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A New Reality

Results from our
16th Annual Fees
& Reimbursements
Survey

RESEARCH RESULTS

Bioelectronic
therapy

PRACTICE CENTRAL

CA training
programs

PLUS

Tables Buyers Guide

*Year-to-Year Comparison of Fees
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More From The Web

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- ▶ Millions of American adults suffer from untreated foot pain. Read more at ChiroEco.com/footpain.

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Expert Insights

Blogs by Anthony Lombardi, Mark Sanna, Drew Stevens, Alex Niswander, Jaime Phillips, Julie Weaver, Shawne Duperon, and the *Chiropractic Economics* editorial staff. Here's what's new:



Marketing Strategies for Chiropractors

Here's a free consultation strategy
Len Schwartz, DC
ChiroEco.com/schwartz



Fearless Chiro

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Perry Chinn
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Anthony Lombardi, DC
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James Adelman

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James Fedich

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- ▶ The proof is in the paper: Master your paper-based files before you convert to an EHR
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- ▶ Why you should swarm to bee pollen
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Chiropractic Tables

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- ▶ Chiropractic care for knee pain
- ▶ Three benefits of chiropractic care

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Course correction

Good news travels slowly.

IF THERE'S ONE THING YOU LEARN IN THE MEDIA BUSINESS, it's the truth of the expression, "If it bleeds, it leads." By the same token, bad news tends to get blown out of proportion, while glad tidings are lost in the wind.

This came to mind recently when I was called by a reader concerned about the future of chiropractic, and the prospects awaiting her two sons, both due to soon graduate from

chiropractic college. It wasn't easy to reassure her, because she had good reasons to feel anxious about the future.

But has it not *always* been this way?

Think of the world in which your grandparents came of age. It was a world recovering from World War I and the Great Depression, and it went right into World War II. It was a turbulent, fast-changing period where people went from riding horses and using kerosene lanterns to having electricity, telephones, and automobiles.

And then ventured into outer space.

So it's natural and normal to feel worried about the future, because we get there in fits and starts and the trip is rarely smooth. Yet when we get there, it's usually better than the past, and the human spirit is resolute.

Here at *Chiropractic Economics*, we work to bring you as much information as we can about how to improve your future. There's no single way to do that, of course, but there are roads to success and we enjoy sharing these possibilities with you.

This issue contains our 16th Annual Fees and Reimbursements Survey. To all who took the time to respond and complete the survey, you have our thanks and gratitude. This information is so important — the U.S. Bureau of Labor Statistics uses this data in reporting on the state of the profession. Potential students of chiropractic make hard decisions about whether to join you in practice based on these statistics.

Then again, statistics are only one set of guideposts. When making decisions, trust your head and follow your heart.

To your success,



Daniel Sosnoski, editor-in-chief



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TOP NEWS

Foundation for Chiropractic Progress proposes improved management of spine-related conditions

A recent study, *Worsening Trends in the Management and Treatment of Back Pain* (JAMA Intern Med. 7.29.13), concludes that improved management of spine-related conditions represents an area of potential cost savings and quality enhancement for the nation's healthcare system.

In response, experts at the Foundation for Chiropractic Progress (F4CP), point out that utilization of chiropractic care and a non-invasive approach as first-line care in the management of spine-related conditions presents an opportunity for cost savings, as well as improved clinical outcomes and patient satisfaction.

"Chiropractic care is well documented to effectively address many spine-related conditions," states Gerard Clum, DC, spokesperson for the foundation. "Studies show a 28-percent reduction in the likelihood of surgery when chiropractic care precedes other interventions. Furthermore, cost per episode is 40 percent lower for patients under chiropractic care versus medical care."

The University of Pittsburgh Medical Center (UPMC) recognizes the value connected with the utilization of conservative care first, and has adopted clinical guidelines to better manage spine-related conditions. This approach requires all surgical candidates to have tried and failed three months of conservative care, including chiropractic, physical therapy, and medication, prior to invasive procedures.



To learn more about this study, visit ChiroEco.com/f4cpjama.

Source: Foundation for Chiropractic Progress, f4cp.com

Governor Jerry Brown signs CCA-sponsored AB 722 into law

The California Chiropractic Association (CCA) announced that Governor Jerry Brown has signed into law Assembly Bill 722, authored by Assemblywoman Bonnie Lowenthal (D-Long Beach), allowing chiropractors to perform physical evaluations as part of the certification process for bus drivers. CCA was a sponsor of AB 722.

"We are grateful for Assemblywoman Lowenthal's leadership and Governor Brown's recognition that California's doctors of chiropractic should be permitted to conduct school bus driver physicals," said Kenneth Winer, DC, CCA Governmental Affairs chair. "California chiropractors are pleased to provide bus drivers better access to highly-trained and qualified providers all over the state."

Chiropractors have been appropriately performing the identical physical examination for commercial truck drivers for more than 20 years. By adding DCs to the list of providers who can perform the required medical examination for additional applicants, this new law allows commercial drivers license holders access to providers who often are able to schedule the examination more quickly and at less cost than many other practitioners.



For more information on this law, visit ChiroEco.com/brownlaw.

Source: California Chiropractic Association, calchiro.org

COLLEGE NEWS

Logan University named the official chiropractic college of the St. Louis Rams

Logan University and the St. Louis Rams have entered into a three-year sponsorship that names Logan's College of Chiropractic as the official chiropractic college of the Rams. The marketing agreement begins this season and will extend through the 2015 season.

Logan is the only chiropractic college in the U.S. to have such an agreement with a National Football League team. "We are very excited about our partnership with the Rams," said Boyd Bradshaw, EdD, vice president of enrollment management at Logan. "The Rams are a top-flight organization and Logan is a leader in healthcare and chiropractic education, so we are a very good match. We look forward to co-branding with the Rams over the next three years."



To read more about this partnership, visit ChiroEco.com/logannfl.

Source: Logan University, logan.edu

New York Chiropractic College hosts premiere for documentary 'Pain in America'

New York Chiropractic College (NYCC) hosted a special on-campus film premiere of Academy Award-winning filmmaker Don Barrett's *Pain in America: The Silver Tsunami* Sept. 24, 2013, in the Delavan Theater on the NYCC campus.

Barrett's latest film presents a thoroughly researched perspective on the ailing U.S. healthcare system and the role chiropractic can play in providing effective integrated healthcare

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solutions to pain management. The noted filmmaker also appeared in person at NYCC to introduce the film and participated in an audience Q&A immediately following the screening. Signed DVDs of the film were also available for purchase.

The film delivers an insightful look at the scope of chiropractic care in the U.S., how it is used, and the perceptions and often misconceptions held by the public. The documentary provides a history of chiropractic's evolution and widespread use, especially for sports and by the Veteran's Administration, and how it has become widely accepted across the nation's healthcare system.



To read this article in its entirety, visit ChiroEco.com/filmpremiere.

Source: New York Chiropractic College, nycc.edu

INDUSTRY NEWS

MediHerb's newest herbal supplement maximizes relaxation ability

Stress is a normal reaction to pressures a person faces. These daily stressors can easily interrupt the body and mind's ability to relax. Herbal supplement manufacturer MediHerb has designed Kava Forte as a natural way to promote necessary relaxation and relieve anxious feelings.

The new product is a well-balanced herbal formulation that respects the traditional wisdom behind centuries of Kava use. Kava Forte can provide support to adults coping with nervousness, tension, or mood swings, and may help to:

- ▶ Calm nerves
- ▶ Ease the effects of everyday tension and stress
- ▶ Promote relaxation and sleep
- ▶ Support the relief of muscular tension



For more information on this product, visit ChiroEco.com/kavaforte.

Source: Standard Process, standardprocess.com

Study shows Traumeel as effective treatment for musculoskeletal disorders

A recent study shows that Traumeel, a topical pain medicine, is as effective as a current standard therapy in reducing pain and improving function in adults with ankle sprain injuries.

The findings, from the Traumeel in Acute Ankle Sprain Study (TAASS), were recently highlighted in the online *International Journal of Clinical Practice* as well as an issue of *Current*

Medical Research and Opinion, and first reported at the European League Against Rheumatism (EULAR) conference in June 2012.

The study found that after seven days of treatment, topical Traumeel was shown to be non-inferior to 1 percent diclofenac gel for the primary endpoints of pain and function. Traumeel is a combination of 12 natural active ingredients out of 14 actives and has been shown in other studies to be beneficial in ankle sprains, tendinitis and injuries, "tennis elbow" (epicondylitis), and musculoskeletal injuries.



To read this article and see its references, visit ChiroEco.com/traumeelstudy.

Source: Heel Inc., heelusa.com

Chiro One Wellness Centers ranked among fastest growing companies

Chiro One Wellness Centers was named one of the nation's fastest growing companies, as measured by *Inc. Magazine*. For the third year in a row, Chiro One has earned a position on the Inc. 5000; a significantly more prestigious honor in 2013, says *Inc.* Editor-in-Chief Eric Schurenberg.

"For 32 years, *Inc.* has welcomed the fastest-growing private companies in America into a very exclusive club. Make no mistake: The Inc. 5000 was harder to get into this year than ever in its history," states Schurenberg.

Inclusion on the Inc. 5000 is based on percentage annual revenue growth over a three-year span; in this case, from 2009 to 2012.



To learn more about this list, visit ChiroEco.com/inc5000.

Source: Chiro One Wellness Centers, chiroone.net

HEALTH NEWS

Exercising with others helps college students reduce stress

College students who exercised vigorously for 20 minutes at least three days a week were less likely to report poor mental health and perceived stress, according to a study in the *American Journal of Health Promotion*. However, socializing — defined in the study as having five or more friends or spending more than two hours a day with others — mediates this finding somewhat, revealing that some of the benefits of physical activity may come from its social aspects.

Researchers at the University of Minnesota

surveyed more than 14,800 students at 94 four-year colleges in the U.S. and asked them about their exercise habits and their moods.

"Our findings indicate that socializing is an important aspect of engaging in vigorous physical activity, better mental health, and less perceived stress," said Nicole A. VanKim, MPH, a PhD candidate in the division of epidemiology and community health at University of Minnesota School of Public Health and lead author of the study.



To read this article in its entirety, visit ChiroEco.com/collegestress.

Source: Center for Advancing Health News, cfah.org

Bilberries: good for your eyes and much more

The health benefits of bilberries have been known for centuries. Chemicals in its fruit, known as anthocyanosides, have great antioxidant properties. They get rid of free radicals, which damage cells. Bilberries also contain vitamin C, another antioxidant. More research is needed to learn about all of bilberry's true benefits.

Bilberries look a lot like blueberries, but they are deeper purple. In addition to blueberries, they are related to cranberries and huckleberries. Bilberries have a tart, edible fruit that is popular in pies and jams. The shrubby-type plant, which has bright green leaves and bell-shaped flowers, grows wild in the Rocky Mountains, northern Europe, and western Asia. 



For more information on bilberries, visit ChiroEco.com/bilberries.

Source: Karen Appold



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¹Bishop B et al. 2011. Effects of Biofreeze vs. ice on acute, non-complicated neck pain (Abstract) *Clinical Chiropractic* 14(4):153-54

²Johar P. et al 2012. A comparison of topical menthol to ice on pain, evoked tetanic and voluntary force during delayed onset muscle soreness. *Int J Sports Phys Ther.* 2012 Jun;7(3):314-22.

³Brosky JA et al. 2012. Effect of 3.5% menthol gel on knee pain and functioning in patients with knee osteoarthritis (Abstract) *J Orthop Sports Phys Ther* 42(1):A106-7

⁴Zhang J et al. 2008. Effects of Biofreeze and chiropractic adjustments on acute low back pain: a pilot study *J Chiropractic Med* 7:59-65

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THINKSTOCK

Supine range-of-motion exam

Addressing passive range-of-motion testing for ankle and hip rotation.

BY HOWARD F. LOOMIS JR., DC

IN THIS ARTICLE, YOU WILL LEARN HOW TO CONCLUDE A SCREENING FOR a stress exam while standing at the supine patient's feet. In addition to the Allis Test for short leg syndrome and checking for the often-overlooked Morton's syndrome, it is appropriate to turn your attention to passive range-of-motion testing for ankle and hip rotation.

Restricted ankle plantar and dorsiflexion

Stand at the patient's feet and passively plantar flex the feet and slightly invert them. Notice if there is restriction when comparing the two sides. When positive, muscle contraction will be found in the anterior tibial muscle.

Next, passively dorsiflex and slightly evert the patient's feet. Note any restriction when comparing the right

from the left side. When positive, muscle contraction will be found in the fibularis (peroneus) longus and brevis muscles and the gastrocnemius as well. Inequality of motion between the right and left ankles does not occur strictly in the supine position, but also when the patient is standing and walking. There will be resulting structural misalignments moving upward to the knee and into the iliofemoral joint. Chronic pelvic misalignments and recurring subluxation patterns cannot be prevented when ankle range of motion is not equal on the right and left sides.

Restricted internal leg rotation at the hip

After checking for ankle restriction, grasp both feet by the heels and slightly raise the legs off the table. Attempt to

rotate the legs first inward and then outward and compare the rotation of one side to the other. Restriction indicates pelvic misalignment and may involve the tissues from the sacroiliac and hip joints, knees, tibia and fibula, and ankles.

Limited or restricted internal rotation on one side indicates a potential iliofemoral ligament problem and an ilium that is fixated in internal rotation on the sacrum. Pain, soreness, and muscle contractions can be found beginning on the medial surface of the calcaneus and proceeding up the medial side of the tibia and onto the muscles of the medial thigh.

The astute clinician will recognize that any leg restriction described above is a function of the sacral base angle and side of weakness. This test is used to ascertain chronicity and involvement

CLINICAL CONCERNS

of the hip joints. The knee is not being tested specifically because there is no rotation in the knee joint when the knee is locked in extension.

Nevertheless, this test is useful in determining a prognosis for knee and hip degeneration.

Prolonged fixation in internal rotation leads to knee degeneration due to compression stress on the knee. And prolonged fixation in external rotation

leads to hip degeneration due to shearing stress on the hip.

Anterior pelvic rotation

Either of the above two eventualities will cause pelvic rotation as the body attempts to maintain itself in an upright position against gravity.

Regardless of the originating cause of muscle contraction, be it from a structural or visceral source, the result


is a unilateral anterior subluxation of the sacrum with posterior rotation of the innominate bone on the same side. Such rotation causes a movement of the sacroiliac articulation to the posterior, and body weight from above is deflected downward in a line posterior to the normal gravity line of the body — through the sacroiliac articulation to the acetabulum and head of the femur.

To compensate for this change in the distribution of weight, the pelvis rotates as a whole to the anterior on that side when compared to the opposite side.

This tends to maintain the center of weight through the gravity line, even though certain structures in the pelvis remain out of their normal relationship with the gravity line. Muscles and ligaments in this area must compensate to maintain the body against gravity. Increased tension can be easily palpated over the iliofemoral ligament.

This is important as it is present in all chronic and recurring structural problems. Of particular importance is its relationship between sacral subluxation and asymmetrical ankle pronation.

Conclusion

This is intended to assist you in recognizing the cause of structural and functional disorders that may be producing chronic lingering symptom patterns that seemingly defy correction. This should give you and your patients the opportunity to reverse stressed physiological compensations before they become pathological. 



HOWARD F. LOOMIS JR., DC, is a 1967 graduate of Logan College of Chiropractic. He ran an active general practice in Missouri for 25 years. He is a member of the postgraduate faculty at Logan and is the founder and president of Enzyme Formulations Inc. and the Loomis Institute of Enzyme Nutrition. He can be reached at 800-662-2630 or through loomisenzymes.com.



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A different kind of fieldwork

Bioelectronics offer drug-free strategies for pain relief and tissue healing.

BY MAX PORITZKY

WHILE THE TERM “ELECTROCEUTICAL” ISN’T yet as common a term as “nutraceutical,” it is far from new. And there is a revolution occurring in healthcare in which electroceuticals will play an important role — a role driven by growing discontent with dangerous, overprescribed, underperforming pharmaceuticals and a demand for safer, more effective, more humane options. This is not an alternative movement, as evidenced by GlaxoSmithKline’s (GSK) recent commitment of a \$50 million investment fund for bioelectronics and electroceuticals research and development.

Electroceutical evolution

For more than a century, researchers have been studying the role of electric currents in the body and the potential of using them to promote healing. In the 1830s, Carlo Matteucci proved that injured tissues generate an electric

current. In 1843, Emil du Bois-Reymond measured one microampere of current in a wound of human skin.

The first modern documented use of electrical stimulation to manage pain was by Nikola Tesla in 1898, when he used it on a broken bone. Following Tesla’s first applications, much of the initial work was in orthopedic applications using a variety of energy forms: direct current, pulsed direct current, and alternating current.

Over the years, significant developments in electroceutical technologies continued with diathermy, pulsed electromagnetic field (PEMF) devices, and transcutaneous electrical nerve stimulation (TENS).

Much of the innovation in this area was overshadowed by the parallel development of COX-2 inhibitors, i.e., non-steroidal anti-inflammatory drugs (NSAIDs). These were widely adopted by a medical community already oriented toward pharmaceutical

solutions rather than physical or electrical treatments.

Today, PEMF has been gaining acceptance as an adjunct therapy to stimulate bone growth and is widely used to mitigate pain and improve healing time.¹ Additionally, studies on the effective application of PEMF have targeted diverse applications from acute orthopedic injuries to chronic systemic conditions such as fibromyalgia, arthritis, and hypertension.²

Some of the challenges of implementing many of the devices currently on the market is their high cost (as much as \$25,000) and the need for in-office treatments. These require an office visit, a dedicated treatment room, and a technician to run the machine.

Breakthroughs in microbiology and microelectronics have led to inexpensive, lightweight, wearable low-power pulsed-shortwave devices that can be more effective for localized pain and swelling than over-the-counter

RESEARCH RESULTS

pharmaceutical alternatives. These devices can dramatically accelerate the rate of tissue healing. They are designed to be patient-administered at home, work, or while sleeping and have already gained clearances in 50 countries around the world.

A major appeal for doctors and patients, beyond their efficacy and convenience, is the safety of PEMF devices. Although originally developed and FDA cleared for post-operative healing, these devices have shown zero side effects in other clinical applications.

How low-power, pulsed-shortwaves work

Electrical impulses are the language of the body's nervous system, and they also communicate pain. Pulsed-shortwave systems create an induced field that acts on tissues in two ways: One is to stimulate sensor neurons, interrupting the pain sensation and

providing quick relief. The second is to enhance blood flow in the injured region, which reduces inflammation while supporting the removal of interstitial and lymphatic fluids. This activity improves cell-to-cell contact and accelerates the healing process.

By contrast, TENS puts an electrical charge directly into tissues using positive and negative electrodes at either side of an area. This interferes with pain signals, and in some cases stimulates endorphins, but it does little to stimulate tissue healing.

Electroceuticals in chiropractic

Low-power pulsed-shortwave devices are being used by chiropractors and other practitioners for a host of orthopedic, sports, and rehab applications due to their small size, high efficacy, and ease of application.

Depending on the orthopedic condition and patient, PEMF may

prove effective for treating such conditions as shoulder tendinitis, bursitis, and impingement syndrome.³ Additional therapeutic targets include

- ▶ Ankle sprains
- ▶ Lower-back pain
- ▶ Tennis elbow
- ▶ Carpal tunnel syndrome
- ▶ Frozen shoulder
- ▶ Tendinitis

PEMF can also be considered for such conditions as post-operative knee repair, repair of ankle fracture, back surgery recovery, and clavicle fracture.⁴

Common podiatric conditions a DC might address clinically include plantar fasciitis, Achilles tendinitis, tarsal tunnel syndrome, and gout.

Expected outcomes

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RESEARCH RESULTS


Better outcomes through accelerated healing. More than 30 clinical, animal, and cell studies that were specifically designed to examine the effects of pulsed radio-frequency energy at a carrier frequency of 27.12 MHz, the frequency emitted by the pulsed-shortwave devices described here, were consistent in showing a dramatic acceleration of healing in damaged tissue.

Fast pain relief. For practitioners, this means greater patient satisfaction, better compliance, and higher return and referral rates. Healing and correcting imbalances takes time, but patients who are in pain want immediate relief. If they don't feel better after a few visits, they won't come back. A visual analogue scale (VAS) comparison with a meta-analysis of placebo-controlled randomized VAS pain trials showed

that a leading low-power pulsed shortwave device was five times more effective than NSAIDs for pain control and twice as effective as a TENS device.

Increased revenue. More than 85 percent of chiropractic patients present with localized inflammation or pain and therefore qualify as candidates for this type of treatment. Because the treatment is self-administered and goes home with the patient, it does not compete with in-office billable modalities or require additional time with the doctor.

The case for using PEMF therapy is about more than pain relief. It is focused squarely on quality of life and wellness. The evolution of electroceuticals will continue, and with big companies like GSK reaching deep into their pockets to explore such options, there is great promise in these types of technologies.

The new small, pulsed-shortwave devices give you access to more competitive, safe, and drug-free options than ever. 



MAX PORITZKY is the president of California-based ECHELON, a company that identifies, develops, and distributes innovative healthcare solutions. He is also the founder of ChiropractorOfTheFuture.com, a website dedicated to the advancement of the chiropractic Profession.

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Certified CA training is changing the face of reimbursement while strengthening and protecting practices.

BY LAURIE MUELLER, DC

IN MAY 2013, THE FEDERATION OF CHIROPRACTIC LICENSING BOARDS (FCLB) announced their new Certified Chiropractic Clinical Assistant (CCCA) guidelines, establishing an application process and a national examination that extends standards of chiropractic excellence to CAs.

Because other professions have long-standing training credentials for medical assistants, physical therapy assistants, dental assistants, and so on, this step was crucial for chiropractic's credibility. It also aims to reduce patient risk and vicarious liability in chiropractic offices.

Several states have had formal

regulations in place for years: Oregon, Florida, and Tennessee to name three. However, with a national program now up and running, the profession may encounter regulatory changes in many more states, and third-party payers may also look to require CA training if any billable modalities involve the CA working with a patient. This could certainly affect future reimbursement.

NCMIC has reported that about 5 percent of claims stem from burns to the patient. This is likely the result of modality use — and most probably the result of untrained staff. Such cases would fall under the vicarious liability category for offices.

According to the ACA website, “*Incident to*” is a phrase that describes the delivery of certain services through an individual other than the actual healthcare practitioner, e.g., electrical stimulation performed by a chiropractic assistant ‘incident to’ a doctor of chiropractic. As of July 25, 2005, for therapy to be reimbursed in Medicare, the therapy must be delivered by either a physician or someone that qualifies as a ‘therapist.’”

Can FCLB's national program fit the bill for such Medicare regulations? The answer is yet to be seen, but it certainly creates more credibility for the chiropractic profession and offers a route to

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prove competency. Meanwhile, other third-party payers who are being billed for services performed by office employees who don't have documented training could start requiring CA training for reimbursement, citing the national certification as a standard. Many are already following suit with Medicare.

The FCLB quoted UnitedHealthCare as saying "services rendered by non-licensed individuals are not eligible for reimbursement." BlueCross/BlueShield of Kansas City similarly stated: "Supervised treatment in the absence of skilled intervention is not billable time." If services are not provided by individuals with documented training, insurance companies retain the right to reverse payments — including the electronic recovery of funds.

The FCLB solution to this ongoing issue was to create standardized training guidelines and testing for a formal national certification for chiropractic clinical assistants.

The FCLB proposes the following core curriculum components:

Foundational knowledge: The successful CA should have general entry-level knowledge necessary for working in a practice. Examples of areas requiring basic knowledge include

- ▶ Human anatomy — being able to identify large muscle groups and common bones
- ▶ Human physiology — knowing the basic function of the major organs such as the heart and lungs, and that ovaries are classified as reproductive organs
- ▶ Clinical terminology — e.g., knowing flexion versus extension, superior versus inferior, and anterior versus posterior
- ▶ Treatments and conditions — recognizing common diagnostic and treatment terminology, e.g., sprain, strain, tendinosis, low-back pain

Patient safety and procedures: The successful CA should have at least an entry-level ability to complete tasks related to patient treatment, and recognize and appropriately respond to situations that may compromise patient safety. Examples of such items include

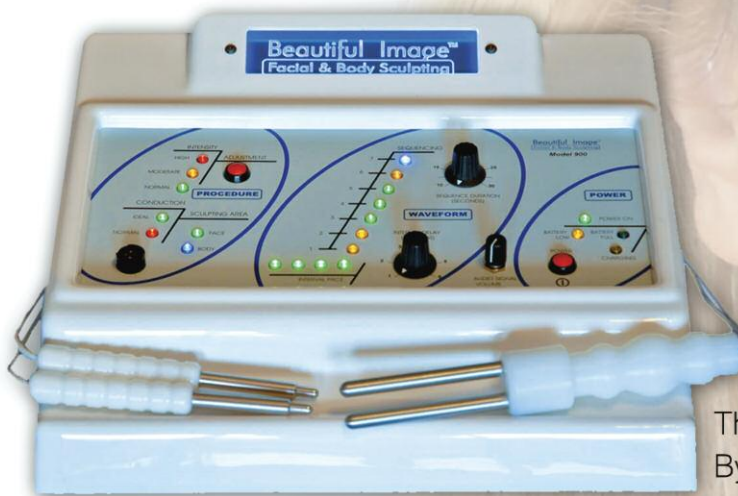
- ▶ Recognizing and preventing office hazards; e.g., proper use of passive-modality equipment
- ▶ Therapeutic modalities and procedures; e.g., safe therapy set up and use, and how to apply ice and heat
- ▶ X-ray safety; e.g., asking female patients about pregnancy
- ▶ Responding to health and office emergencies; e.g., knowing CPR, types of safety equipment and general adverse reactions to common treatments.
- ▶ Recognize indications and contraindications for common modalities; e.g., knowing indications such as tight muscles and swelling, and contraindications such as pregnancy and cancer
- ▶ Vital statistics (height, weight, blood pressure) — e.g.,

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knowing basic terminology and general procedures for obtaining vitals

Documentation: The successful CA will have at least an entry-level ability to complete tasks related to the creation, handling, and storage of patient data, including the billing of patient services. These tasks may include

- ▶ Use of appropriate intake and informed consent forms

- ▶ HIPAA compliance; e.g., understanding that there must be no discussion of patients outside of the office
- ▶ Red flags of fraud; e.g., understanding that taking money or billing for therapies not performed is unethical and illegal
- ▶ Use of procedure and billing codes; e.g., knowing those commonly used on CMS 1500 and to identify common chiropractic procedures

- ▶ Recordkeeping; e.g., knowing the basic SOAP note format and common medical and chiropractic abbreviations

Ethics and boundaries: The successful CA will exhibit ethical decision-making ability and recognize appropriate interpersonal boundaries. This section of the test contains basic scenarios pertaining to the following

- ▶ Understanding of sexual boundaries and harassment
- ▶ Maintaining basic patient-staff relations
- ▶ Maintaining basic doctor-staff relations
- ▶ Proper handling of finances and billing
- ▶ Managing confrontational patients

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The current guidelines and exam are heavily weighted toward passive-care modalities, and do not currently include active care (exercise); however that may change in coming years.

Whether mandated or not, in light of patient protection, safety, and office liability, CA training can increase the competency of CAs, increase patient confidence and safety, and decrease office risk and liability.

It can take months or years for an untrained CA to learn everything on the job. With guidelines and programs in place, doctors can now train current and new CAs and ensure minimum competency for their offices, and likely help satisfy the new insurance mandates. 



LAURIE MUELLER, DC, was the post-graduate director for Palmer Colleges from 2000 to 2010. She served as the ACC post graduate subcommittee chair for six years,

peer reviewed for the Research Agenda Conference, and wrote the role determination study that aided in the development of the FCLB's guidelines for CAs. She currently works as a private eLearning consultant with a focus on healthcare topics. She can be contacted through CCCAonline.com.

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Let your numbers do the talking

Leverage the power of statistics to accomplish more (and earn more, too).

BY CRISTINA ESPOSITO, DC

MOST DOCTORS OF CHIROPRACTIC REALIZE EARLY

on how important the analysis of accurate statistics is in growing a successful business. But it pays to be skeptical when your colleagues spout their new patient numbers when they are not aware of how those numbers were calculated in their software.

In the study of math and statistics, many examinations start with a one-line mathematical equation and the instructions: “Prove.” What you realize pretty quickly is that, if at any point along the way in your five pages of scribbling there is one line that is not true, you will never end up at the right answer.

So in your first few years in practice, plan to spend some time on the phone with your software system’s technical support team asking questions about how they calculate certain statistics. If you just add the names of people to the software are they considered a new patient even if they never actually step foot in the door of your clinic?”

The number of new patients, which is a factor in numerous other statistics, is never going to be accurate unless all of the people who make an appointment and then are entered into the software system actually become patients. You know that if that were the case, we would be living in a much healthier world.

The three stages of conversion

A software system should provide you with data to indicate where the breakdowns occur when someone who schedules an appointment later fails to become a new patient. Consider that a

person should progress through three stages when becoming a new patient:

- 1. Scheduled:** The person most likely hasn’t visited your clinic yet and may not have met or interacted with your team.
- 2. Received an initial exam:** You know that the person has met you and your staff.
- 3. Received an adjustment.** The patient has experienced treatment and now should have trust in you and your team.

By creating these three stages, you can calculate the conversion ratio from one stage to the next. The conversion ratio is what should determine your action plan designed to grow your business.

If the conversion ratio of people who are scheduled to those who have received an exam is low, take steps to increase the chance that the potential patient will show up to his or her first appointment. You can try calling potential patients the night before their first visit or sending them an email with directions to your office.

On the other side of things, if the conversion ratio of those who received an exam and consultation to those who are actually following your recommendations for care is low, then you need to focus more on the interactions between your team and prospective patients. You can study how the staff engages potential patients, how well you are communicating with them, and similar activities.

In turn, by having a more accurate new patient number, you will have more accurate statistics about your patient visit average, average services per patient, and average collections per patient.

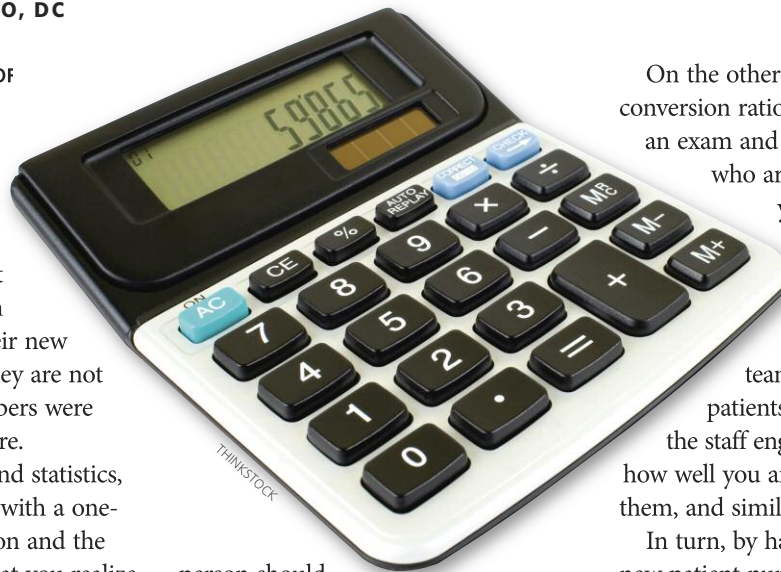
Proceed with confidence

There was a time when there was no software system on the market that identified a “patient” as someone who was actually under a doctor’s care and following his or her recommendations. Now, when evaluating an EHR system for your practice, make sure it uses accurate data so you can make better decisions on managing your practice.

When you have accurate and objective data, you can *then* use your passion and emotion to implement your chiropractic awareness campaigns. The truth is in the numbers, but only if the numbers are accurate. **CE**



CRISTINA ESPOSITO, DC, is a certified clinical nutritionist and the president of AlignLife System, a fast growing natural healthcare franchise. She is also president of VitaLogics LLC, a wellness technology company offering EMR software, patient education media players, and more. She can be contacted at cesposito@AlignLife.com.



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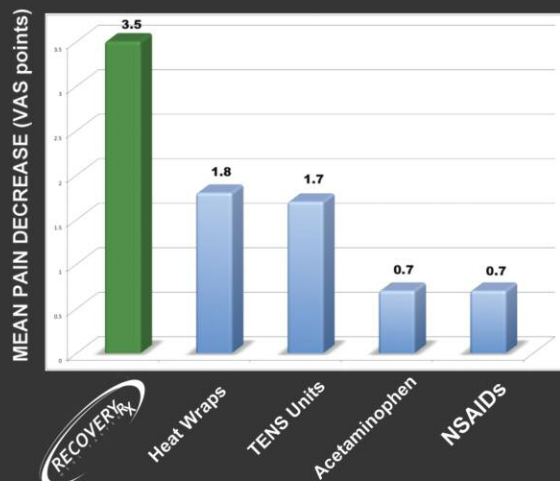
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OUR 16TH ANNUAL FEES & REIMBURSEMENTS SURVEY

A new reality

During its peak, the Great Recession changed the way you do business. And now, during the modest recovery, the effects have created a new reality for our economic landscape *and* the future of healthcare.

BY MELISSA HEYBOER

The U.S. financial crisis that started in 2007 shifted the way Americans spend money and how businesses seek to earn it. And the healthcare industry — one many believed to be recession-proof — was one of the hardest hit. Especially those medical fields often referred to as “discretionary.”

For a profession already struggling to be embraced as a valid complement and alternative to a person’s healthcare regimen, chiropractic was in for quite a battle.

But new challenges brought on by the recession created new opportunities for chiropractors to strengthen and broaden their consumer reach. And, as a result, we’re here to offer some good news.

Now, almost six years later, the chiropractic industry is arguably stronger than ever before. And our 16th Annual Fees and Reimbursements Survey is a good indicator that while reimbursement rates aren’t what they

used to be, they are what they’re supposed to be — for now and for the foreseeable future.

While this year’s reimbursements went up, so too did the fees being charged. As a result, the average reimbursement rate dropped — but only slightly. In fact, the last two surveys indicate a trend toward a more stable future. Therefore any significant drop off in the coming years would be surprising.

If you’ve performed due diligence with regard to EHR software and ICD-10 coding preparation, then you’re putting your practice and the profession in the best position for success.

Going forward, you should be looking for opportunities to fine-tune the way you practice in the new healthcare climate.

The Great Recession didn’t just change the way you do business in order to survive the economic downturn; it effectively shifted the entire consumer and business landscape toward a new reality. And what you see now likely isn’t the remnants of a struggling economy, but rather the shape of a largely new one.

Highlights

Here are some of the biggest changes we noticed this year:

Changing demographics. Despite their numbers dropping slightly from last year (a record high), this year’s survey still saw a large number of female respondents (26 percent). Women, however, did see a sharp decline in reimbursement rates. Despite reporting higher rates than male DCs in the past, female chiropractors reported reimbursement rates of just 49 percent.

How you practice. The number of doctors who reported working as associates rose for the third straight year, and has increased 215 percent since 2010. This year, nearly 7 percent of all respondents said they practiced as an associate, compared to 5 percent last year, 4 percent in 2011, and 2 percent in 2010.

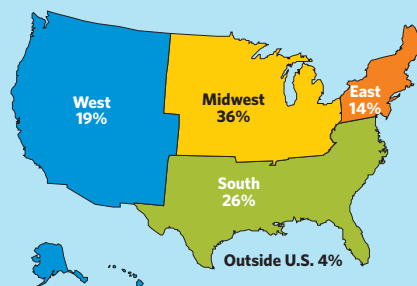
This trend could mean more DCs are exhibiting caution about jumping into entrepreneurship and is just one of the ways the economy has altered the way doctors practice.

Profile of Respondents

	2013	2012	2011
Personal characteristics			
Male	74.4%	72.3%	77.6%
Female	25.6%	27.7%	22.4%
Average age	48.2	46.9	47.3
Age range	26-79	25-76	27-77
Average yrs in practice	19.0	18.1	18.4
Types of practice			
Solo	67.6%	71.3%	71.6%
Group	26.1%	23.5%	24.9%
Associate	6.3%	5.2%	3.5%
In a franchise operation	4.8%	4.3%	4.5%
Integrated healthcare practice (DC+MD/DO)	5.5%	6.5%	3.9%
Cash-only practice	11.9%	16.8%	14.5%
Fees and reimbursements			
Average fees	\$67.0	\$61.0	\$71.0
Average reimbursements	\$41.0	\$38.0	\$45.0
Average reimbursements rate	61.2%	62.3%	63.4%
Geographic location			
Eastern region	14.4%	13.9%	15.0%
Southern region	25.9%	27.4%	25.5%
Midwest region	36.3%	36.0%	31.3%
Western region	19.4%	22.4%	28.0%
Outside U.S.	4.0%	0.3%	0.2%
Licensure			
One state	71.3%	80.1%	73.0%
Two states	19.9%	12.7%	20.0%
Three or more states	8.8%	7.2%	7.0%

About this survey

Throughout July and August 2013, *Chiropractic Economics* extended an invitation by email to readers and other practicing chiropractors to complete a Web-based survey on fees and reimbursements.



We limited survey participants to practicing chiropractors or their designated office managers/CAs to assure accuracy of information.

Number of participants. This year the analysis is based on the answers of 320 respondents.

Regional distribution. Broken into four regions of the country, participants hailed from the Midwest (36 percent), the South (26 percent), the West (19 percent), the East (14 percent), and outside the U.S. (4 percent). There were seven states not represented in this year's survey including: Alabama, Hawaii, Idaho, Louisiana, Maine, Mississippi, and New Hampshire.

Averages. Unless indicated otherwise, all numbers are given as averages.

Cash-only practices. Cash-only practices reported fees only.

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

A decline in cash. One trend we didn't see coming was the pretty hefty decline in cash-based practices. Despite several years of growth, just 12 percent of respondents said they operate solely in cash — a decrease of almost 30 percent. This was the lowest response since 2010.

Cash-based practices charged an average fee of about \$60. This means cash-only practices enjoy a 50-percent advantage in collections when compared to average reimbursements.

Payment plans. While the number of DCs offering payment plans remained

mostly unchanged from last year (58 percent in 2012 to 59 percent in 2013), the ways they offer it shifted.

Doctors offering prepayment plans and patient financing declined from last year nearly 20 percent and 24 percent, respectively, while those offering a discount for cash and down-payment plans rose almost 25 percent.

Specialties. Massage therapy is still the most popular specialty for chiropractors to offer, with almost half of all DCs saying they offer it.

The biggest change from last year

was the increase in physical therapy as a specialty. More than 7 percent of DCs said they offered it, double the number reported last year.

The remaining specialties were acupuncture (10 percent), MD/DO (6 percent), nutritionist (6 percent), fitness trainer (5 percent), and naturopathic doctor (less than 1 percent). •



MELISSA HEYBOER is the associate editor of *Chiropractic Economics*. She can be reached at 904-567-1540 or mheyboer@chiroeco.com.

The four corners

You don't need to look at a map to understand how diverse the four regions of the U.S. really are. But their differences extend beyond sea level and climate — how chiropractic practices collect also varies depending on their location. And this was seen once again in this year's survey.

Overall fees and reimbursements rose from last year (\$61 to \$67, and \$38 to \$41, respectively), however, the

average reimbursement rate dropped slightly (62 percent to 61 percent).

Likewise, the average fees and reimbursements among the four regions changed over 2012, as well. Average fees rose across the board. The highest fees were reported in the Western region (\$76), which had fees of \$62 in 2012. However, the West saw the lowest reimbursement rate (54 percent) among all four regions. The

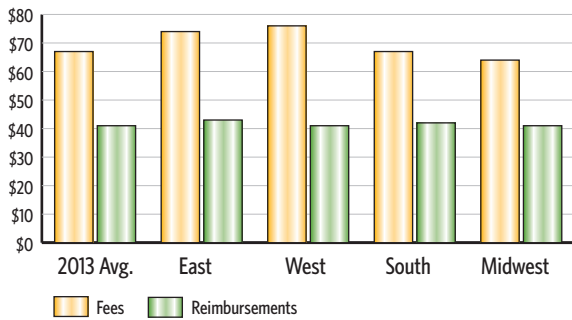
Western region also saw the biggest change in reimbursement rates over last year (68 percent to 54 percent) — a 20-percent change.

The remaining regions reported reimbursement rates of 58 percent (Eastern), 63 percent (Southern), and 64 percent (Midwestern).

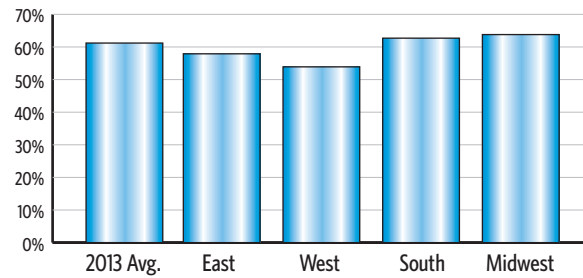
In terms of actual dollars collected, the highest figures were reported in the Eastern region (\$43). •

Professional care	2013			Eastern Region		
	Fee	Reimb.	% Reimb.	Fee	Reimb.	% Reimb.
98940 Chiropractic manipulative trmt., 1-2 regions	\$45	\$31	68.9%	\$49	\$35	71.4%
98941 Chiropractic manipulative trmt., 3-4 regions	\$54	\$39	72.2%	\$55	\$36	65.5%
98942 Chiropractic manipulative trmt., 5 regions	\$63	\$43	68.3%	\$63	\$44	69.8%
98943 Extra spinal manipulation, 1 or more regions	\$39	\$23	59.0%	\$45	\$22	48.9%
98912 Established patient E/M services	\$58	\$37	63.8%	\$74	\$44	59.5%
99213 Established patient E/M services	\$81	\$54	66.7%	\$102	\$66	64.7%
99214 Established patient E/M services	\$112	\$79	70.5%	\$143	\$94	65.7%
New patient exam						
99201 New patient E/M services	\$66	\$43	65.2%	\$94	\$53	56.4%
99202 New patient E/M services	\$91	\$58	63.7%	\$106	\$68	64.2%
99203 New patient E/M services	\$123	\$81	65.9%	\$121	\$80	66.1%
99204 New patient E/M services	\$162	\$112	69.1%	\$182	\$124	68.1%
Radiology						
72020 Single view X-ray	\$47	\$29	61.7%	\$40	\$20	50.0%
72040 Cervical, 2 or 3 views	\$76	\$42	55.3%	\$73	\$39	53.4%
72050 Cervical, 4 views	\$119	\$65	54.6%	\$135	\$62	45.9%
72052 Cervical, complete, including oblique and flexion and/or extension studies	\$167	\$94	56.3%	\$158	\$60	38.0%
72070 Thoracic, AP, and lat.	\$79	\$44	55.7%	\$82	\$47	57.3%
72100 Lumbrosacral, 2 or 3 views	\$80	\$46	57.5%	\$84	\$45	53.6%
72170 Pelvis, 1 or 2 views	\$68	\$37	54.4%	\$50	\$25	50.0%
Procedures and modalities						
97012 Traction, mechanical	\$30	\$18	60.0%	\$39	\$23	59.0%
97014 or G0283 electrical muscle stimulation	\$28	\$15	53.6%	\$30	\$15	50.0%
97035 Ultrasound	\$28	\$14	50.0%	\$36	\$15	41.7%
97110 Therapeutic exercises	\$41	\$27	65.9%	\$46	\$26	56.5%
97112 Neuromuscular re-education	\$42	\$25	59.5%	\$42	\$19	45.2%
97124 Massage	\$45	\$29	64.4%	\$38	\$20	52.6%
97140 Manual therapy	\$41	\$24	58.5%	\$38	\$24	63.2%
97530 Therapeutic activities	\$43	\$28	65.1%	\$45	\$30	66.7%
S8948 Low level laser, ea. 15 min.	\$40	\$17	42.5%	\$40	\$18	45.0%
S909 Spinal decompression therapy	\$48	\$22	45.8%	\$48	\$38	79.2%
Overall averages	\$68	\$42	61.4%	\$74	\$43	57.9%

Comparisons by Region



Percent Reimbursed by Region



Western Region				Southern Region			Midwestern Region		
Fee	Reimb.	% Reimb.		Fee	Reimb.	% Reimb.	Fee	Reimb.	% Reimb.
\$50	\$34	68.0%		\$41	\$28	68.3%	\$44	\$29	65.9%
\$60	\$40	66.7%		\$49	\$35	71.4%	\$54	\$41	75.9%
\$71	\$38	53.5%		\$56	\$42	75.0%	\$62	\$44	71.0%
\$42	\$25	59.5%		\$37	\$23	62.2%	\$36	\$20	55.6%
\$69	\$33	47.8%		\$58	\$38	65.5%	\$47	\$33	70.2%
\$91	\$50	54.9%		\$82	\$57	69.5%	\$69	\$50	72.5%
\$136	\$69	50.7%		\$109	\$78	71.6%	\$94	\$75	79.8%
\$80	\$40	50.0%		\$62	\$43	69.4%	\$54	\$38	70.4%
\$111	\$61	55.0%		\$95	\$58	61.1%	\$75	\$51	68.0%
\$149	\$87	58.4%		\$125	\$80	64.0%	\$108	\$78	72.2%
\$208	\$111	53.4%		\$154	\$111	72.1%	\$139	\$109	78.4%
\$52	\$28	53.8%		\$44	\$29	65.9%	\$47	\$30	63.8%
\$81	\$45	55.6%		\$74	\$48	64.9%	\$75	\$39	52.0%
\$104	\$56	53.8%		\$112	\$71	63.4%	\$126	\$66	52.4%
\$167	\$86	51.5%		\$163	\$95	58.3%	\$170	\$101	59.4%
\$86	\$43	50.0%		\$73	\$49	67.1%	\$81	\$44	54.3%
\$87	\$47	54.0%		\$75	\$51	68.0%	\$82	\$45	54.9%
\$79	\$45	57.0%		\$67	\$42	62.7%	\$69	\$36	52.2%
\$30	\$16	53.3%		\$28	\$16	57.1%	\$29	\$18	62.1%
\$28	\$16	57.1%		\$30	\$15	50.0%	\$26	\$15	57.7%
\$28	\$15	53.6%		\$31	\$14	45.2%	\$26	\$14	53.8%
\$43	\$25	58.1%		\$39	\$27	69.2%	\$41	\$28	68.3%
\$43	\$23	53.5%		\$41	\$26	63.4%	\$41	\$26	63.4%
\$56	\$35	62.5%		\$39	\$29	74.4%	\$40	\$28	70.0%
\$42	\$22	52.4%		\$46	\$24	52.2%	\$37	\$24	64.9%
\$43	\$19	44.2%		\$40	\$29	72.5%	\$44	\$31	70.5%
\$53	\$14	26.4%		\$44	\$11	25.0%	\$34	\$18	52.9%
\$37	\$22	59.5%		\$50	\$-	0.0%	\$52	\$19	36.5%
\$76	\$41	53.9%		\$67	\$42	62.7%	\$64	\$41	63.8%

Slow and steady

While both the average fees and average reimbursements went up in this year's survey (\$61 to \$67, and \$38 to \$41), the average reimbursement rate declined — but only slightly. Last year, doctors of chiropractic saw an average reimbursement rate of

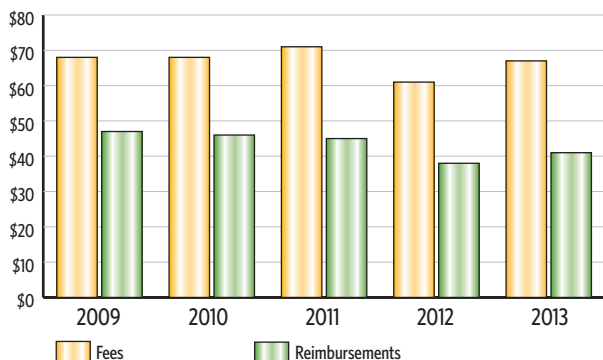
62 percent, compared to 61 percent this year.

And this year's numbers are more on par with what they've been in years prior to 2012.

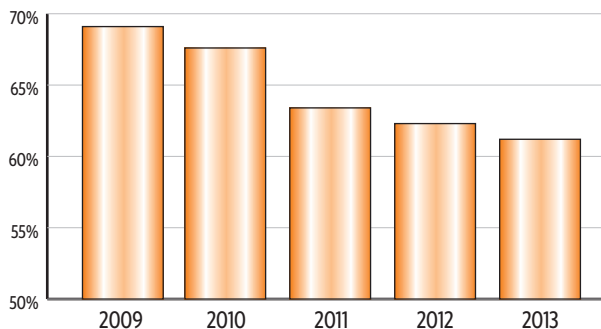
While a decline is certainly not the direction the profession would like to

see, the trend over the past couple years reflects what could be a new reality in the profession, rather than the result of an economic crisis. And the consistently small decline in reimbursement rates may be exactly where the profession could be for years to come. •

Year-to-Year Comparison of Fees and Reimbursements 2009-2013



Year-to-Year Comparison of Reimbursement Rates 2009-2013



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The more, the merrier

If you're making the shift toward group practice, you're among the 26 percent who reported operating in a group setting — the highest percentage in the survey's 16 years. The same goes for those respondents who operate as associates, with more than 6 percent reporting as such.

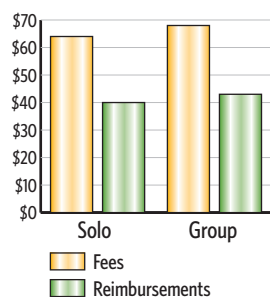
While the majority (68 percent) of DCs still practice solo, the shift toward alternative practice environments, suggests that doctors are seeing more success and more collections in group settings.

Despite the decline last year, group practices saw the highest fees, reimbursements, and reimbursement rates in this year's survey. Group practices had average fees of \$68 and average reimbursements of \$43, while solo practices had average fees and reimbursements of \$64 and \$40, respectively.

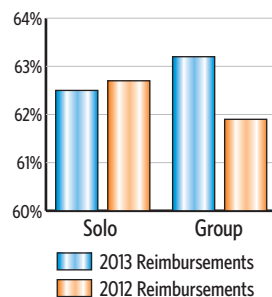
Reimbursement rates in solo practices remained almost unchanged — dropping just .3 percent over last year. However, reimbursement rates in group settings rose 2.1 percent from the 2012 survey.

Group practices once again reported a higher percentage of specialists working in their clinics. Forty-six percent of solo DCs answered "none" when asked what specialists they employed, while only 32 percent of group practitioners answered the same. •

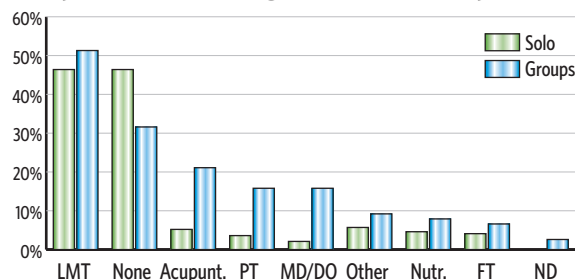
Solo vs. Group Fees and Reimbursements



Solo vs. Group Reimbursement Rates



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MDs vs. DCs: a comparison

While great strides have been made over the years to even the playing field for medical doctors and chiropractors in the healthcare arena, there is still a long way to go.

But despite the differences in each profession, there are still similarities that MDs and DCs share — and one of those is coding.

More specifically, both professions

code the following procedures: 99201 (evaluation and management for new patient) and its variations — 99202, 99203, and 99204) when dealing with insurance companies and their fees and reimbursements.

This year, both MDs and DCs saw a rise in reimbursements in each of the four codes above.

According to a similar survey published in January 2013 in *Physicians Practice*, a business journal for medical doctors, average reimbursements for MDs are generally unchanged from last year. For chiropractors, reimbursement rates declined only slightly. Last year, DCs saw an average reimbursement rate of 62 percent, compared to 61 percent this year.

In previous years, *Physicians Practice* has reported on both its fees and reimbursements, however, for the past few years, they have reported solely on reimbursements. As a result, we will only report on DCs' reimbursements as well.

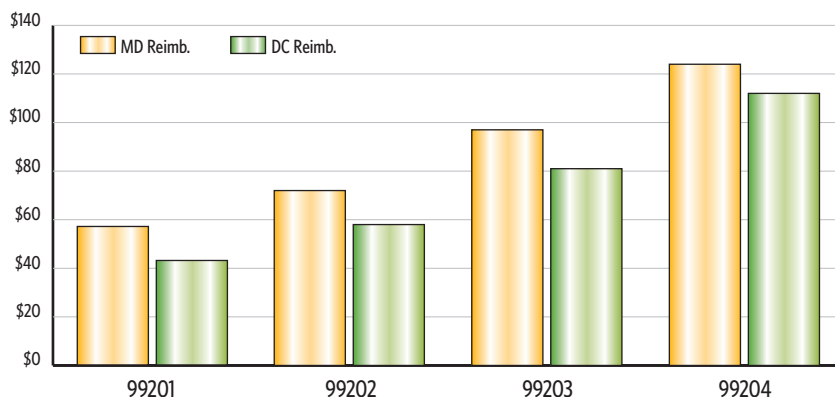
For code 99201, DCs averaged reimbursements of \$43, while MDs' reimbursements were \$57. This is up from \$42 (DCs) and \$51 (MDs) last year.

For code 99202, MDs' reimbursements were \$72, while DCs averaged \$58 in reimbursements. This is compared to \$70 and \$57, respectively, last year.

For code 99203, MDs' reimbursements rose from \$96 last year to \$97 this year. DCs' reimbursements rose from \$74 last year to \$81 this year.

For code 99204, MDs reported a reimbursement average of \$124, this is the same as was reported last year for this code. Chiropractors reported average reimbursements of \$112, up from \$96 last year — a 17-percent increase. •

Comparison of MD and DC Reimbursements



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3	0038	10	0.0	0.0
4	0038	50	0.0	0.0
5	0038	100	0.0	0.0
6	0038	500	0.0	0.0
7	0038	2500	0.0	0.0
8	0038	2500	0.0	0.0
9	0038	15000	0.0	0.0
10	0038	20000	0.0	0.0
11	0038	0W	0.0	0.0
12				

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The integration theory

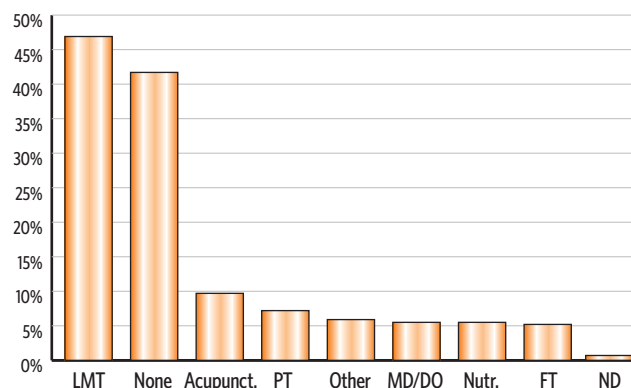
While it's not for everybody, practicing in an integrated clinic offers many distinct advantages for the healthcare professional. Our annual fees and reimbursements survey has also indicated over the years that it typically means higher reimbursements for those doctors.

Last year, those tides shifted a bit with integrated clinics reporting lower reimbursement rates than those without specialists. This year might be a clear indication that the trend is valid.

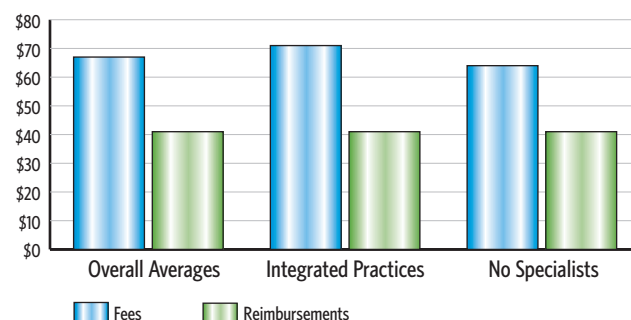
Those practices with specialists reported average fees and reimbursements of \$71 and \$41, respectively, while non-specialists clinics reported average fees and reimbursements of \$64 and \$41, respectively. This means that practices with specialists saw a reimbursement rate of nearly 58 percent, while those without specialists had a reimbursement rate of 64 percent.

For those practices with specialists, licensed massage therapist (LMT) was still the most popular modality, with 47 percent having one in their clinic. LMT was followed by acupuncturist (8 percent), physical therapist (7 percent), MD/DO (6 percent), nutritionist (6 percent), fitness trainer (5 percent), and naturopathic doctor (1 percent). Another 6 percent answered "other."

Specialists on Staff in Chiropractic Practices



Integrated Healthcare vs. No Specialists



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Franchising facts

The idea of franchising might sound at odds with the philosophy of chiropractic. How can a tailored, personalized form of healthcare be delivered in a model developed for restaurants and hotels? But properly executed, franchises reduce business uncertainty and many offer marketing and training expertise.

While franchises have seen a bit of a decline for the past couple years, this year's survey saw 5 percent of DCs reporting as franchisees. This is up 11 percent from 2012 and 7 percent from 2011, but still down significantly from 2010 when almost 7 percent of DCs practiced in a franchise.

And while fees were up (\$68 from

\$67), doctors working in a franchise also saw their reimbursements drop (\$37 from \$41). As a result, reimbursement rates for franchise doctors also saw a slight decline (54.5 percent from 56 percent).

Other notes

Unlike previous years, this year's survey indicates that franchise owners are older than reported in previous years (52 years compared to 46 in 2012 and 47 in 2011). Another notable change is the number of female franchise owners. While the majority is still male (67 percent), the number of women practicing in a franchise rose almost 13 percentage points over last year's survey.

The average franchisee has been practicing for 21 years, owns one practice, and is licensed in one state.

Approximately 80 percent of franchise owners run a solo practice, while the remaining 20 percent operate in a group setting. •

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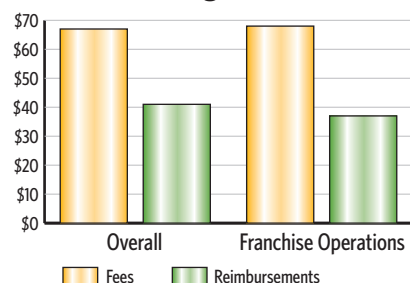
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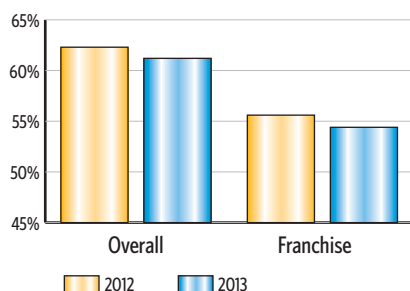
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Comparison of Franchise Fees and Reimbursements with Overall Averages



Franchise Reimbursement Rates



Is cash king?

Despite steady growth over the last few years, the number of DCs operating cash-based practices declined significantly in this year's survey, with just 12 percent saying they follow a cash-based model.

This is down from 17 percent last year and 15 percent in 2011, but still up slightly from the 11 percent in 2010 and 9 percent in 2009.

For those practitioners in cash-based practices, average fees were reported at \$61 — \$6 less than the overall average fees and more in line with last year's cash fees of \$58 and 2010's cash fees of \$59.

By strict definition, a cash-based practice would have no reimbursements. So, fees in a cash-only practice are equivalent to reimbursements (collections). Cash-only practices fees of \$61 are nearly 50 percent larger when compared to the overall average reimbursement of \$41.

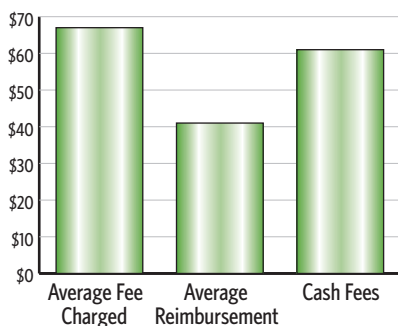
Your typical cash-only practice respondent is male (76 percent), with

an average age of 50, and working in a solo clinic (76 percent). Those respondents operating cash-only practices have been working as a practitioner for 20 years.

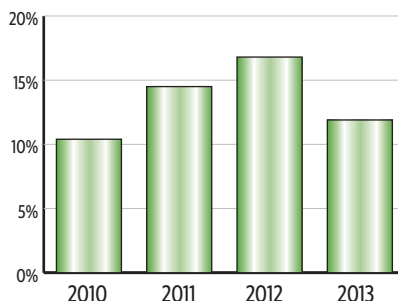
Regarding cash-only practices: 50 percent offer exercise programs, 47 percent offer nutrition, 37 percent offer laser therapy, 34 percent offer elec-

trotherapy, 29 percent offer massage, 29 percent offer physical therapy, 26 percent offer instrument-assisted soft tissue mobilization, 18 percent offer weight loss programs, 18 percent offer fitness devices, 16 percent offer acupuncture, 13 percent offer homeopathy, 8 percent offer decompression, and 5 percent offer medical services. •

Cash Fees vs. Reimbursements



Growth of Cash-Only Practices



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Battle of the sexes

While the number of female respondents declined slightly over last year (our highest percentage ever), the 26 percent of DCs who did respond as females is still a very encouraging number.

Female chiropractors reported higher average fees than male DCs (\$75 to \$65), but reported lower reimbursement averages (\$37 to \$42). As a result, female practitioners also saw significantly lower reimbursement rates than male DCs (49 percent to 65 percent) — a 32-percent difference.

The 65 percent reimbursement rate for men is four percentage points higher than their 61 percent reimbursement rate in 2012.

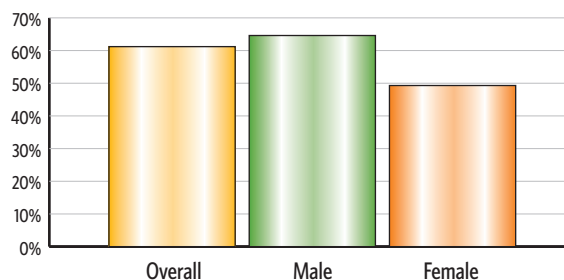
Women respondents reported younger ages (45) compared to men (49).

As a result, female DCs reported being in practice for fewer years (15), while male respondents have been in practice for an average of 20 years.

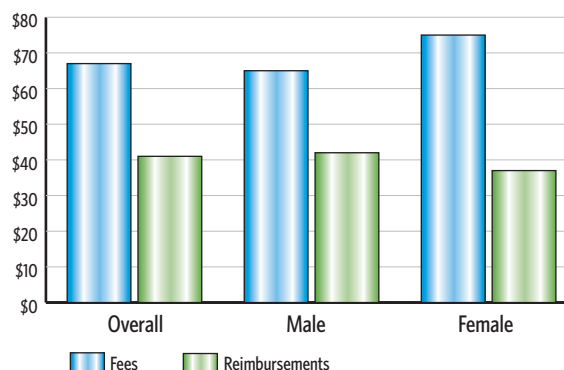
Last year, 24 percent of women reported working in group clinics. This year, that number rose to 27 percent. Comparatively, 24 percent of men worked in groups last year. This year, that number rose slightly to 26 percent.

When it comes to modalities, electrotherapy was the most popular among both male and female practitioners. Exercise and nutrition were the second- and third-most popular, respectively. •

Reimbursement Rates: Male vs. Female



Comparison of Fees and Reimbursements by Sex



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Comparisons by Sex

	Overview	Male (74.4%)	Female (25.6%)
Personal			
Age	48.2	49.4	44.8
Years in practice	19.0	20.3	15.0
Types of practices			
Solo	67.6%	69.1%	63.0%
Group	26.1%	25.8%	27.2%
Associate	6.3%	5.1%	9.8%
Owns franchise	4.8%	4.3%	6.3%
Cash only	11.9%	12.3%	11.1%
Modalities			
Chiropractic	99.7%	99.2%	100.0%
Electrotherapy	66.0%	65.3%	67.9%
Exercise	63.5%	61.9%	67.9%
Nutrition	59.1%	58.9%	60.5%
Massage	49.4%	50.4%	46.9%
PT/rehab	49.1%	47.9%	51.9%
Instrument adj.	35.2%	32.6%	42.0%

	Overview	Male	Female
Modalities			
Laser	31.1%	28.8%	37.0%
Acupuncture	24.8%	21.6%	34.6%
Weight loss	23.9%	25.0%	21.0%
Decompression	21.4%	23.7%	13.6%
Fitness	20.1%	19.1%	23.5%
Homeopathy	14.5%	16.1%	9.9%
MD/DO	6.0%	5.1%	8.6%
Other	9.1%	7.2%	14.8%
Specialists			
None	41.7%	41.6%	40.1%
LMT	46.9%	47.2%	44.7%
Acupuncture	9.7%	7.5%	15.8%
PT	7.2%	7.0%	7.9%
Other	5.9%	6.5%	3.9%
MD/DO	5.5%	4.7%	7.9%
Nutrition	5.5%	6.5%	2.6%
FT	5.2%	5.1%	5.3%
ND	0.7%	0.9%	0.0%



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Mark L. Sample

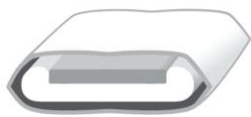
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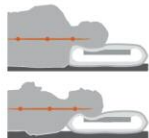
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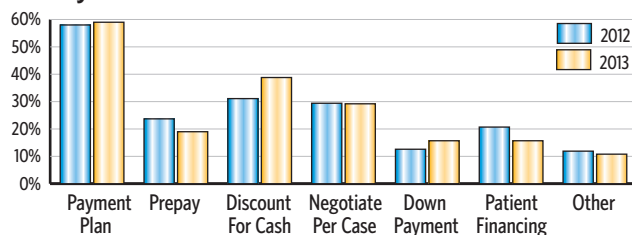
How DCs let patients pay for their care changed slightly from last year's survey. The number of doctors offering payment plans rose from 58 percent to 59 percent this year. However, this number is still down from the 68 percent in 2011, 69 percent in 2010, and 74 percent in 2009.

The biggest change was in those offering a discount for cash. Last year 31 percent of DCs said they offered a discount for cash compared to nearly 40 percent this year.

The largest decline was in patient financing, which saw a decline from 21 percent of DCs offering it last year to 16 percent in this year's survey.

The remaining responses were "negotiate per case" (29 percent), "prepay" (19 percent), and "down payment" (16 percent). •

Payment Plans



More codes to consider

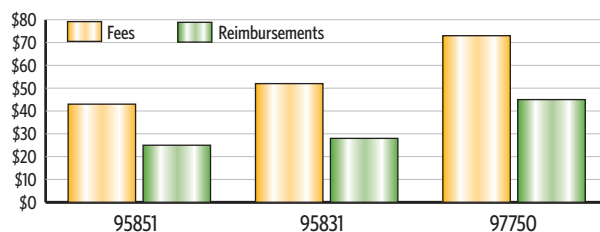
Each year, we ask for additional information on three codes: 95851, range-of-motion testing; 95831, muscle testing; and 97750, physical-performance evaluation. It should be noted that we *did* include these codes when calculating the fees and reimbursement averages for the other sections.

Average fees for range-of-motion testing were \$43, while average reimbursements were \$25 — a reimbursement rate of 58 percent.

Average fees for muscle testing were \$52, with an average reimbursement of \$28 — a reimbursement rate of 54 percent.

Average fees for physical-performance evaluation were \$73, with an average reimbursement of \$45, and a reimbursement rate of 62 percent. [CE](#)

Additional Codes



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Not just for patients

Wellness is vital for you and your staff, too.

BY GREGORY SOLTANOFF, DC

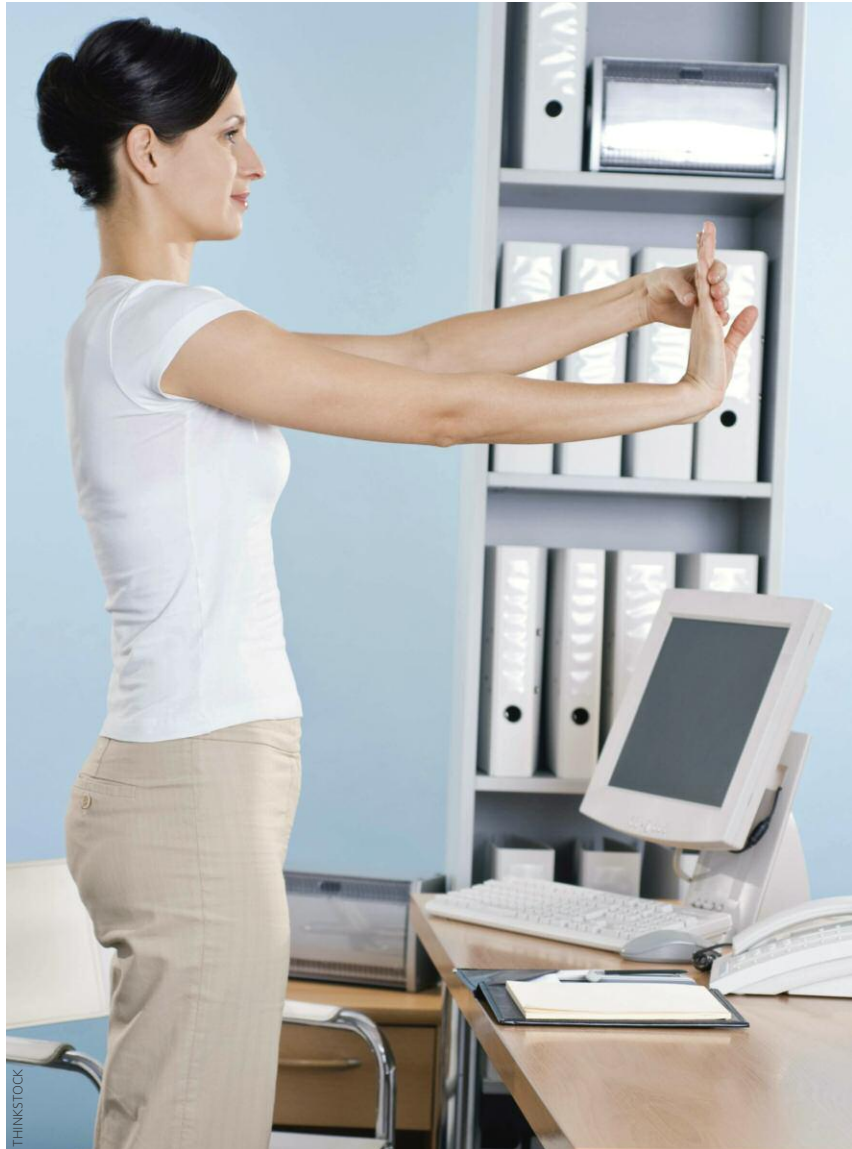
OVER THE LAST DECADE, WORKPLACE WELLNESS HAS become a hot topic in America. People spend more time at work than ever before, thus making the question “How do we keep people healthy at work?” a necessary part of any business plan or medical treatment protocol.

As a chiropractor, you treat people with work-related injuries every day, which puts you on the front lines of the growing wellness trend. However, as a DC, you are not just a doctor but also a business owner, and how you approach the health of your staff is just as important as how you approach the health of your patients.

Doctors whose practices specialize in workplace injuries and workplace wellness usually find that it changes their relationship with their staff in two very dramatic ways. First it tends to focus their attention more on the health and wellness of their employees. Second, it helps to train them and their office staff on the principles of workplace wellness.

Busy DCs generally have less time than desired to spend with each patient, and so they rely on their staff to help educate patients about modalities and prescribed active or follow-up care. If you start focusing on the realm of office workers, it is imperative to look around your own office and be sure you are practicing what you preach by providing the healthiest workplace possible for your employees.

In addition to treating your staff, you want to treat your office space, too. Establish a wellness program that rewards healthy behaviors, ensure that desks are set up ergonomically, and encourage staff to take micro-breaks for stretching every hour.



If you use the same techniques with your staff as you do with patients, they'll gain a better understanding of the treatments you offer. With increased experience and knowledge, your staff will be better equipped to educate patients. When the front desk is feeling better thanks to a new exercise protocol, they are more apt to want to share

their success and pass it along.

When training staff about your treatment protocols, you will likely find that they start taking notice of things they want to use in their own lives. *For example:* After giving a training session on proper posture, don't be surprised if your employees ask for ergonomic chairs — there's a symbiotic relationship

between the wellness of your staff, your patients, and your practice.

Recognize the value

While having a healthy staff is a moral imperative, it is a business imperative, too. Your staff is your front line, the first impression of your office, and patients should see them working efficiently and feeling well. Your staff is also your backstop; they are the last

ones your patients interact with.

They should be able to understand and reiterate the recommended treatment protocol you and your patient have agreed upon for follow-up. This is why educating your staff on the same protocols is beneficial.

Focus on needs

Chiropractic care isn't a one-trick pony. Find out what your employees'

healthcare concerns are and treat them as you would any patient. In most practices, staff sit at computers, file charts, and face the same health risks as other office workers. They need the best education on health and wellness in the workplace that you can offer.

And, unlike your patients, your staff are with you every day and can give constant feedback on how treatment is working.

Make it mandatory

Too often, people think about wellness or preventive medicine as something optional rather than necessary. The truth is that giving employees wellness in the workplace is giving them a safe workplace.

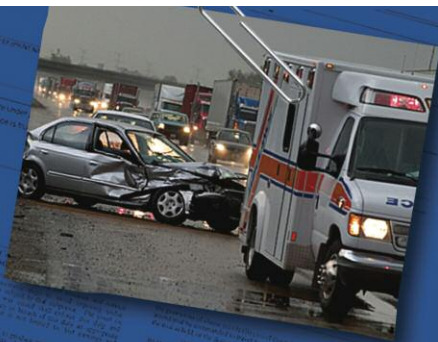
You wouldn't let a construction crew go on a job site without hard hats, so don't let your employees work at their computers without proper ergonomics and periodic stretching. A key principle is that if the nature of the work puts an employee at risk of injury, you should provide tools to avoid it.

Lead by example

The studies done on office wellness have found that the dynamics of the workgroup are the best indicator of a person's health. *For example:* If you eat a healthy lunch every day, it will prompt those around you to do the same.

Wellness for you and your staff is essential to your business and to your lives. Cultivating a healthy vital office staff creates a healthy vital practice. **CE**

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GREGORY SOLTANOFF, DC, is a third-generation chiropractor and author of *The Movement Handbook: A cure for our addiction to sitting*. He has two practices, Soltanoff

Chiropractic and Soltanoff Spinal Strengthening and Rehabilitation, and is the creator of The Movement stretch micro-break reminder software. He can be contacted through themovementonline.net.



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Structured for success

Does your marketing checklist pass the test?

BY MICHELLE GELLER-VINO

CHIROPRACTIC MARKETING ISN'T COMPLICATED. BUT STILL chiropractors search high and low for the latest trend or gimmick. The answer is to keep things simple, to make sure that you are organized and have a plan.

Years ago, chiropractors mostly used seduction to get new patients. They advertised in the Yellow Pages, bought newspaper ads, advertised on TV and radio, and handed out bent pens and coupons. You may have done some of these things yourself.

Today, the current trend in attracting new patients is all about building relationships. People want to go to a healthcare expert and are looking for someone with a great reputation, a clean and friendly office, and a practice that stands out from the rest.

People want to go to an office that

makes them feel good, where the staff is exceptional and the practice exudes energy and confidence.

As a chiropractor, you're trained to help people but you have to get them in the door first. So you need marketing, and marketing is not necessarily advertising.

Marketing includes everything from your office location, patient waiting time, internal and external marketing events, and offers of special products and services. What you do to market your practice determines whether you thrive (or barely survive).

So, how does your marketing measure up? Look at the list below and see if your chiropractic marketing passes the test!

A marketing checklist

Whether you are opening a new practice or you are already established,

make a checklist to run things efficiently and stay organized.

1. Create an "A team." Your staff should be friendly, dress appropriately, be open minded, want to learn more about chiropractic, and support you.

2. Have paperwork protocols. You should have formal systems for handling forms, software, fee slips, and billing. Train your staff in these protocols.

3. Refine your message. Your chiropractic message needs to be clear and focused. Teach people that you deal with the nervous system and, although the body heals itself, chiropractic deals with increasing energy, reducing stress, and building stronger immune systems. Chiropractic deals with the entire body, not just neck and back pain.

4. Be findable. What are your services, hours of operation, website address, and phone number? Your credibility improves when these are easy to find. The outgoing message on your answering machine should also state your hours, services, and an emergency number.

5. Know your ideal patients. Have a clear idea of the types of people you are trying to reach and where to look for them. Are they women, families, athletes, or people suffering from specific conditions like low-back pain or fibromyalgia?

6. Hire a community relations director. This individual sets up your internal and external marketing events, and attends them with you. Your CR director signs up new patients at events, follows up with them to ensure

they keep appointments, gets patient testimonials, and maintains your marketing calendar.

7. Have an internal marketing plan. This includes email, snail mail, a referral program, birthday cards, a reactivation program, newsletters, an article of the week, patient appreciation days or dinners, new patient wellness workshops, and a bulletin board with articles.

8. Have an external marketing plan. Educate people in your community, at corporations, at schools, and at civic organizations. Hold workplace workshops on health, wellness, and safety issues. Give spinal screenings at health fairs.

9. Have a presence on the Internet. Your website should be interactive and allow

visitors to fill out new patient paperwork online. Optimize your site for search engines to get good placement.

Is your marketing plan organized and in place, or is it haphazard and piecemeal? After speaking or holding spinal screenings, do you review what worked (and what didn't)?

Your possible marketing strategies are almost limitless. Internal and external marketing should be done consistently. You have an obligation to let the world know about your office. What better time to start than right now? **CE**



MICHELLE GELLER-VINO is president of MGVS Marketing Inc. and has more than 28 years' experience training chiropractic assistants. She can be reached at 561-392-5206, chiromich@yahoo.com, or through mgvmarketing.com.



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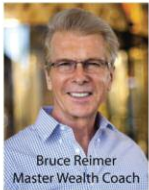




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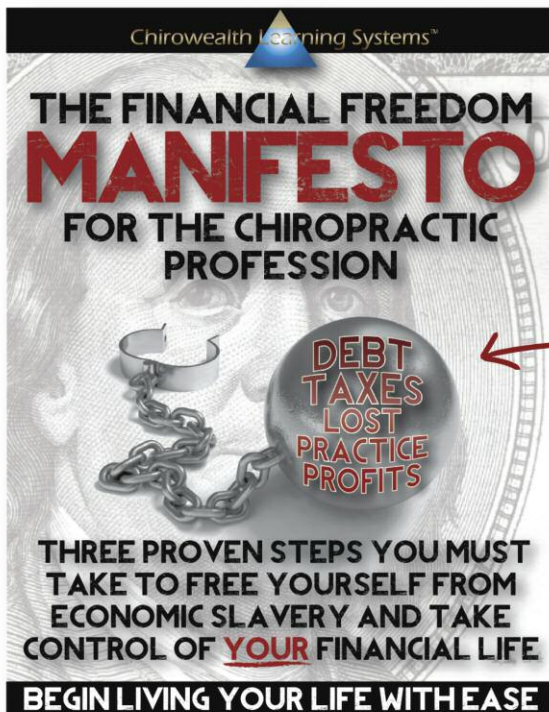
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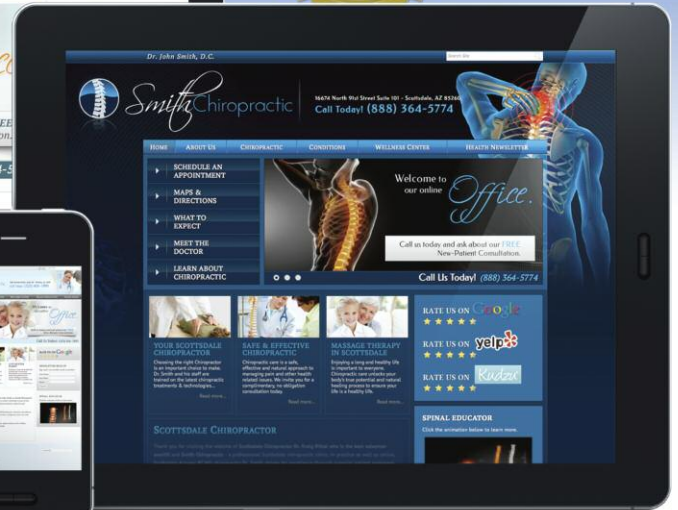
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Prudent protection

Disability income insurance can safeguard your most valuable asset.

BY KYLE LUEBECK

MOST PEOPLE BELIEVE THEIR MOST VALUABLE ASSET TO BE their home or practice. While those certainly are precious, for most people their biggest asset is the ability to work and earn an income.

Everyone who works for a living is familiar with what can happen if they lose their job. Yet the possibility of a serious disability is a risk few seem to consider.

According to the Council for Disability Awareness, slightly more than one in four of today's 20-year-olds will become disabled before they retire.¹ The risk is real. The question is what to do about it.

Disability income insurance replaces a portion of the income you'd lose if you are too sick or injured to work. Typically, that portion is roughly two-thirds of your yearly income.

There are two main sources of disability insurance that most chiropractors can access while running their own practice or partnering with other DCs: private disability programs and government-sponsored disability insurance. (Note: Programs offered through the Social Security Administration do not cover partial disability, and they have a strict definition of "disabled.")

Skilled individuals frequently play a crucial role in the success of a business. This is particularly true of a chiropractor's office.

If a key person — especially an owner — were to suffer a long-term disability, not only would he or she face substantial financial risk, but the survival of the practice could be in jeopardy.

One strategy many business owners have employed is to use a business overhead expense (BOE) policy. This is a form of disability insurance specifically

designed for business owners.

BOE policies reimburse certain business expenses of the owner while he or she is totally or partially disabled. Typically, they are determined by the fixed expenses included in the policyholder's taxes each year.

The funds provided by the BOE policy help the business survive during the period of the owner's absence. Some of the expenses typically covered by a BOE policy include rent, utilities,

(but are not limited to) a cost-of-living adjustment to compensate for inflation, own-occupation rider to specify skilled-job definitions, and future insurability options for chiropractors who know business growth is on the horizon.

Nobody wants to think about becoming disabled, but ignoring the risks could result in a catastrophe. Can you afford to miss more than two months of work without having to

Nobody wants to think about becoming disabled, but ignoring the risks could result in a catastrophe.

payments on debt, equipment leases, office supplies, taxes, and employee salaries.


There are four main factors companies consider when deciding if they will take on the risk of insuring any worker. These are: occupation, age, health, and income.

As you are looking into disability plans, look for a company that regards the chiropractic profession favorably. Each of the four factors will have an impact on the premiums charged, but occupation class is one you can control during the process by knowing where a company rates chiropractors.

Other than paying monthly lump-sum benefits for the amount of time that you specify, disability income policies can pay benefits during rehabilitation, job re-training, and part-time employment. A survivor benefit would pay a lump-sum benefit to your beneficiary if you die during a period of disability.

Optional features (riders) can be added to most disability income policies at extra cost. These include

borrow money? And such borrowing is often not possible because it can be tough to get approved for a loan if you don't have an income.

Social Security will pay disability benefits, but only after a lengthy waiting period. You can tap your savings, but that will exhaust most workers' savings in about two months. Selling your assets is a last resort — and you may not get fair value for them. Planning bridges the gap between being healthy and going bankrupt. 



KYLE LUEBECK is a registered representative with Mutual of Omaha. He works with the Minnesota Chiropractic Association and the Chiropractic Society of Wisconsin. His mission is to help chiropractors build stable practices that allow for the growth of the profession and enhance the environment of care. He can be contacted at 763-639-1324, through KyleLuebeck.com, or Kyle.Luebeck@mutualofomaha.com.

Reference

¹ Council for Disability Awareness. *Chances of disability*. www.disabilitycanhappen.org/chances_disability. Published 2010. Accessed August 15, 2013.



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The studied approach

Avoid these five mistakes when integrating your practice.

BY MARC H. SENCER, MD

THE BAD NEWS IS THAT INTEGRATING A PRACTICE IS A complex business and it is easy to make serious mistakes. The good news is that the most common mistakes have already been made by someone else, so you can learn from them.

Mistake number 1: Undercapitalization. If you cannot free up the cash needed to pay the additional overhead incurred when you hire new providers, think twice about integrating. It is recommended to have at least four to six months of reserve.

In addition to the expense of the new providers, take into account likely new marketing expenses. Anticipate delays due to credentialing if you are going to be in network.

Mistake number 2: Going into the process without a clear vision for the practice and a sound business plan. It's great to have a vision, but you must be able to make your vision profitable. Identify profit centers in the future practice and know the overhead and profit associated with each one. You'll want to calculate the break-even point for each service you provide.

For example: If you know the average reimbursement for a physical therapy visit is \$100, you can calculate how many patients are needed to pay a full-time or part-time therapist.

Breaking even is always the first goal of a good business plan.

Mistake number 3: Not hiring experts to help you. At the very least you should have a good healthcare attorney familiar with integrated practice. You will need an attorney to draw up employment agreements for the new providers and



set up the corporate structure of the practice as required by state law.

Even if you are in a state that allows the corporate practice of medicine and you don't have to change your corporate structure, you will still need an attorney to do the employment agreements. It is a good idea to have an attorney you can call regarding legal issues (even if you never need this service).

A consultant who is knowledgeable about integrated practice can also be helpful. Free advice from friends is no substitute for a paid expert who can help you and answer questions as they arise.

Mistake number 4: Not having a marketing plan and budget. Never add a new service to an existing practice or open a new one without a clear idea of where your patients are going to come from.

Will they come from outside referral sources like injury attorneys or other doctors? Are you sure those promised referrals will really materialize? Always make your calculations using the worst-case scenario.

Will patients come via the Internet? Do you have money in your budget to hire search engine optimization experts to ensure those prospective patients


find your website? Your marketing plan and budget should adapt over time as you calculate the return on investment for your different marketing efforts.

Mistake number 5: Failing to have properly trained billing and collections personnel and closely monitoring collections. You spend a lot of money to generate billings and you should be

confident that your staff is collecting every penny.

Is your current billing staff up to the task of billing and collecting for the integrated practice? A good consultant should be able to review your monthly statistics and accounts receivable with you and your billing staff, as well as train the staff on the use of the new codes and modifiers you will be using. By monitoring your collections and

coding strategies, in most cases you will spot problems before they get out of control.

Avoiding these common mistakes will go a long way toward making your integrated practice experience a successful and rewarding one. 



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

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Test yourself

Check your knowledge about the key factors in setting up an integrated practice with this true or false quiz.

1. It is a good idea to form a relationship with a healthcare attorney in case a legal issue arises.
2. You should have at least three months of reserve to cover the additional overhead when you integrate.
3. Never add a new service without knowing where your patients will come from.
4. In some states where you can hire a medical doctor without changing your corporate structure, you may not need an attorney or a consultant.

Answers:

Nos. 1 and 3 are true.

Nos. 2 and 4 are false. You should have four to six months' overhead in reserve. Even when you don't have to change your corporate structure you will still need a consultant to help you integrate new services and monitor practice statistics. You should have a relationship with a healthcare attorney so that if you ever need one you have someone you can call.

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Associate expectations

BY PETER G. FERNANDEZ, DC

DOCTOR, BEWARE. GETTING THE BEST RESULTS OUT OF AN associateship requires having the right expectations regarding the relationship from the outset. If your objectives are unrealistic, you stand a good chance of being gravely disappointed. On the bright side, with the right attitude, this can be time profitably spent.

What you will learn

You'll learn how to treat patients and how to communicate with them. You will learn how to do screenings and possibly get to practice public speaking.

You'll also learn, one hopes, how to file insurance and how to solve insurance problems when they come up (they surely will). And, you will learn how to run an existing practice.

You'll pick up a lot of great experience that is needed for running a practice — but no experience in starting one from scratch. This is one reason why the majority of new practices fail: because of mistakes made in starting the practice, not mistakes in running it.

What you won't learn

It's impossible to predict whether you won't learn any of the following things during an associateship, but in most cases you'll be seeing patients, not developing business plans. So, don't expect to learn much about

- ▶ Analyzing demographics and psychographics to determine an office location that will attract new patients

to you. A professionally located office site will add \$24,000 to \$48,000 a year to your practice. A poorly located office will lose the same amount.

- ▶ How to design a patient-attracting sign. A professionally designed sign will attract four to six new patients a month. A poorly designed one won't.
- ▶ How to design a cost-effective office floor-plan that is easy to practice in and requires fewer chiropractic assistants (CAs) to run — and therefore is more profitable than an inefficient one.
- ▶ Ways of negotiating with landlords. This is an area where you can save or lose thousands of dollars per year.
- ▶ How to negotiate with contractors. This, too, can be a big money-loser if you don't know how to do it.
- ▶ How to borrow money from a bank. Lending institutions have become extremely conservative. Therefore, you need to develop an effective professional bank proposal and learn how to convince a lending officer to offer you financing. And, if a bank turns you down, you will need to explore alternate ways to raise money for your practice.
- ▶ Techniques for having your office professionally — and economically — decorated.
- ▶ How to develop cost-effective advertising and marketing that works for starting a new practice.
- ▶ Methods for networking with people in your community, especially when announcing the opening of your new

practice. This includes learning about the organizations and people you need to meet and the civic and social clubs you should join.

- ▶ How to hire and train a great CA. A good CA can help you build your practice, and a bad CA can hurt it. This is why the average new DC usually hires three CAs in the first year of practice (because the first two don't work out). Moreover, it can cost up to \$12,000 to train a CA. This is one of the reasons new DCs tend to lose money in their first years of practice.

If you invest your time, effort, and money into being an associate and learning how to run an existing practice, be wise and learn how to start a successful new practice before launching that phase of your career.

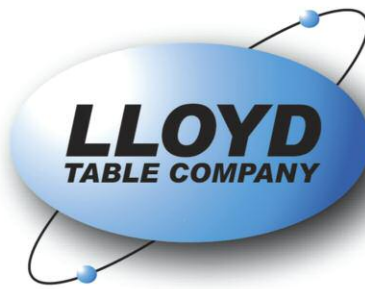


PETER G. FERNANDEZ, DC, has been a practice consultant for almost 30 years. He has written 18 books and more than 200 articles on starting a practice, and has consulted in the opening of more than 3,000 new practices. He can be contacted at 800-882-4476, DrPete@DrFernandez.com, or through DrFernandez.com.

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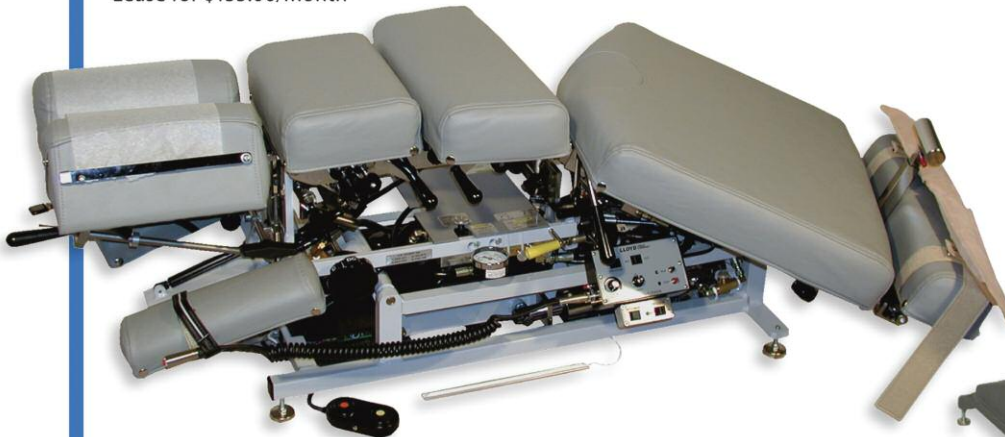


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Nov. 23-24, Portland, Ore.
Nov. 23-24, Seattle
Dec. 7-8, Colorado Springs, Colo.
Dec. 7-8, Cleveland
Dec. 7-8, Denver
Dec. 7-8, Hartford, Conn.
Dec. 14-15, Charleston, S.C.
Dec. 14-15, Louisville, Ky.
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Graston Technique
888-926-2727

Oct. 26-27, Boston
Oct. 26-27, Calgary, Alberta
Nov. 2-3, Orlando, Fla.
Nov. 2-3, San Jose, Calif.
Nov. 2-3, Tulsa, Okla.
Nov. 2-3, Toronto
Nov. 9-10, Las Vegas
Nov. 9-10, Philadelphia
Nov. 16-17, Portland, Ore.
Nov. 16-17, Charlotte, N.C.
Nov. 23-24, London
Dec. 7-8, Boston
Dec. 7-8, Lombard, Ill.
Dec. 7-8, Winnipeg, Manitoba
Dec. 7-8, Kihei, Hawaii
Dec. 14-15, Newark, N.J.
Dec. 14-15, Daytona Beach, Fla.

Kinesio Taping Association
888-320-8273

Oct. 26, Chicago
Oct. 26, Soldotna, Alaska
Oct. 26-27, Kankakee, Ill.
Oct. 27, Chicago
Oct. 27, Soldotna, Alaska
Nov. 9, El Paso, Texas
Nov. 9-10, Bellingham, Wash.

Nov. 9-10, Waterbury, Conn.
Nov. 9-10, San Antonio
Nov. 9-10, Hicksville, Ohio
Nov. 10, El Paso, Texas
Nov. 16, Odessa, Texas
Nov. 16, Seneca Falls, N.Y.
Nov. 17, Seneca Falls, N.Y.
Nov. 17, Odessa, Texas
Nov. 23-24, Boca Raton, Fla.
Dec. 7, Boca Raton, Fla.
Dec. 8, Boca Raton, Fla.
Dec. 14, San Antonio
Jan. 11, 2014, Waterbury, Conn.
Jan. 12, 2014, Waterbury, Conn.
Jan. 18-19, 2014, Miami
Feb. 8, 2014, Mechanicsburg, Pa.
Feb. 9, 2014, Mechanicsburg, Pa.
Feb. 15, 2014, Springfield, Ill.
Feb. 16, 2014, Springfield, Ill.
Feb. 22-23, 2014, Somerville, N.J.
March 22, 2014, Somerville, N.J.
March 23, 2014, Somerville, N.J.

Logan College of Chiropractic
800-842-3234

Oct. 26-27, Chesterfield, Mo.
Nov. 2-3, Chesterfield, Mo.
Nov. 9-10, Chesterfield, Mo.
Nov. 16-17, Chesterfield, Mo.

Nov. 23-24, Chesterfield, Mo.
Dec. 7-8, Chesterfield, Mo.
Dec. 14-15, Chesterfield, Mo.
Jan. 18-19, 2014, Chesterfield, Mo.
Feb. 15-16, 2014, Chesterfield, Mo.
March 15-16, 2014, Chesterfield, Mo.
April 12-13, 2014, Chesterfield, Mo.

Mally Enterprises
303-823-5555

Nov. 2-3, Chicago
Nov. 16-17, Rocky Hill, Conn.
Dec. 6-8, Viliford, Denmark

Minnesota Chiropractic Association
952-698-2351

March 6, 2014, St. Paul, Minn.
May 2-4, 2014, Minnetonka, Minn.

Neuro-Structural Taping Technique
416-750-1500

Nov. 2, Seattle
Nov. 9, Orange County, Fla.
Nov. 16, Boston
Nov. 23, Toronto

Options for Animals College
of Animal Chiropractic
309-658-2920

Oct. 2-Feb. 5, 2014, Wellsville, Kan.

March 26, 2014-Aug. 31, 2014, Wellsville, Kan.
July 30, 2014-Aug. 31, 2014, Wellsville, Kan.

Probiotic Symposium
866-216-6127

Oct. 24-26, San Antonio

PulStar - Sense Technology Inc.
800-628-9416

Nov. 9, Clermont, Fla.

Target Coding
800-270-7044

Nov. 2, TBD, Minn.

Sigma Instruments
724-776-9500

Oct. 26, Salt Lake City

Standard Process of North Texas
817-845-8325

Dec. 7-8, Dallas

Wellness Center
866-962-6484

Nov. 7, Teleseminar
Dec. 5, Teleseminar

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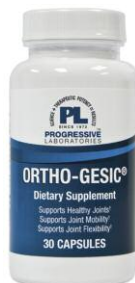


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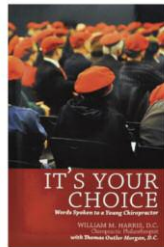
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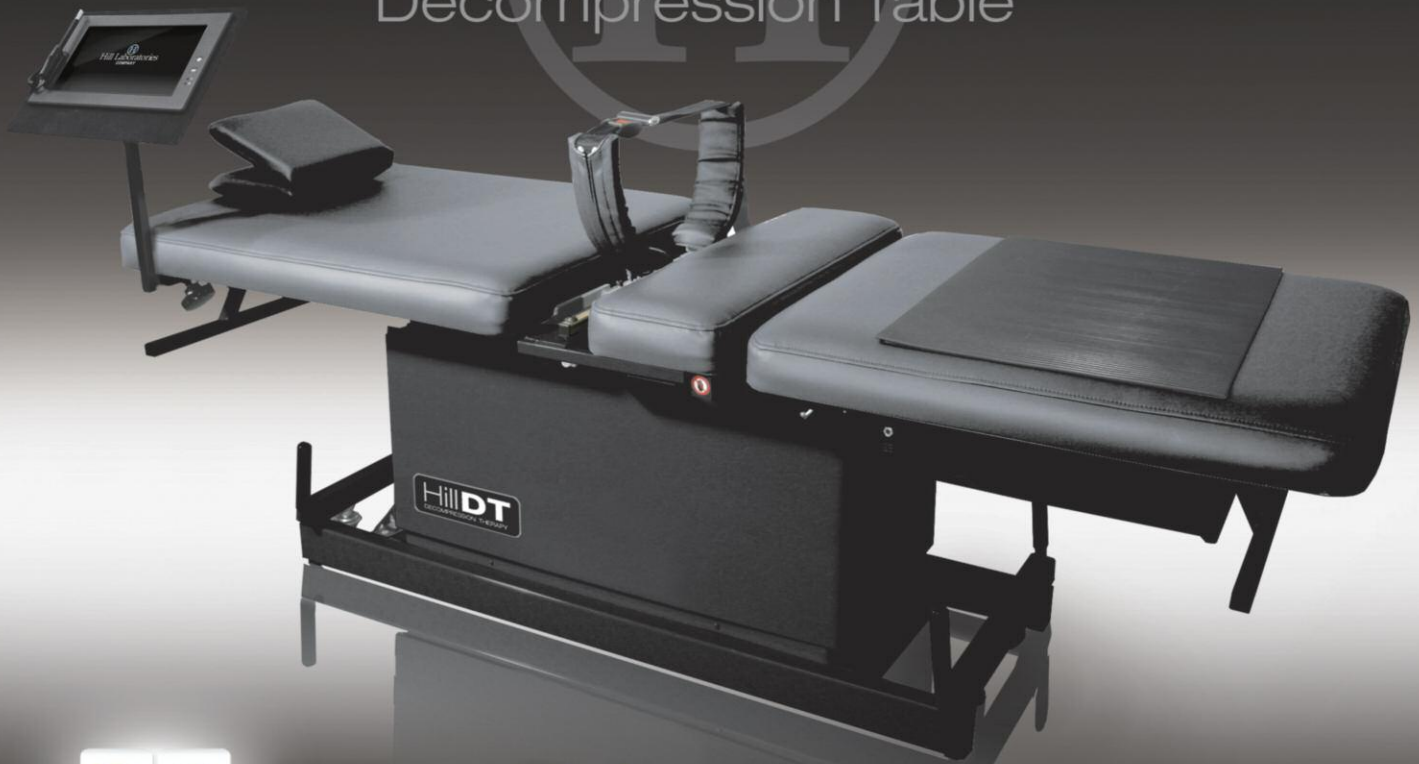
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