrophe because some programmers forgot about a date moving to the “20--” format instead of

the “19--” form. Some were professing it would be the end of civilization itself!

Keep this in perspective when you consider how things have changed in the software market over the last 10 years.

Remember back in the '90s when voice dictation became so popular? Nearly every doctor was dictating their notes and some poor staff member had the job of typing and filing them as their full-time job. Some doctors even set up routines where they could just say “L1, R, KNEE” and the person typing knew that meant “problems associated mainly on the left side of the lumbar spine with pain radiating into the left leg down to the knee.”

Then voice recognition software came along and doctors realized they could simply dictate into software and save the work and cost of staff transcription. Overall, voice recognition software has come a long way; however, the days of voice software are also merging with the new trend toward tablet computers.

Technologies come and go, from wand scanners to Palm Pilots to patient swipe-cards — all had their heyday and, while many tried and died, many were nice technology for their time.

In a smaller market such as that for chiropractic software, the focus has to remain on the core functions of the product. If that focus drifts toward features that stray from essential functions, the market is so small that the company could go under.

*For example:* The core functions for chiropractic billing software would be charges, payments, statements, and claims. Everything else is secondary. Those four are what you need to track, send, and receive and post payments. With EHR software, the core functions are SOAP notes, exams, and certification; everything else is secondary.

In the future, some companies may disappear because of the high cost of ONC-ATCB certification or due to

distraction by working on non-core features. The “meaningful use” certification has been a step in the right direction for improving patient note-taking.

Documentation is by far the biggest weakness in the chiropractic market (second to improper coding), and the use of certified EHR will help enforce better recordkeeping — something that should have happened a long time ago. Certification isn't without pain for everyone involved; it is an expense for the software vendors and it also requires more detailed notes created by the staff and the doctor.

— **Alex Niswander**, SOAP notes expert and the owner of Chiro QuickCharts EHR system.

## Thinking outside the checkbox

Automatic speech recognition (ASR) has been around since 1936. The greatest barrier to the speed and accuracy of speech recognition has been a lack of computer power.

In the beginning, speech recognition was designed to aid people who were disabled. The software was both expensive and slow, with the first programs taking up to an hour to process one sentence.

Speech recognition later became available on the PC in 1981. Although several companies attempted to capture the speech recognition market, Dragon software soon became the industry leader (and still is today). Eventually, several speech recognition pioneers merged and eventually became Nuance, which still produces Dragon.

One of the biggest changes in speech recognition came in 1997, when the Pentium processor was introduced. It was fast enough to allow continuous-speech (as opposed to word-by-word) recognition. The spelling of words is based on the context in which they are used.

*For example:* You might say “Dr. Wright is going to write the report of findings right now.” All the words

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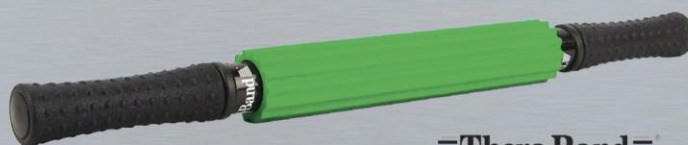
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## SOFTWARE

would be spelled correctly even though “Wright,” “write,” and “right” sound alike.

There are different “flavors” of speech recognition programs, including home editions as well as professional, legal, and medical versions. The differences in the programs are their specialty vocabularies. Until 2013, the medical version of Dragon provided 80 specialty vocabularies, but not one for chiropractic.

With the assistance of the president of the American Chiropractic Association, Anthony Hamm, DC, Nuance created the first version of Dragon software with a chiropractic vocabulary. Now, the program grasps terms like Trendelenburg, Bechterew’s, C4/C5, lumbosacral, piriformis, and Kemp’s Test on first use.

To ensure best results with speech recognition, chiropractors should choose software that has a chiropractic

vocabulary. Many users report 100-percent accuracy right out of the box.

You read about software applications being “in the cloud” nowadays. The advantage is that it usually reduces the amount of technical support a practice will need and makes managing computers easier.


Cloud-based speech recognition is here and there are a number of cloud-based speech recognition software vendors. There are many benefits to cloud-based speech recognition including a huge reduction in hardware purchases and maintenance.

Since the speech recognition takes place in the cloud, the speed of the user’s computer is not as important as the speed of the computer’s Internet connection. Because the user’s voice profile is in the cloud, a user can pair a microphone with any computer and be able to use speech recognition. This can benefit chiropractors with multiple

offices, or those filling in for other doctors at their clinics or dictating from home.

The next breakthroughs will occur with natural-language processing and comprehension. Not only will your computer transcribe your words, it will interpret their meaning. Picture how this can help the move to ICD-10. Instead of documentation driven by coding, coding will be driven by documentation. The reality of this is closer than you think.

A combination of speech recognition and natural-language comprehension will offer increased productivity, better quality documentation, and more time for you to spend on patient care (or even a well-deserved vacation).

— **Judy Richard**, CEO of Mighty Oak Technology who specializes in speech recognition and office automation techniques. 

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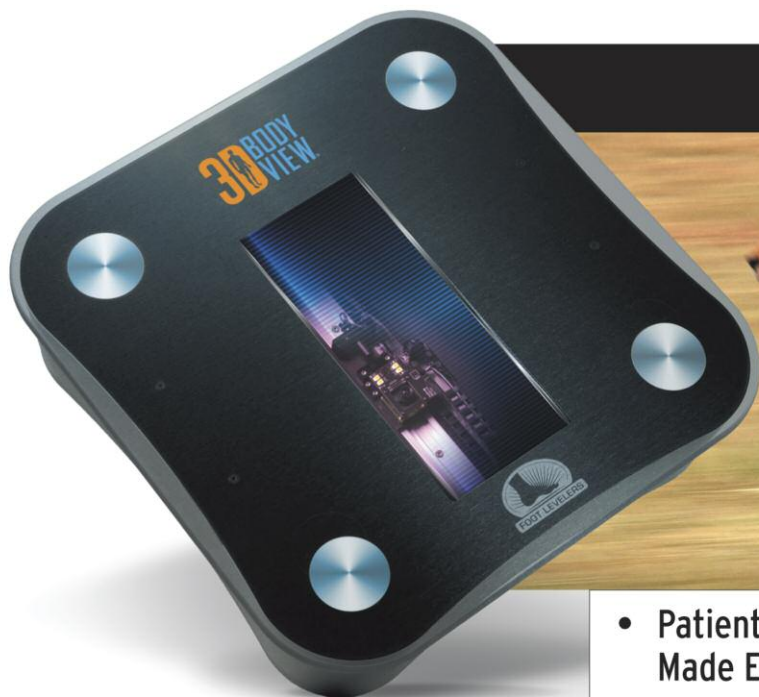
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# Bill Luckey and the birth of 'Chiropractic Economics'

BY CHIROPRACTIC ECONOMICS STAFF

**H**E WAS QUIET AND UNASSUMING, BUT PASSIONATE IN HIS commitment to the chiropractic healing art and the profession. William L. Luckey of Lansing, Mich., future founder and publisher of the *Digest of Chiropractic Economics*, may have first come to the profession's attention in 1950, when he participated in the formation of the Chiropractic Editors' Guild during the National Chiropractic Association's annual convention in Washington, D.C.

During the next few years, he worked as executive director of the Michigan Chiropractic Association and, beginning in 1954, began publishing a periodic newsletter, which was the fledgling version of what would become today's *Chiropractic Economics* magazine.

In 1958, Luckey decided to elevate the newsletter into a more unique contribution to chiropractic. With an anticipated audience of 21,000 doctors of chiropractic in the U.S. and Canada, he changed the newsletter into the magazine, the *Digest of Chiropractic Economics*.

The magazine was intended to "deal entirely with economic subjects such as practice building, clinic design, community service, public speaking, as well as financial, taxation, patient relationships, and number of other related subjects, knowledge of which will help the doctor of chiropractic to conduct a more business-like and financially successful type of practice."

He planned to leave topics such as "clinical subjects ... legislative problems, and particularly internal relationships" to "local, state, national, international, and school publications." At least, that was the plan.

## The plan changed

In short order, Luckey's original vision underwent significant changes. Clinical subjects, legislative and judicial news, and commentaries dealing with intra-professional politics soon filled the pages of *Chiropractic Economics*.

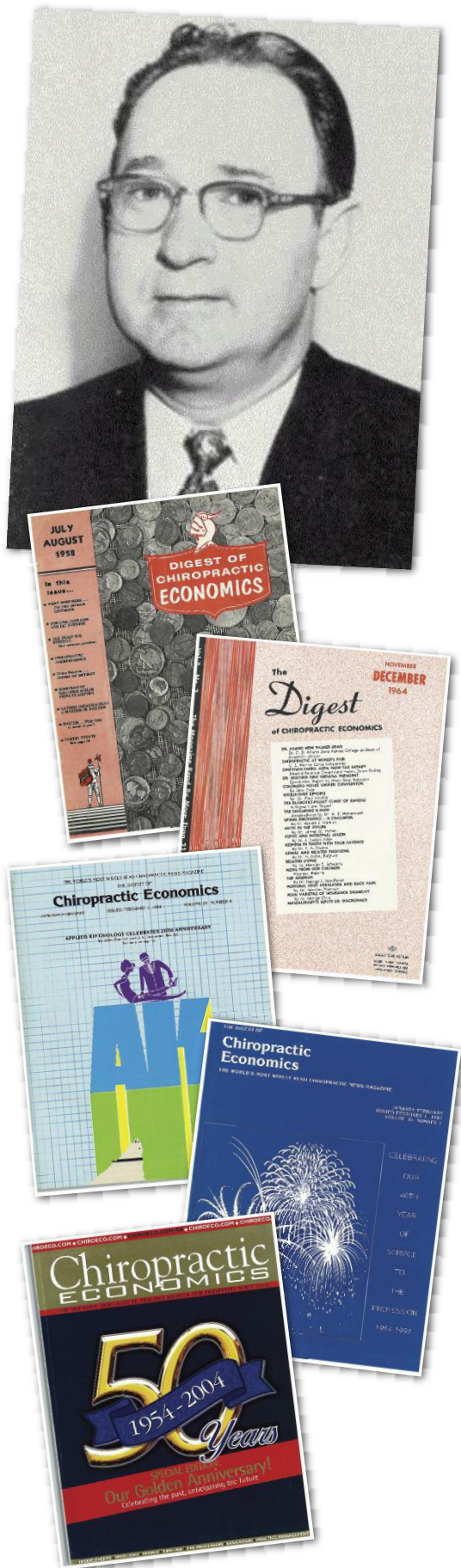
More than 20 years later, this change in content was noted by Ernest Napolitano, DC, former president of New York Chiropractic College (NYCC). "In a time when almost all chiropractic magazines were the reflection of one man, complete with pictures and articles of self-aggrandizement, the *Digest* came on to the scene like a breath of fresh air," said Napolitano. "The *Digest* reflected the spirit of the times," he continued, "He [Luckey] loved and encouraged free speech. He allowed all views and ideas to be published."

Although he may have written, rewritten, or edited much of what appeared in the magazine in those early days, Luckey rarely injected himself into its content. As chiropractor-anthropologist Clarence Weiand observed, the magazine carried no editorial page.

One of the few pieces attributed to Luckey himself was a news item concerning B.J. Palmer, which appeared in the May/June 1961 issue of the periodical. Luckey had been attending a Parker seminar in Dallas when news of B.J.'s death was announced and he witnessed B.J.'s son's reaction. His interpretation of the son's response was brief and solemn.

## A friend of chiropractic

The work of the magazine led to Luckey engaging with many constituencies in



the profession. He was well known and liked by college leaders, and a "Digest Loan Fund" was established in 1964, which allowed students to borrow funds. The NYCC board of trustees appointed him to their ranks in 1979.

Former Palmer College of Chiropractic president Jerome McAndrews, DC, recalled that Luckey had served as public relations director for the Davenport school in the 1960s.

Luckey enjoyed attending professional conventions and could often be found engaged in lengthy discussions with chiropractors and their associates in the coffee shops and restaurants of convention hotels. Fellow editors' guild member Robert B. Mawhinney, DC, observed that "Bill was always where the action was as long as chiropractic was the reason behind the news."

His work with the guild continued

for decades and he used this forum to aid the editors of state journals in improving their publications.

Faye B. Eagles, DC, of North Carolina was known to describe Luckey as "a friend with moxie." Arlan W. Fuhr, DC, of Activator Methods, described him as "a man of his word."

Upon Luckey's death in December 1980, Napolitano solicited dozens of remembrances from friends throughout the chiropractic profession, which appeared as a tribute to the founder of *Chiropractic Economics*. It was, as the magazine's staff noted in the January/February 1981 issue, something "Bill never would have approved of."

Nevertheless, after decades of his selfless giving, it was time to memorialize "William L. Luckey, humanitarian, publisher, author, and

friend of the chiropractic profession."

After Luckey's death, the magazine continued, headed by his wife Helen. Later, in 1983, Luckey's niece, Gaynold M. Maly, was named the new president of the company.

In 1995, The Doyle Group purchased the magazine and continues to publish it today, as *Chiropractic Economics* celebrates its 60th year in publishing. The magazine's mission remains faithful to Luckey's enlarged vision:

*"As you browse through this, our first edition, you will undoubtedly find many items of interest to you. You will find ideas which can be put to use immediately to increase your professional income. You will find further plans and suggestions, which when applied will increase your status in your community from a public relations standpoint."* **CE**

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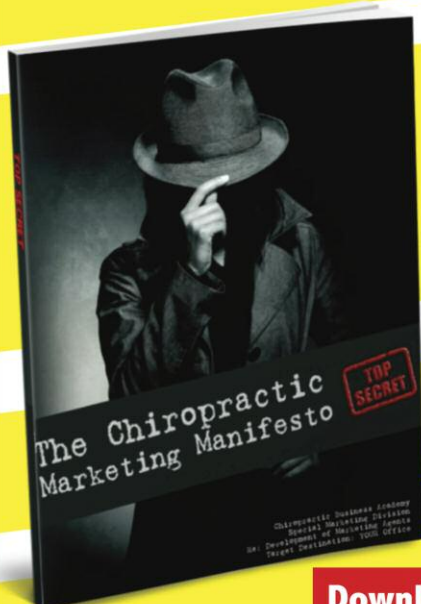
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JAMA  
May 2013, Vol. 289, No. 19

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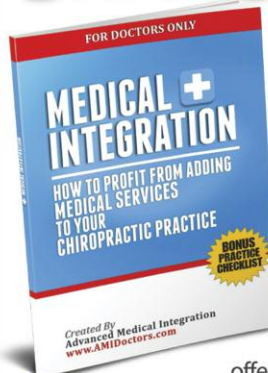
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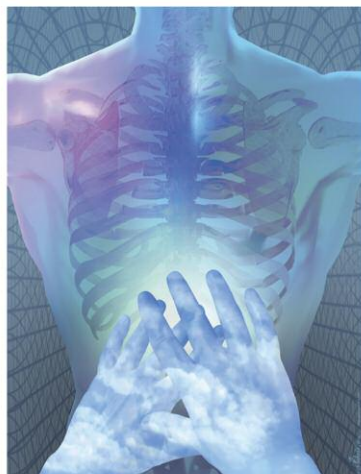
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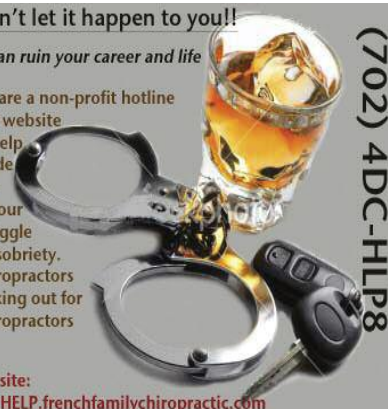
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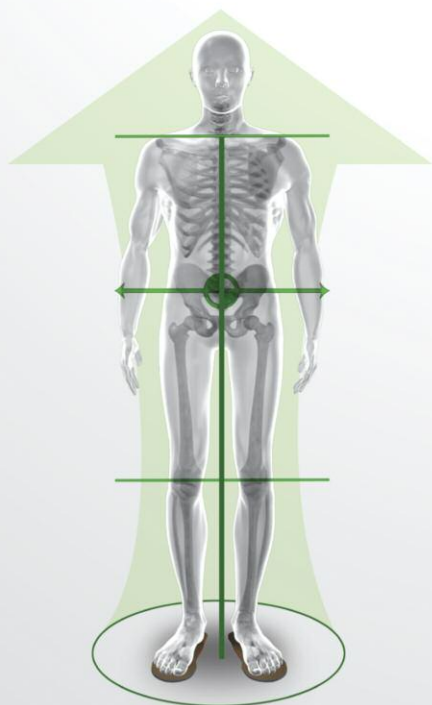
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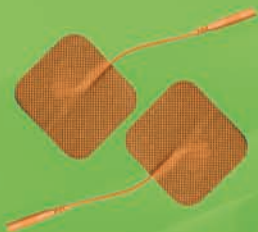
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These great quality electrodes are available at a great price. They come in a pack of 4 in a poly zip lock style bag. These 1.5" Square Cloth Electrodes are made of high quality material that makes them reusable.



### Biofreeze Pain Relieving Rollon 3oz Tube SKU: PER110

**\$7.15**  
~~\$13.87 MSRP~~



**Save  
 48%**

Biofreeze® is a popular pain relieving gel that penetrates deep into the skin resulting in a long lasting pain relief effect. It is widely used for the treatment of arthritis, sore muscles, joint problems, backaches and many more. Through cryotherapy, Biofreeze is able to relieve pain for several hours. When muscles are free of pain they heal much faster. Massage therapies with biofreeze together allow the blood flow to increase originating in a much faster absorption of the product. It is greaseless, stainless and has a vanishing scent.

Available in sample packs, 3 oz roll on, 4 oz tube, 16 oz, and 1 gallon bottle pump.

### Kinesio Tape 2"x16.4' SKU: KINESIO2X16.4

Your Price

**\$7.12**  
~~\$11.99 MSRP~~



**Save  
 41%**

Kinesio tape is made of an elastic cotton fabric with an acrylic adhesive. It is used for treating athletic injuries and some other physical disorders. Taping will assist the muscle in its contraction even if it is weak. This will reduce the feeling of pain and muscle fatigue and at the same time prevent the muscle cramps

### EMS 5.0 Electronic Muscle Stimulator

SKU: DE5030

**\$25.99**  
~~\$39.99 MSRP~~



**Save  
 35%**

The EMS 5.0 Electronic Muscle Stimulator is a solution that more doctors are recommending for the treatment of muscle injuries by transmitting electronic pulses generating the muscles to exercise passively.

### Tens 7000 SKU: DT7202

Your Price

**\$26.99**  
~~\$39.99 MSRP~~



**Save  
 33%**

The TENS 7000 is considered one of the best TENS units in the market. It is very powerful (100mA) and at the same time is one of the nicest ones available. This device comes with great improvements over its predecessors. This dual channel digital TENS unit features 5 modes, a timer, patient compliance meter, a stronger 100mA output, amplitude cap for safety, firm metal belt clip, rubber side railings for better grip and a beautiful silver finish. It is equipped with a new processor for more precision.

### Garmetrode Conductive

Your Price

#### Knee/Elbow

SKU: GU4017

**\$29.99**  
~~\$45.67 MSRP~~



**Save  
 34%**

This conductive garment for knee and elbow is a great solution to provide electrotherapy on an entire knee or elbow. Large areas cannot be treated only with self-adhesive electrodes therefore this garment was created to cover the knee and elbow with a soothing electrotherapy session.

### Garmetrode Conductive Sock

SKU: GU4025

**\$29.99**  
~~\$45.67 MSRP~~



**Save  
 34%**

Our universal sized, conductive sock is used to treat the entire foot that can be difficult to treat with self-adhesive electrodes. It is commonly used to treat RSD, Tarsal Tunnel, neuropathies, and basic foot/ankle injuries.

### Smooth Premium Headrest Roll Paper

SKU: 55508

**\$33.99**  
~~\$67.49 MSRP~~



**Save  
 50%**

Smooth Premium Headpaper with 25 rolls per case.  
 Dimensions 8.5x225, 20 Pounds







# Discount

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- *Fast Delivery*
- *Quality Products*

## CareTec II TENS/EMS

SKU: DT4222

Your Price

**\$34.95**  
~~\$59.99~~ MSRP



**Save 42%**

The Care Tec II TENS/EMS unit is a wonderful device that incorporates the technology of an electric muscle stimulator and a transcutaneous nerve stimulator. This product is the perfect solution to increase muscle strength, improve motion range, prevent muscle atrophy and increase circulation because of the EMS properties that it has. At the same time the TENS technology will target pain relief. These two types of electrotherapy are delivered into the body through separate dual channels.

## Biofreeze Pain Relieving 4oz Tube

SKU: PER1074OZ

**Save 41%**

**\$8.16**  
~~\$13.87~~ MSRP



Biofreeze® is a popular pain relieving gel that penetrates deep into the skin resulting in a long lasting pain relief effect. It is widely used for the treatment of arthritis, sore muscles, joint problems, backaches and many more. Through cryotherapy, Biofreeze is able to relieve pain for several hours. When muscles are free of pain they heal much faster. Massage therapies with biofreeze together allow the blood flow to increase originating in a much faster absorption of the product. It is greaseless, stainless and has a vanishing scent. Available in sample packs, 3 oz roll on, 4 oz tube, 16 oz, and 1 gallon bottle pump.

## CareTec IV TENS/EMS/ IF/Russian Stim

SKU: DT4444

HPCPS: E0730/E0745/E1399

FDA Approved

4 Electrotherapies in One Device:

TENS, EMS, Interferential and Russian Stim

Clinic Tested for Optimal Programming

Patients Love the Sleek Design

Easy to Program and Operate

Digital and Dual

Channel

AC Adapter

INCLUDED



**Save 58%**

**\$74.99**  
~~\$179.99~~ MSRP

## The Aqua Relief Hot/Cold Therapy System SKU: ARS

The Aqua Relief System is designed to deliver localized cold or hot water therapy to patients either in the home or during their clinic visit. It comes standard with a universal therapy wrap that fits many different areas of the body including knees, shoulders, ankles, elbows, calves, and limbs.

## IntENSity IF Combo TENS/IF

SKU: DI4738

**Save 39%**

**\$72.99**  
~~\$119.99~~ MSRP



Patients that need something stronger than just a Transcutaneous Electrical Nerve Stimulation therapy can resort to the IntENSity IF Combo that will not only provide the benefits of the TENS but also those of an Interferential Stimulation unit.

**Save 42%**

**\$203.98**  
~~\$348.75~~ MSRP





### BioFreeze, 360 Spray 4 Oz

SKU: PER2044OZ360

**\$9.10**  
~~\$17.99 MSRP~~



**Save 49%**

Biofreeze® Pain Relieving Spray is one of the most popular pain relief skin products in the market. It penetrates deeply and has a long lasting effect that will diminish pain suffered from arthritis, backaches, sore muscles and more. With cryotherapy, this product is able to relieve pain for up to several hours, and will allow faster healing in the affected area.

### Premium Lead Wires Standard 45" long

SKU: WW3005

**\$3.49**  
~~\$5.99 MSRP~~



**Save 41%**

These standard lead wires can be used on most portable electrotherapy devices. Each package comes with 2 lead wires.

### Thera-Band Resistance Bands - 6yd Rolls

SKU: 20010

**\$11.09**  
~~\$16.99 MSRP~~



**Save 38%**

Thera-Band® latex Exercise Bands are available in 8 color-coded levels of resistance. Proper use of these systems for resistive exercise provides both positive and negative force on the muscles, improving strength, range of motion and cooperation of muscle groups. Color-coded progressive resistance gives at-a-glance documentation of progress from one level to the next. Thera-Band® resistive exercise systems cost much less, than other exercise equipment sold with claims of achieving similar results, and they are portable and versatile with virtually unlimited uses. Recognized and used worldwide, Thera-Band® exercise bands are endorsed by the American Physical Therapy Association (APTA).

### L0627 LSO Back Brace by Clinical Health Services

SKU: BRACEBACK

Your Price

**\$50.91**  
~~\$224.99 MSRP~~



**Save 77%**

The LSO Back Brace gives great control for those suffering from lumbar orthosis as it has a rigid anterior and posterior panel. The posterior panel gives full support as it goes from the L-1 to under the L-5 vertebra. By applying intracavitary pressure, it decreases the weight on the intervertebral discs.

The LSO Bask Brace comes with firm straps, closures, padding, and a pendulous design for the abdomen. The brace can be fitted and adjusted if needed.

### Blue Reusable Gel Hot/Cold Pack

5"x10"

SKU: BG5010

**\$5.24**  
~~\$8 MSRP~~



**Save 35%**

High-quality, reusable gel hot/cold pack. 5"x10". The blue soft touch cover feels smooth against the skin. Whether hot or cold, temperature provides consistent relief for long periods.

### E1 Hydroculator by Clinical Health Services 11 Pounds

SKU: E1

**\$299.99**  
~~\$652.26 MSRP~~



**Save 54%**

Durable and easy to maintain, these high quality stainless steel units provide a constant supply of temperature. Non-insulated and smaller than the E2, the E1 is just right for small clinics and departments where oversize HotPacs are not a concern. It fits on desktop, counter top or mobile stand. Complete with 4 standard size HotPacs 10x12.





# Discount

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## SoundCarePlus Clinical Ultrasound

SKU: SoundCarePlus

**\$908.70**  
~~\$1498.5 MSRP~~



**Save  
47%**

The Sound Care Plus Clinical Ultrasound is a professional and unique ultrasound device that comes with 2 sound heads (1cm and 5cm). Both heads are plugged into the machine simultaneously and with a single push of a button, the user will be able to switch between one of the other sound head.

## Automatic BP Monitor – Compact w/ Travel Case

by Medquip.com

SKU: BP2600

**\$25.15**  
~~\$38.65 MSRP~~



**Save  
35%**

This blood pressure monitor is easy to use. The unit is uniquely designed to be patient friendly. Its large display provides ease of reading and memory recall of previous reading. It comes with a Two Year Warranty. Product Includes: 2 alkaline "AAA" batteries.

## Cervical Indentation Pillow

SKU: PP3110

**\$14.25**  
~~\$33.75 MSRP~~



**Save  
58%**

Using the wrong pillow while sleeping has been the reason why many people wake up with a severe stiff neck or even further musculoskeletal complications. The Cervical Indentation Pillow was designed to cradle the head and give support to the shoulders and neck allowing great support and perfect alignment.

## Therabuilt Centurion Massage Table

SKU: TC Centurion

**\$101.84**  
~~\$448.5 MSRP~~



**Save  
77%**

The Therabuilt Centurion Massage Table is made with the best quality and sturdy materials so do not let the price fool you! It is made of the best German Berchwood. It features multidense foam and dual ended headrests outlets of 2". It is an elegant and professional table to have at your clinic. The Therabuilt Centurion Massage Table is indeed an industry leader among massage tables.

## Ankle Brace, Universal Size, Ambidextrous

SKU: BW5540

**\$8.00**  
~~\$14.75 MSRP~~



**Save  
46%**

Our universal size, ambidextrous, ankle support is ideal for sprains, strains, and soft-tissue injuries. A perfect ankle support for a large range of activities. It is made with neoprene and nylon.

**Premium 12"x12" Headrest Squares with Face Slot**  
SKU: 55581



1000 sheets/box, White, 12" x 12" Premium. Our Headrest squares meet the needs of Chiropractic Professionals. These single use paper products are durable and provide protection for equipment as well as comfort for the patient.

## NelMed 4" Wrist Brace

SKU: NEL-1109

**\$7.35**  
~~\$14.35 MSRP~~



**Save  
49%**

The NelMed Wrist Support helps maintain normal hand activity after sprains and tendonitis. Our 2" and 3" wide supports are comfortable enough to wear every day at work, play or any activity that contributes to strain, Carpal Tunnel Syndrome, or other related injuries.



## Quattro II Clinical Electrotherapy

SKU: DQ8432

**\$499.99**  
~~\$899.99~~ MSRP



**Save 44%**

The microprocessor controlled Quattro™ II is a professional four-channel electrotherapy device that provides IF 4-Pole, IF 2-Pole, Russian, EMS and TENS waveform. Its portable design lets you take it to your patient or keep it at the clinic. Its advanced operating system ensures a complete range of therapy no matter where you use it! You can choose between several different amplitude modulation options. The interferential and premodulated modes offer frequency modulation as well as a static frequency option.

## 2" Square SILVER Carbon Electrodes - pack of 4

SKU: EP2020SS3

**\$3.85**  
~~\$7.50~~ MSRP



**Save 49%**

For all Electrotherapy Applications such as our TENS, EMS and Intensity units we have the 2" Square SILVER carbon Electrodes. These electrodes come in a pack of 4 and are currently the best and also the most comfortable ones used in the distribution of electrical current into the body.

## K'Tape 2"x108.3" Bulk Roll by K Tape

SKU: KTape33mBLK

Your Price

**\$39.99**  
~~\$119.99~~ MSRP



**Save 67%**

This Bulk Roll K'Tape is made from 100% cotton fabric and a hypoallergenic adhesive. The 2" design is perfect for your average sized patient and is easy to use for all four of our most common taping strips ("I" strip, "Y" strip, "X" strip and "Fan" strip). Our 2" tape is perfect for taping applications all over the body. The tape is designed to help reduce pain, swelling, and promotes speed healing of the area. At the same time, it encourages the target muscle to move better.

## Thera-Band Pro series SCP Exercise Balls Green - 65 cm (26")

SKU: 23035

**\$29.74**  
~~\$44.99~~ MSRP



**Save 34%**

The Thera-Band® Pro Series SCP™ Exercise Ball is the latest offering in ball technology. Four common sizes are available for a custom fit. Each exercise ball comes with two plugs and an inflation adapter, along with the Thera-Band® Exercise Ball Guide Poster detailing 24 exercises. Choose the Thera-Band Exercise Ball that best suits your individual needs.

This newly designed professional exercise ball combines SECURITY, COMFORT AND PERFORMANCE.

## Thera-Band Standard Exercise Balls Yellow 45 cm (18")

SKU: 23010

**\$16.00**  
~~\$23.99~~ MSRP



**Save 36%**

The Thera-Band® Standard Exercise Balls are inflatable balls used to strengthen muscles to improve posture and help prevent back pain. Each exercise ball comes with two plugs and an inflation adapter, along with the Thera-Band® Exercise Ball Guide Poster detailing 24 exercises. Five sizes are provided to allow for user height variations. Choose the Thera-Band Exercise Ball that best suits your individual needs.

## Jeanie Rub Massager with Variable Speeds

SKU: PRO-3401

**\$165.85**  
~~\$239.99~~ MSRP



**Save 30%**

As the industry standard among professional masseuses, the Jeanie Rub Massager offers a deep, penetrating massage through a hand-held electric device.



# HOT SALES



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