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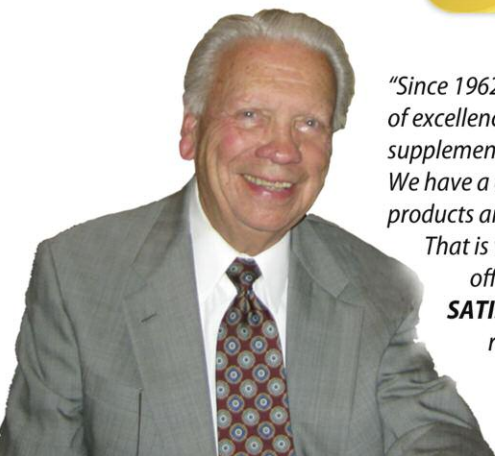
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Check out the *Chiropractic Economics* Product Showcase and Buyers Guide 2013! Lots of great products in many different categories. Sea Berry Essence is one of them under Herbs & Homeopathy - Thank you for this feature! #chiropractic #herbs #homeopathy

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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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YOU MAY HAVE HEARD THAT 40 IS THE NEW 30, THAT 50 is the new 40. But what does that mean, exactly? The answer can be found in your family's photo album. When you look at those old black-and-white photos and fading Polaroids, you'll notice that our ancestors tended to age more quickly than we do. In 1940, the average U.S. citizen could expect to live to be about 63 years old. By the year 2000, that number increased to nearly 80 — a gain of more than 25 percent.



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As time is the one thing you cannot buy more of, by any measure the gains in life expectancy have been a positive development. And as people have come to live longer, they are tending to age better, too.

This has been true up to a point. Now, in looking at projected trends in longevity, we're seeing a leveling off and, worrisomely, some cohorts may actually have shorter life expectancy than their parents.

What's going on here?

As a healthcare professional, you already know the answer — you see it in your practice daily. Overweight and obese patients are practically the norm. Diets heavy on processed and chemical-laden foods. Sedentary lifestyles. Environmental pollution.

The result of this impacts both life expectancy and life quality. What good is it to live an extra 10 years if most of those are bedridden and spent combatting chronic illness and disease?

So when we talk about anti-aging and wellness, these are the primary issues on the table. Not "looking younger" or cosmetic concerns with vanity, but truly feeling young, healthy, and vibrant all through one's life.

This is where chiropractic stands head and shoulders above other healthcare modalities, and where you shine the brightest. In this issue of *Chiropractic Economics*, we have some ideas about how you can help your patients age the easy way, not the hard way, and raise your game in this regard.

To your success,

Daniel Sosnoski, editor-in-chief

chiropractic economics

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TOP NEWS

Chiropractic recognized as key contributor in treatment of back pain

The Foundation for Chiropractic Progress (F4CP) has endorsed the conclusion of a recent report, titled "Adding chiropractic manipulative therapy to standard medical care for patients with acute low back pain: results of a pragmatic randomized comparative effectiveness study" (*Spine*; 4.15.2013).

The study found that for patients with low-back pain, the addition of chiropractic care to standard medical care (SMC) offered greater than a four-fold increase in patients whose pain and disability was "completely gone, much better, or moderately better."

"The inclusion of chiropractic care in this study setting demonstrated that chiropractic can promote cost-effective and clinically efficient outcomes for musculoskeletal conditions," shares Gerard Clum, DC, spokesperson, F4CP, who points out that the evidence-based care also ranks highly in terms of patient satisfaction. "Reports continue to confirm the extended value of chiropractic and support its inclusion within care delivery models, such as patient-centered healthcare homes (PCHCH) and accountable care organizations (ACOs)."



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

Source: Foundation for Chiropractic Progress, f4cp.com

Chief operating officer joins ICA's management

As part of a major expansion of the organization's professional and management resources, the board of directors of the International Chiropractors Association (ICA) has selected Mark Cook to serve as the ICA's chief operating officer (COO).

Cook will assume responsibility for the management of the ICA's business and financial operations at the ICA's Falls Church, Va., headquarters. He brings 25 years of experience in non-profits, private enterprise, and government, with emphasis on processes improvement, technology, and communications. Serving in the administration of the current Maryland governor, Cook was responsible for the governor's signature StateStat performance management program at a billion-dollar, 2,000-person agency.

Employing statistical analysis for improving government, Cook successfully implemented this program; provided staffing projections, strategic planning, wrote the agency's first annual report, and improved customer service and program delivery.



For more information on Cook, visit ChiroEco.com/icacook.

Source: International Chiropractor Association, chiropractic.org

American Chiropractic Association announces new CEO

The American Chiropractic Association (ACA) has selected James G. Potter as its chief executive officer. He joined the ACA in mid-September, replacing Bill O'Connell.

"Jim is an experienced leader with a proven track record of results," said ACA President Keith Overland, DC. "The Board was impressed not only by his broad management experience with national healthcare professional associations and proven advocacy expertise, but also with his passion for our mission. We are confident that Jim will be invaluable to ACA's success in its efforts to

advance the ability of doctors of chiropractic to provide patients with access to high-quality, cost-effective care."

"It is an honor to have this opportunity to serve the smart, compassionate, and innovative professionals who comprise ACA's membership," said Potter. "I am thrilled to join the top-notch ACA staff team, and look forward to working with the members, board, staff, and the chiropractic profession to make a difference in the health and lives of patients and their families."



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

Source: American Chiropractic Association, acatoday.org

COLLEGE NEWS

Canadian Memorial Chiropractic College president steps down

The Canadian Memorial Chiropractic College (CMCC) Board of Governors announced that Jean A. Moss, DC, will step down from her position as president, effective June 30, 2014. She will continue to lead CMCC for the remainder of the academic year.

"It is a bittersweet milestone. Jean leaves an extraordinary legacy of innovation and success and very large shoes to fill," said Mark Symchych, DC, chair of the CMCC Board of Governors and CMCC.

Moss attended CMCC and graduated in 1970 as a doctor of chiropractic. She began a private practice and joined the CMCC faculty on a part-time basis in 1971. Since then, she has held a number of increasingly responsible roles at CMCC that culminated in her serving as president since 1990. During her tenure, CMCC has grown and prospered and has achieved national and international recognition for the quality of its

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programs, the competence of its graduates and the breadth of its innovations and contributions in education and research.



To read more about Moss, visit ChiroEco.com/mossstepsdown.

Source: Canadian Memorial Chiropractic College, cmcc.ca

Palmer College administrator receives 2013 Lincoln Research Prize

Christine Goertz, DC, PhD, was awarded the 2013 Lincoln Research Prize for Chiropractic and Biomechanics. Among the outstanding nominees for the prize, Goertz was selected for demonstrating excellence in clinical research completed during the years 2010-2012 that most significantly contributed to the body of knowledge and also directly impacted patient care.

The prize was founded by its three sponsors, the Florida Chiropractic Foundation for Education & Research (FCF), Lincoln Chiropractic College Education & Research Fund (LCERF), and FCA, along with the Lincoln Endowed Research Chair at the University of South Florida, in order to bring attention to chiropractic research and build the image of chiropractic in the scientific research community worldwide.

The prize is awarded to an individual who demonstrates the most outstanding research productivity in patient-oriented, epidemiological, and health outcomes research related to chiropractic care. At \$20,000, the Lincoln Research Prize is the largest research prize in the chiropractic profession.



To read this article in its entirety, visit ChiroEco.com/lincolnprize13.

Source: Palmer College of Chiropractic, palmer.edu

Logan University opens chiropractic clinic at Paraquod

Logan University's College of Chiropractic has opened a part-time clinic at Paraquod, a non-profit community health and wellness resource in St. Louis that helps people with disabilities live more independently and actively participate in their communities.

This collaborative partnership between Logan University and Paraquod places Logan students in an integrated healthcare environment, working alongside physical and occupational therapists.

As part of Paraquod's Health and Wellness Program, the clinic allows Logan students to provide hands-on chiropractic treatment while learning from other healthcare professionals about patient care.



For more information on the Paraquod clinic, visit ChiroEco.com/paraquod.

Source: Logan University, logan.edu

INDUSTRY NEWS

Foot Levelers promotes international chiropractic growth

Key executives of the Foot Levelers team are traveling internationally to promote the growth of chiropractic outside of North America. China, Australia, and Mexico were first stops on a jam-packed itinerary that will soon include Europe.

Mark Zeigler, DC, Foot Levelers' vice president of education, recently travelled to Shanghai, where he visited an orthopedist and general practitioner at St. Michael's Hospital to discuss protocols and the role of orthotics in the chiropractic profession. After his visit, Zeigler traveled to Tianjin in Northern China, and met with representatives from Beiman Hospital, Tianjin University of Traditional Chinese Medicine (one of the oldest TCM institutions), and the First Teaching Hospital of Tianjin University. At the university, he spoke with the vice president about the role of chiropractic in rehabilitation and functional medicine.



For more information on their other trips, visit ChiroEco.com/flinternational.

Source: Foot Levelers, footlevelers.com

Standard Process Inc. sponsors new app for chiropractors

Standard Process Inc. partnered with Visual Odyssey, a chiropractic software developer, to develop a free app that can show patients what's going on inside their bodies and how it relates to a chiropractic adjustment. The app is available for Apple or Android phones and NeuroPatholator PopUp Windows software for computers.

Based on the popular NeuroPatholator electronic nerve wall chart, the Patholator app puts the NeuroPatholator Anatomy menu at the fingertips of chiropractors who use it. The new app highlights the connections between the

vertebra, nerves, organs, extremities, muscles, and dermatomes. Using clear and easy-to-understand visuals, the Patholator app helps patients see how they can support their own body with whole food nutrition that specifically targets their health challenges.



To learn more about the Patholator app, visit ChiroEco.com/neuropathapp.

Source: Standard Process, standardprocess.com


HEALTH NEWS

NFLAA members offer discounted healthcare to retired players

NFL Alumni Association (NFLAA) members will have access to deeply discounted healthcare, products, and services under an agreement that the NFLAA has reached with healthcare providers Maximized Living.

"Health is the number-one concern for retired NFL players, and we are proud to offer our members a program that provides affordable care geared toward former athletes," said NFLAA CEO and President Joe Pisarcik. "Our goal is to give our members a valuable resource they can use to improve all aspects of their wellness, which will help them lead healthy, happy, productive lives after their playing days are done."

Under the agreement with the NFLAA, Maximized Living will:

- ▶ Provide discounted access to Maximized Living's 5 Essentials of Healthy Living to NFL Alumni members to naturally treat conditions specific to high-velocity injuries of the head, neck, spine, and extremities, and lifestyle-related maladies common to former athletes.
- ▶ Set up a local Healthy Living Workshop at each NFLAA Chapter location nationally. 



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

Source: NFL Alumni Association, nflalumni.org



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Behavior change

Learn how hypnotism can play a role in your practice.

BY JULIE NISE, LMFT, LPC, CH



THINKSTOCK

HYPNOTISM AND CHIROPRACTIC ENJOY A SIMILAR HISTORY IN that both have been considered an alternative to allopathic medicine and both offer an alternative to what most believe to be the known path to health.

Within the hypnosis discipline, some of the uses of greatest interest to the practicing chiropractor are weight loss, smoking cessation, and pain-management protocols. Although the use of conversational or covert hypnotism can be emphasized by the chiropractor to motivate patients for many treatment applications, patients are better served when you allow them to know that hypnosis is taking place so that they can expect results. The patient needs to know that the magic happened.

Benefits of hypnotism

When making the case for using hypnotism in clinical practice, four key benefits stand out:

►Lack of side effects.

- The bond created between practitioner and client can be therapeutic in itself.
- Can be done as an unattended modality for part of the protocol, leaving you and your staff free to get other tasks done.
- Offers you and your practice a unique selling proposition for weight loss and smoking cessation.

Hypnosis is the use of suggestion to induce belief. The modality can help clients come to terms with the past, reduce stress, and rehearse future behavior or goals.

To employ hypnosis, the hypnotist is trained to first empathize with the client. The hypnotist mimics the observable physiological and psychological behaviors of the client to feel what the client feels, and think in the patterns the client displays.

The ability to observe and then match the client allows the hypnotist to create the connection and rapport

needed for the patient to feel safe.

Most veteran hypnotists find that if they match the breath rate, attitude, movement range, vocabulary, and observable values of the client, the experience begins to feel like mind reading. This is caused by the synchronization of the communication styles and thinking patterns between the hypnotist and client.

When beginning the induction of the client, the hypnotist slows his or her own metabolism, relaxes his or her own muscles, and slows the brain down to theta waves in order to lead the client into the desired hypnotic relaxation. The idea is that if you want someone to go into a certain state of mind, you must go into it first.

Repetition, repetition, repetition

When working with hypnosis, you discover that people need to hear and visualize a concept at least three times before they internalize it. This raises the question of how many times you

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should tell patients what you need them to do in their lives before you can expect them to follow directions.

For many practitioners, the number of times they repeat directions to patients is low. Then they are frustrated that the patients are not taking action. During hypnosis, suggestions are routinely repeated for better comprehension and agreement.

James Braid, the doctor who created the term "hypnosis," later lamented that he wished he had named it "mono-idealism." He wanted the new term in order to focus on causing people to focus on one thing at a time.

Braid also regretted the misconception that a hypnotized subject should expect to be asleep. Hypnosis is not sleep; rather, it is a relaxed state of mind.

Feelings first

Imagine being able to get your patients to eat the way they need to in order to heal. Imagine your patients following through with your instructions for spinal rehabilitation. The study of hypnosis allows you to communicate with reason enhanced by the understanding that all human decisions are based on emotions first and then justified by intellect afterward.

All too often, healthcare professionals appeal exclusively to logic and rational thought. This over-emphasis on reason is a mistake doctors make in order to be "in character" as physicians or experts. When using hypnosis, you learn to focus on the emotional drivers in a client in order to facilitate healing. After appealing to the emotions, you can then follow up with the rationalizations needed to justify reacting to the emotional appeal. People feel first, and rationalize second.

Relaxation, fixation, and repetition are the hallmarks of most hypnosis inductions. The patient is given physical suggestions such as the eyes being stuck closed or feeling tingling in the hands and feet to enhance the experience and convince them that they are having a hypnotic episode.

Peer-reviewed evidence

One meta-study that examined the effectiveness of hypnosis in pain management compared studies evaluating hypnotic pain reduction in healthy volunteers versus those using patient cohorts. In particular, it looked at the relationship between hypnoanalgesic effects and participants' hypnotic suggestibility to determine the effectiveness of hypnotic suggestion for pain relief relative to other nonhypnotic psychological interventions.¹

The examination of 18 studies revealed a moderate to large hypnoanalgesic effect, supporting the efficacy of hypnotic techniques for pain management. The results also indicated that hypnotic suggestion was equally effective in reducing both clinical and experimental pain.

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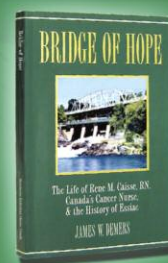
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Another meta-study examined the results of 20 controlled studies on the use of hypnosis as an adjunct to surgical care. In these studies, hypnosis was typically administered to patients in the form of a relaxing induction phase followed by suggestions for the control of side effects (e.g., pain, nausea, distress).

Only studies in which patients were randomized to either a hypnosis or

control group (no-treatment, routine care, or attention-control group) were included. The patients in hypnosis-treatment groups had better outcomes than nearly 90 percent of the patients in control groups.² It was found that adjunctive hypnosis helped the majority of patients reduce adverse consequences of surgical interventions.


John Kappas wrote extensively on the fact that patients tend to react


more readily either to physical, emotional, or intellectual directions.³ The hypnotist at first uses all three types to determine which gives the client the most convincing feeling of being hyper-suggestible.

Many chiropractors are familiar with Thurman Fleet, DC, and his promulgation of suggestive therapeutics through his Concept-Therapy Institute. The idea is that the way the patient stores ideas, concepts, and emotions directly affects physical health.⁴

Fleet frequently demonstrated how ideas affect physiology. This included simple exercises, such as sucking on a lemon in front of a group and watching the attendees salivate and pucker.

In modern hypnosis practice, the idea of hypnotic depth has given way to the idea of effective convincers so that the client will take action later.

The mind and body connect in countless ways. Expectation followed by realization is usually how a patient defines being assisted. This process can be greatly amplified using the power of simple suggestions. 

 **JULIE NISE**, LMFT, LPC, CH, is the owner of Southeast Hypnosis, a hypnosis clinic and a state-licensed school that teaches hypnosis and neurolinguistics. She is also the president of International Hypnotism Training Consultants, a group of hypnosis clinic and school owners. She can be contacted at 281 996-8000, Julie@southeasthypnosis.com, or through southeasthypnosis.com.

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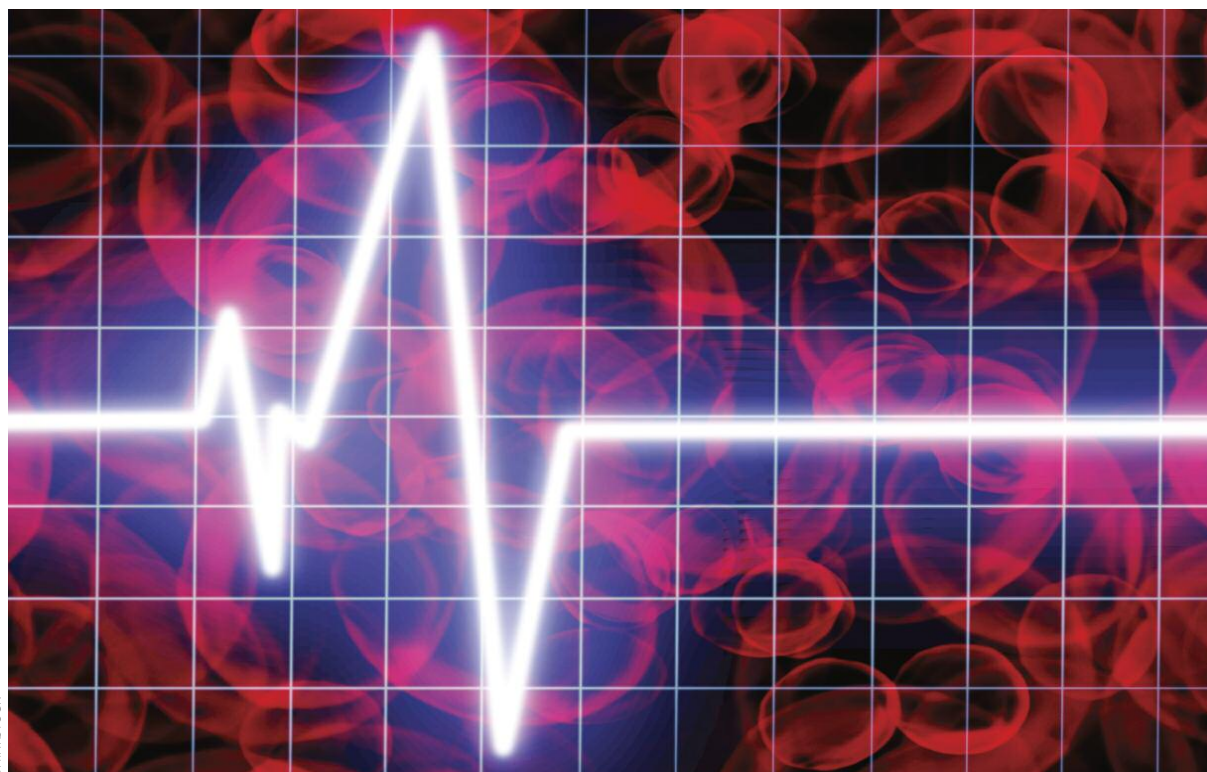
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The spark of life

Understand the role ubiquinol plays in the maintenance of health and treatment of disease.

BY GAETANO MORELLO, ND

MUCH LIKE THE SPARK PLUGS IN YOUR CAR, THE VITAMIN-LIKE nutrient coenzyme Q10 (CoQ10) serves as a vital catalyst to ignite the mitochondrial “spark” that creates cellular energy. Without adequate CoQ10, cells aren’t able to support normal levels of activity. But this powerhouse coenzyme also boasts antioxidant activity that has been shown to address a growing number of health conditions.

To accomplish these two critical tasks, CoQ10 dynamically cycles between oxidized ubiquinone and reduced ubiquinol. While both ubiquinone and ubiquinol are part of the total CoQ10 concentration in the body, there are molecular differences between the two.

Ubiquinol contains two additional

hydrogen atoms and two more electrons than ubiquinone. The electrons ubiquinol donates give it the power to neutralize free radicals.¹ The two additional hydrogen atoms also make ubiquinol more hydrophilic (water soluble) than ubiquinone, which in turn makes it considerably easier for the body to assimilate.

In healthy young individuals, total CoQ10 is comprised of approximately 95 percent ubiquinol.² However, health conditions that cause oxidative stress decrease this ratio by lowering the amount of serum ubiquinol.³

For example: The level of ubiquinol in people with diabetes can be nearly 75 percent lower than normal.⁴⁻⁶ Those with fibromyalgia can have as much as 40 percent less serum ubiquinol than normal.^{7,8} Other studies note signifi-

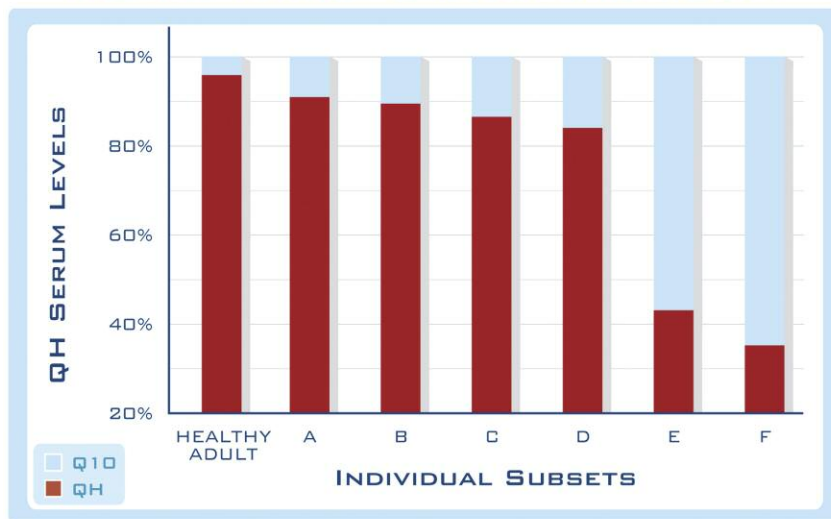
cantly lower plasma ubiquinol levels in patients with coronary artery disease, male infertility, neurological conditions like Parkinson’s and Alzheimer’s disease, and liver disease.⁹⁻¹⁴ (See chart on next page.)

Simply getting older can also undermine a healthy ratio. As a person ages, the body loses much of its ability to convert ubiquinone to ubiquinol. Without adequate levels of reduced CoQ10, the body is less able to defend itself against oxidative stresses that contribute to premature aging and disease.¹⁵ Thus, many clinicians now recommend ubiquinol supplementation, a practice with growing peer-reviewed backing and clinical credibility.

Heart-smart CoQ10

The heart requires a large amount of

HEALTHY ADULTS CONVERT Q10 TO QH



energy to function properly, so it's not surprising that some of the highest concentrations of CoQ10 are found in the cardiovascular system. And because free radical damage plays a significant role in many types of heart disease —

especially atherosclerosis and congestive heart failure (CHF) — supplementing with ubiquinol has been found to mitigate cardiovascular damage.

Over the past decade, studies have demonstrated that ubiquinol inhibits

low-density lipoprotein (LDL) oxidation better than many other antioxidants, including alpha-tocopherol.¹⁶ Not only does ubiquinol inhibit the peroxidation of cell membrane lipids, it also thwarts the overall oxidative degradation of lipoprotein lipids circulating throughout the body.

Ubiquinol may also have a direct effect on the progression of atherosclerotic lesions, as demonstrated in a mouse model of atherosclerosis. During the study, the mice fed a high-fat diet and also given ubiquinol had a lower concentration of lipid hydroperoxides in atherosclerotic lesions. Plus, the lesions were considerably smaller than those in the untreated mice.¹⁷

Ubiquinol also plays a key role in congestive heart failure. When Langsjoen and colleagues evaluated a group of patients with advanced CHF, they found that the majority had sub-therapeutic levels of total plasma

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CoQ10, despite supplementing with up to 900 mg of CoQ10 daily. However, after switching the patients to a daily dose of 580 mg of supplemental ubiquinol, the researchers found that plasma CoQ10 levels increased 300 percent. What's more, mean ejection fraction improved 17 percent. This suggests that ubiquinol provides better results in patients with CHF using a lower dose.¹⁸

The aging brain

As baby boomers head into their golden years, many are concerned about cognitive function. This concern is well-founded since excess reactive oxygen species (ROS) like oxygen ions and peroxides can cause a loss of function in neural cells. Studies have linked this uptick in free radical damage to a variety of neurological disorders, including Alzheimer's and

Parkinson's disease.¹⁹

When 30 patients with untreated Alzheimer's disease were compared to 30 healthy controls, researchers at Japan's Iwate Medical University found that levels of oxidized CoQ10 were nearly twice as high in the cerebrospinal fluid in the Alzheimer's group than in the control group.²⁰ However, preliminary research using aged mice bred with amyloid precursor protein mutations suggests that supplementing with ubiquinol delays brain atrophy.²¹ Similar effects have been found in animal models of Parkinson's disease.²²

Because unchecked ROS are implicated in many other facets of cellular senescence, ubiquinol is suspected to improve overall aging conditions. Animal studies suggest that supplementing with ubiquinol can significantly slow the rate of physical decline. One particular study using a senescence-accelerated mouse model found the rate of aging to be 40 percent slower in mice given a daily ubiquinol supplement compared to those taking ubiquinone and, 51 percent slower than mice given a placebo.²³

Diabetes and liver health

Diabetes is a rising concern among Americans. Between 1995 and 2010, rates of diagnosed type 2 diabetes across the country doubled.²⁴ Emerging evidence suggests that low ubiquinol levels may play a role in postprandial hyperglycemia and increased oxidative stress.

Further, a recent trial by Mezawa and colleagues found that supplementing with 200 mg of ubiquinol daily improved pancreatic function in type 2 diabetic patients, resulting in improved blood sugar metabolism. The researchers demonstrated a significant reduction in hemoglobin A1c due to improved insulin production efficiency. This suggests that ubiquinol can be used to help improve blood sugar metabolism.²⁵ Earlier studies also found that

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ubiquinol improves pancreatic beta cell response and glycemic control in patients with diabetes and pre-diabetes.²⁶


Obesity is a common thread among many diabetics. Here too, ubiquinol may be beneficial. Preliminary studies have found that supplemental CoQ10 offers protection against the liver damage associated with obesity and poor diet.

Routinely eating a diet high in fat and sugar increases ROS and inflammation in the liver. Mice fed this type of diet along with CoQ10 experienced less hepatic inflammation and lower ROS levels than controls.²⁷ New findings also show that ubiquinol has a strong impact on gene expression involved in PPARα signaling and lipid metabolism in mice livers.²⁸

Anti-aging approach

Ubiquinol research continues to offer promise to those actively seeking ways

to age well. An added benefit is ubiquinol's enhanced absorption and bioavailability. During one four-week study of 80 volunteers given either 150 mg or 300 mg of reduced CoQ10 daily, researchers noted significant absorption that resulted in dose-dependent non-linear increases in serum ubiquinol concentrations.²⁹

The evidence suggests that ubiquinol is a potential anti-aging option for most patients — and especially for those suffering from cardiovascular disease, neurological challenges, or diabetes. 



GAETANO MORELLO, ND, practices in West Vancouver, Canada. He received his doctorate from Bastyr University's School of Natural Health Arts and Sciences.

Since 1991, he has been educating health experts on the use of natural medicines in the fields of cardiology, immunology, gastroenterology, anti-aging, and detoxification. He is the author of *The Fiber*

Miracle, and a contributing author to *Alternative Medicine* and a *Textbook of Natural Medicine*. He can be contacted through drgaetano.com.

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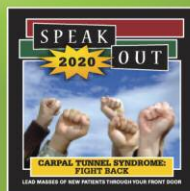
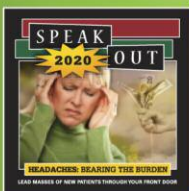
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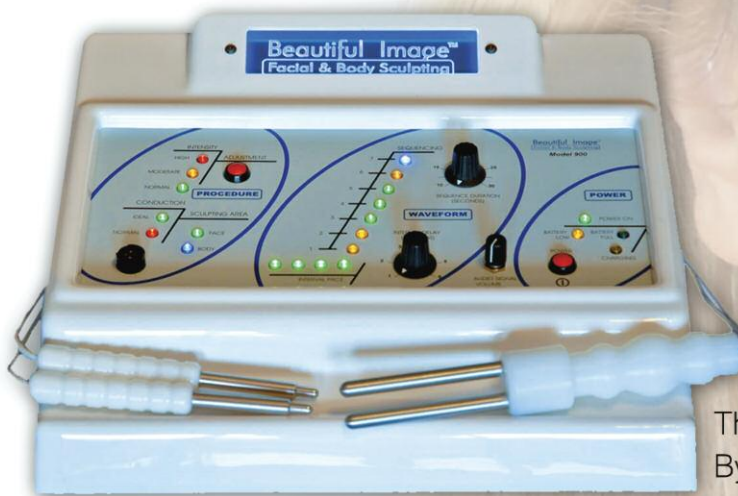
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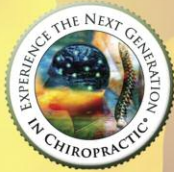
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THINKSTOCK

Good beginnings

Master the basics and you'll be documenting new patient visits with ease.

BY KATHY MILLS CHANG, MCS-P

ONE OF THE BIGGEST TIME-WASTERS AND POINTS OF frustration when dealing with new patient management is making sure you have gathered all the essential data at the start of the relationship. This is the critical information that must be obtained for a multitude of reasons. It's also an oft-overlooked subtlety within a new patient encounter.

Many patients won't understand why you are collecting so much information on their history, or they may not want to be bothered with "all this paperwork," especially if they are in pain. Yet your team must uphold operational and data-collecting standards when it comes to patient intake.

The successful gathering of data is completely reliant on your front desk personnel. If you employ a new patient

advocate in your practice, this system may rely on him or her.

When the new patient understands that the data gathering process is critical and your only accepted standard is completeness, you will have a happier team, a happier doctor, and a happier patient. Furthermore, your patient has the assurance of receiving improved care as a result of this thorough history. Not only will you be better able to make proper decisions for your patient but you are collecting key components of your evaluation and management code and also working more efficiently within your practice.

Set up for success

There are several systems you can put in place to set your patients up for success, such as providing them with

intake forms prior to their new patient appointment. Proven strategies include:

- Use your website as a portal where patients can download your new patient history and intake forms.
- Fax, email, or snail-mail intake paperwork to patients prior to their first appointment.
- As a last resort, have new patients complete the intake history upon arrival to your office for their new patient appointment, prior to meeting with the doctor.

Make sure your team is on top of helping new patients understand the importance of sharing all their medical history, and how critical that will be in assisting the doctor in giving them the best care possible. Team members must emphasize this point as they give

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instructions concerning completion of intake paperwork.

Once the patient has arrived for his or her appointment, your staff should not accept a half-completed set of intake forms. When a new patient returns the intake paperwork, team members *must* review it thoroughly, making sure all fields have been completed. There are times when team members are busy, and it may be tempting to let things slide, but don't allow a breakdown in this key procedure! Make it a priority that the review of intake is performed.

Your internal policy should never allow a patient to cross the threshold of the consultation room with blanks on a form, or with less-than-specific information. If the CA finds

Intake form scripts

The following scripts show how to relay health history expectations to the patient:

"Mary, we are delighted to schedule your new patient appointment for Wednesday, Jan. 8, at 2:00 p.m. For the doctor to get to the bottom of your problem once and for all, it is critical that she receives your entire health history to review. I'd like you to complete the intake history forms in the comfort of your own home, so you can have time to think about the answers and have any resources for information you may need. It will also allow us to get you right back to see the doctor once you arrive for your appointment, after we've reviewed your paperwork to ensure it is complete."

"You can download all the necessary forms to complete from our website, or I can email or fax them to you; which would you prefer? Great, I'll email them to you in a few minutes. Remember, it is critical information we are requesting, so if you are not sure how to answer a question, call me so I can help you. Again, my name is Sallie, and I'm here to help. This will guarantee the doctor has all your vital health information because that is a critical piece of the puzzle and will ensure you get the best care available!"

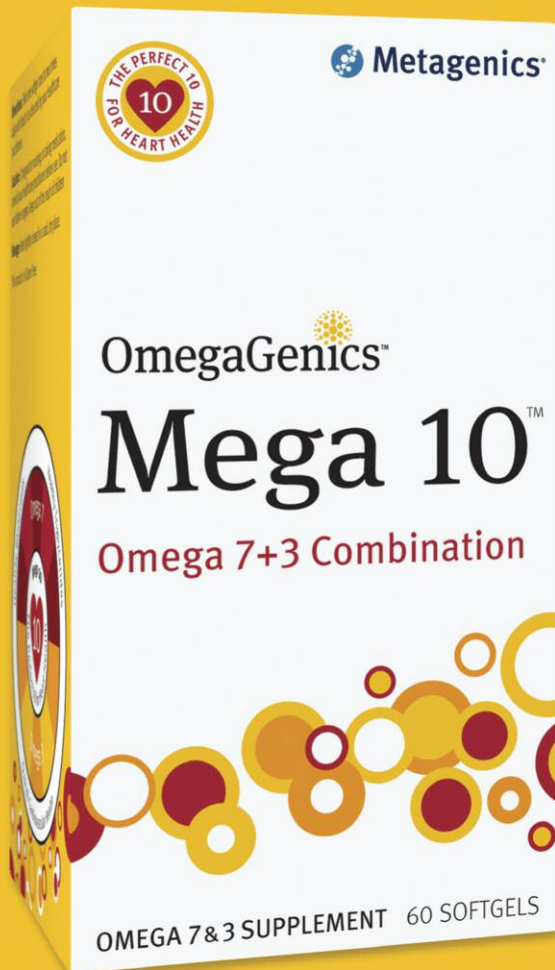
Completeness counts

If blanks are discovered where the patient has omitted information, the front desk staff should politely return the forms to the patient with a simple explanation about how they mistakenly missed some questions. *For example:*

"Mary, thank you so much for getting most of this done at home. We are getting you set up to go back and see the doctor. I've indicated a few spots in this paperwork that need more detail, and if you can just work on getting those filled in while we get you set up, we will be able to have you back shortly. We have to have all of this information to give to the doctor so she has the clearest picture of your condition, allowing her to then be able to offer you the best care."

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Take time to train your team members on expectations for complete paperwork, and the techniques for digging deep to clarify vague points of reference.

that the patient has written in the blank for “chief complaint” the words, “back hurts,” be clear this is not acceptable. The provider will then have to dig deeper, so if the team can assist by getting more detailed information first, that saves everyone time in the consultation and examination.

Make sure you point out exactly what is missing and reiterate that you expect them to complete this missing information now, prior to them seeing

the doctor. When the paperwork is returned the final time, review it to ensure it is fully completed, as requested. If it is not complete at this point, the team member may have to fill it in after asking the patient to relay the information orally.

There are times when a patient may be embarrassed to answer a specific question so you want to be warm and help the patient understand that the information is kept private, but must be complete. Be sure that team members initial any areas they filled in on this form, to clarify that it was relayed to them orally.

Team members and doctors benefit from complete intake information. Documentation standards are raised and health histories are more comprehensive. Providers should take time to train their team members on expectations for complete paperwork, and the techniques for digging deep to

clarify vague points of reference.

People learn what you teach them. If you tell the new patient that you expect something from them (e.g., 100-percent completion of the intake forms) and you do not hold them to that standard, you are in essence telling the new patient “we really don’t mean what we say — you can do what you want in our practice, please feel free to walk all over us.” That is *not* how you want to start a lifetime relationship with a new patient. A complete set of intake paperwork benefits the team, the provider, and the patient. **CE**

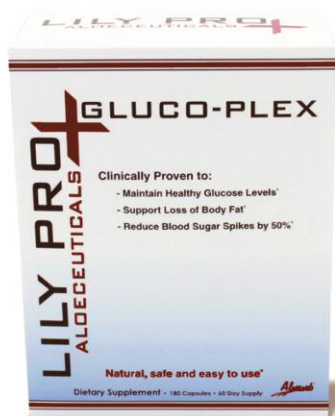


KATHY MILLS CHANG, MCS-P, has provided DCs with reimbursement and compliance training, advice, and tools to improve the financial performance

of their practices since 1983. She also serves as Foot Levelers’ insurance advisor. She can be reached at 855-832-6562 or info@kmcuniversity.com.

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THINKSTOCK

Stepping stones to wellness

If you know the right route, you can guide your patients toward health and longevity.

BY TAMMY WORTH

You can't turn on the television or open a magazine without seeing some sort of product proclaiming to engender youth, beauty, weight loss, or pain management. And even if they don't ask you about it, your patients are likely seeking at least one of these things at some point while under your care.

But the seemingly inexhaustible mix of pills, diets, and beauty creams can leave anyone's head spinning. Misinformation abounds. And as a healthcare practitioner, it's your job to sort things out and help your patients navigate the hype.

If a patient were to ask you tomorrow, "What can I do to stay youthful and healthy," what would you tell them? The good news is that experts agree the best approach is a simple, holistic one that relies predominantly on common sense.

Get moving

The human body was made for movement. As a healthcare provider, you know exercise can benefit the mind and body, so make sure your patients understand this as well.

The amount and kind of exercise each patient needs and can tolerate will vary depending on their health. The

Centers for Disease Control and Prevention offers some good guidelines for adults. The group recommends, at the very least, that people get two days a week of muscle-strengthening activities combined with either: 150 minutes of moderate aerobic activity, 75 minutes of vigorous activity, or an equivalent mix of the two.

It's this combination of different kinds of exercise that is so important, particularly for patients trying to lose weight. **DelRae Messer**, DC, author and nutrition specialist, says one good thing you can tell patients is they don't have to spend hours on the treadmill to lose weight.

"We used to think that long bouts of cardio were good," she says. "Cardio is a good thing; it gets your heart pumping and gets you sweating. But if you are exercising to lose weight, do higher-intensity workouts for a shorter duration."

She recommends three days of high-intensity training per week that includes cardio and strength work. **Cindy Howard**, DC, of Innovative Health and Wellness Center, tells patients that 15 to 20 minutes of interval training three times a week is good, and she would love to see them do 30 to 45 minutes four times a week.

"I tell them to change the intensity they are working at," Howard says. "If they are walking three miles per hour

on a treadmill, I try to get them to up it to five miles per hour for a minute or two and then move it back down."

A healthy appetite

You would be remiss to talk with patients about exercise without making sure they are eating right as well. Changing patients' diets can be a challenge for various reasons, e.g., eating is such a social and emotional activity, there is myriad misinformation available to people, and processed and fast foods are ubiquitous.

But, as with other information you provide, try to keep it simple. Choose some salient points and offer advice or nutrition plans that are manageable.

"We want to look at what prolongs longevity and quality," says **Carol Ann Malizia**, DC, a consultant and president of GirlsGalsGurus. "And it's chemistry — all things in nature have a chemistry, like love, chronic disease, pain, and arthritis. We recognize that people are either feeding the disease or feeding the solution."

A key point to make to patients is to eat as little processed food as possible, Malizia says. She stresses that the stomach processes foods, and the body understands how to use whole foods better.

One thing she recommends women have in their diet are cruciferous vegetables like kale and Brussels sprouts.

Meet the experts



DelRae Messer, DC, author and nutrition specialist in Braselton, Ga., and owner of Dr. DelRae Detox and Weight Loss System
drdelraedetox.com



Cindy Howard, DC, of Innovative Health and Wellness Center in Orland Park, Ill.; past president of ACA's Council on Diagnosis and Internal Disorders
orlandparkchiropractor.com



Carol Ann Malizia, DC, international speaker, leader, author, consultant, and president of GirlsGalsGurus in Newburgh, N.Y.
girlsgalsgurus.com



Daryl DeLuca, vice president of Biotics Research Corp. in Rosenberg, Texas.
bioticsresearch.com

weight a day in ounces. If a patient is addicted to soda or other drinks, a trick to wean them off is using tea or adding stevia and lemon until they get accustomed to plain water.

Instead of thinking in terms of anti-aging, **Daryl DeLuca**, vice president of Biotics Research Corp., says it's good to aim for a diet that is anti-inflammatory. Inflammation can cause problems throughout the body. A diet that is mainly plant-based can combat this enemy. He recommends a Paleo-Mediterranean diet that includes vegetables, fruits, nuts, and some lean protein.

Key things to avoid are grains and simple sugars, which DeLuca says promote inflammation. Howard agrees, noting that grains and refined sugars are on her "no" list.

"If it comes in a box or can last in the pantry for a year and a half, it is probably not a food — it's a product," Howard says.

And it's good to stress that eating well doesn't always mean deprivation. While Malizia avoids things like diet sodas and margarines, foods like good fat (organic butter) and coffee (also organic) are healthy in small doses.

These promote healthy liver function, which assists with processing estrogens.

Messer says another easy thing patients can do is drink more water. She recommends consuming half of one's body

Gut check

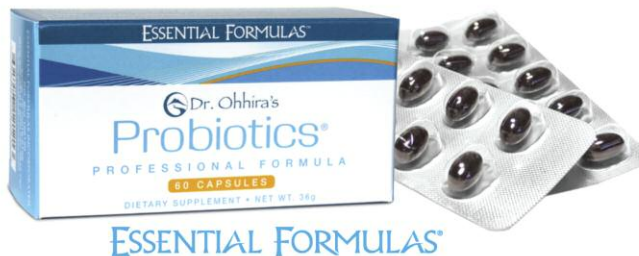
While on the topic of food, you should talk to your patients about their stomachs. With the boom in advertising of late, it is likely that most people have at least heard of probiotics.

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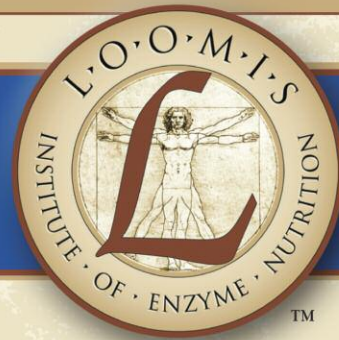
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Researchers have found that as well as a healthy diet and regular exercise, mindset is a large part of what keeps people young.

And that's a good thing.

"Gut health is huge," Howard says. "If it isn't healthy, your patient is probably not going to be healthy."

One thing she does is ask patients how often they have a bowel movement.

Most people, she says, have one every couple of days and think that is regular. They are wrong. She says people should be going one to three times a day. It shouldn't be too loose or too hard.

"If you only eat once every three

days, then you should only poop then as well," she says. "If you left food by the side of the road for three days, it would get gross, so you don't want to leave it in your stomach that long either."

DeLuca says patients should be taking a broad-spectrum supplement that includes probiotics and prebiotics.

Additional supplementation

When it comes to products like probiotics, herbs, or vitamins, chiropractors are in the perfect position to provide guidance and information to patients, but it is important to know what you are recommending.

"The truth is that it is up to the doctor to do the due diligence," DeLuca says. "You see One A Day and Centrum ads on TV and crazy things advertised on the radio. The doctor is in a better position to do due diligence; he can talk to the rep, ask questions, and even visit a manufacturing facility."

Other than probiotics, DeLuca recommends three basic products for all patients: a broad-spectrum multi-vitamin and essential fatty acids and vitamin D supplements. A deficiency in vitamin D can lead to things like hypertension, depression, and inflammation. Essential fatty acids can help reduce inflammation. He recommends a balanced source that includes alpha-linolenic acid (flaxseed), EPA and DHA (fish oil), omega 9 (olive oil), and gamma-linolenic acid (evening primrose oil).

When considering supplementation for a patient, Malizia says it is best to structure case management based on three levels — from basic depletion to illness that requires detoxification.

"Level one means that this is someone who is depleted based on the fact that they are functioning in a current American community," she says. "You want to make sure patients have basic nutritional health. Look at it like a bank account — are they bankrupt or taking steps to add to their health every day?"




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Key supplements

These supplements are what our experts recommend offering to patients looking for anti-aging and wellness support.

- ▶ Glutathione is a favorite of Howard, who calls it “one of the best antioxidants you can get.”
- ▶ A regimen that includes a good multivitamin, probiotic, vitamin D, and essential fatty-acid supplement is recommended by DeLuca.
- ▶ Curcumin, a substance found in turmeric, which is thought to reduce swelling and inflammation, can be particularly good for people with pain, says Messer.
- ▶ Adrenal extract can help lower cortisol and improve hormonal balance and ameliorate some of the effects of chronic stress.
- ▶ Herbs are also a good option, according to Malizia. Her top picks are Gymnema to help stabilize blood sugar; chaste tree, which supports progesterone balance; and schisandra, which helps provide women with endurance and stamina.

Know your numbers

One final thing Howard says is likely the most important: Make sure patients receive an annual comprehensive blood workup. And by comprehensive, she says it goes beyond the traditional panel to include a metabolic, complete blood count, iron and thyroid panels (including antibodies), magnesium levels, inflammation, lipids, and vitamin D levels.

Doctors, she says, typically only take the panels and look to see if someone is out of the normal range. They use that as an indicator of illness. Her job, she says, is to track patients' numbers to see if anything changes. Early detection can help manage conditions before they get out of control.

“Unless it is a holistic MD, they aren't going to assess patients like we will,” she says. “They are looking at clinical stuff; we can look at changes. One of the most powerful tools we have is to watch for markers to change and be proactive instead of reactive.”

Mind matters

Another important area to target when thinking about wellness is the mind. Messer, for instance, says she offers a weight-loss and detoxification program, but doesn't begin until she first does a session on a patient's mindset.

“We work on visualization, affirmation, and changing



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negativity to positivity,” she says. “We exercise our bodies, but how often do we look at our thought processes?”

Messer recommends that patients read positive things in the morning to start their day. That they try to be grateful for what they have instead of focusing on what they lack. Try focusing on positive change instead of playing a negative mental reel (“I am fat,” can change to “I want to lose five pounds.”) She and her husband try to find one act of kindness that happens around them every day and discuss it.

Messer points to areas called Blue Zones as a model of

The Power 9

These are the characteristics shared by “Blue Zones,” communities that have the largest numbers of residents aged 100 or more.

1. Natural movement. The longest-lived people don’t pump iron at the gym. Instead, they live in environments that constantly encourage them to move as part of daily life.

2. Purpose. The Okinawans call it *ikigai*, which translates to “a reason for being.” Having a sense of purpose adds to life expectancy.

3. Calming actions. Stress leads to chronic inflammation, associated with every major age-related disease. The world’s longest-lived people have routines to shed stress, like prayer, naps, and social drinking.

4. The 80-percent rule. *Hara hachi bu*, the Okinawan mantra said before meals, reminds the Japanese to stop eating when they are 80-percent full. People in Blue Zones eat their smallest and last meal in the late afternoon or early evening.

5. Plant preference. Beans, including fava, black, soy, and lentil, are the cornerstone of most centenarian diets. Meat is eaten on average only five times per month, in small portions.

6. Wine is fine. Most people in Blue Zones drink alcohol moderately and regularly. Moderate means one to two glasses of wine per day, with friends and with food.

7. Belonging. Most centenarians belong to a faith-based community. Denomination doesn’t matter.

8. Loved ones close. Successful centenarians keep aging parents and grandparents nearby or in the home. They commit to a life partner and invest in their children with time and love.

9. Healthy tribes. The longest-lived people choose or are born into social circles that support healthy behaviors. Research from the Framingham Heart Study shows that just as unhealthy behaviors like smoking and obesity are contagious, so too are healthy ones like happiness and self-care.

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wellness. These are places around the world where there are a large number of centenarians. Researchers have found that as well as a healthy diet and regular exercise, mindset is a large part of what keeps people young in these places that include Okinawa, Japan; Sardinia, Italy; and Loma Linda, Calif. Some of the common principles or "Power 9" values found in these cities

include belonging to a faith-based community (of any kind), eating well, and being part of healthy social networks.

It seems that positive things like donating to charities and connecting with others plays a vital role in mental health, which then supports physical well-being.

"We feel good when we are

contributing to society in a positive way," Messer says. "How great do you feel when you do something good for someone?" **CE**



TAMMY WORTH, a freelance writer based in Kansas City, Mo., specializes in business and healthcare subjects. She can be contacted at tammy.worth@sbcglobal.net.

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The tightrope walk

Proper regulation of hydrocortisone is essential to health and well-being.

BY JAMES L. WILSON, DC, ND, PHD

CORTISOL, OFTEN REFERRED TO AS THE STRESS HORMONE, PLAYS A crucial role in maintaining health. But to be effective, circulating levels must be maintained in a fairly narrow range. If levels drop much below optimal, signs and symptoms of adrenal fatigue occur. Any lower and the situation can become life-threatening.

If levels climb and remain above optimal for a period of time, signs and symptoms of metabolic syndrome appear. And if they get too high, Cushing syndrome manifests.

Regulated by the hypothalamic-pituitary-adrenal (HPA) axis and cortisol carriers in the blood with varying affinities for cortisol binding, the level of circulating cortisol in a healthy body remains between 15 and 24 mcg/dL, producing 20 to 25 mg of cortisol over a 24-hour period. These optimal circulating levels vary in a diurnal pattern, with low being at approximately 4:30 a.m. and high occurring 30 to 45 minutes after rising or at approximately 7 a.m. There is also a mid-afternoon low sometime between 2 p.m. and 5 p.m., which usually lasts between 15 minutes and two hours.

If cortisol is either too low or too high, it creates problems. Therefore, circulating cortisol is constantly on a tightrope walk, balancing at varying levels during the 24-hour diurnal cycle in order to adequately supply cells, tissues, and organs, and keep the body functioning optimally. In addition, cortisol must also respond appropriately to all stresses impinging on the host.

These stresses can be physical, biochemical, hormonal, physiological,

mental, emotional, real, or imagined. The combined stresses are sensed by the hypothalamus, which compares the amount of circulating cortisol to anticipated need throughout the entire body and allows adequate amounts of cortisol to be released from the adrenal cortex.

This balancing act is carried out via messenger hormones. The corticotropin-releasing hormone (CRH) from the hypothalamus releases the adrenocorticotropic hormone (ATCH) from the anterior pituitary, which then stimulates receptors in the adrenal cortex to prompt the manufacture and release of cortisol. To maintain the proper amount of cortisol, this cycle occurs every three to six seconds.

This system works with remarkable efficiency as long as the stresses are not too lasting, numerous, or severe.

In addition, the nutrients used during stress are not replenished by the normal

modern diet. Even healthy foods have fewer nutrients due to the use of chemical fertilizers that deplete the soil of essential minerals that plants need to make and store vitamins and phytonutrients.

As a result, people have fewer nutrients to replenish challenged adrenals.

However, if the adrenals are strong enough to withstand this and cortisol levels remain adequately elevated to handle the multiple stresses, over time the signs and symptoms of metabolic syndrome begin to appear — often taking decades to fully manifest.

Conversely, if the adrenals can't keep up with demand, adrenal fatigue results. With adrenal fatigue, cortisol levels are no longer able to rise adequately to meet the challenges faced by the host.

The following are common signs and symptoms of adrenal fatigue:



THINKSTOCK

- ▶ Morning fatigue: difficulty getting up and going without caffeine or other stimulants
- ▶ Mid-morning low: often compensated for by more caffeine plus sugar with fat (e.g. coffee and doughnuts)
- ▶ Afternoon low: typically experienced between 2 p.m. and 5 p.m.
- ▶ Energy improves substantially after around 6 p.m.
- ▶ Sleepiness may occur around 9:30 p.m.
- ▶ A second wind occurring around 11 p.m., lasting until 1 a.m. to 2 a.m.
- ▶ Sleeping in about two hours beyond usual rising time is more refreshing

Other symptoms include:

- ▶ Feeling run down and exhausted most of the day
- ▶ Sleep disturbances
- ▶ Getting sick more often and taking longer to recover from illness and

- other stresses
- ▶ Decreased libido
- ▶ Cravings for salt or salty foods
- ▶ Feeling fuzzy headed
- ▶ Increased irritability, intolerance, and lack of stamina
- ▶ Decreased concentration, attention, and memory
- ▶ Most symptoms of hypoglycemia (Cortisol plays intimate role in maintaining adequate blood sugar.)

If people experiencing adrenal fatigue reduce their stress load; eat nutritious food; combine high quality protein, fat or oil, and unrefined carbohydrates; add enough salt to satisfy cravings; make time daily to recharge; and take the right dietary supplements, they can recover and begin to function at a higher level within one to two years.

Unfortunately, the majority of people never reach this goal.

There are some people who are able to push their adrenals to keep providing adequate cortisol to meet the demands of their stressful lives. But over time their bodies start to break down.

An excess of cortisol over time can lead to the following illnesses:

Insulin resistance. Cortisol stimulates gluconeogenesis, which raises blood glucose. When stress is combined with the consumption of high glycemic foods, the disproportionately elevated blood glucose leads to excessive insulin response. Over time, this creates insulin resistance and the accompanying abdominal adiposity.

Dyslipidemia. It will manifest as elevated cholesterol, especially low-density lipoproteins (LDL) cholesterol and very low-density lipoproteins (VLDL).

Hypertension. This typically follows within a decade.

Impaired fasting glucose. This will come later.

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* Analysis effects of treatments for non-specific low back pain: a meta-analysis of placebo-controlled randomized trials. L. A. C. Machado, S. J. Kamper, R. D. Herbert, C. G. Maher and J. H. McAuley. Rheumatology 2005;44:520-527




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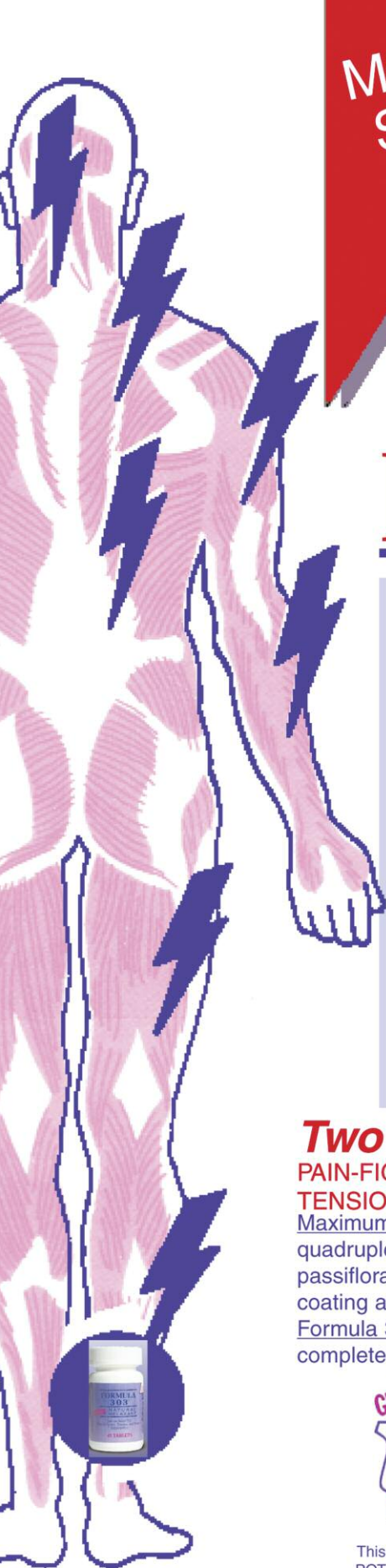
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Adult-onset diabetes. This will occur due to an overabundance of circulating insulin for a prolonged period.

Metabolic syndrome has been called minor Cushing syndrome because of the basic features they share, due almost entirely to the excess circulating glucocorticoids of both conditions. The most common cause of Cushing syndrome is exogenous corticosteroids from prescriptions. Several studies show that once the excess glucocorticoids are removed, Cushing syndrome disappears.

The key to recovery, however, is to view the elevated cortisol as an alert that the body is in crisis. From there, the patient must take the appropriate therapeutic measures to help it rebalance itself.

To do this, locate the largest sources of stress in your life and work to eliminate them. Supply the nutrients necessary to replenish the adrenals. If

the adrenals are not supported nutritionally, they may go into a temporary state of under-functioning once the stress is removed — much like a marathon runner's recovery period after a race.

To be healthy in a stressful world, the HPA axis must maintain balance on the cortisol tightrope walk. If the adrenals secrete too little cortisol, optimal functioning disappears and signs and symptoms of adrenal fatigue begin to emerge. If they secrete too much cortisol, metabolic syndrome manifests over time, which left unchecked may lead to diabetes and other complications.

Both adrenal fatigue and metabolic syndrome are stress-related health conditions strongly dependent on adrenal function. Both are treatable, and usually fully reversible with proper dietary changes, lifestyle adjustments, and dietary supplements.

As a chiropractor, you can help by monitoring your patients' health and regularly checking for signs of adrenal fatigue and metabolic syndrome. When noted, advise your patients about stress management and appropriate lifestyle modifications, food choices, and dietary supplements.

The key to better health in both these conditions is awareness. And the goal is to achieve balance — both in the response to stress and the amount of overall stress in daily life. **CE**



JAMES L. WILSON, DC, ND, PhD, is an internationally recognized authority on stress and its impact on health. His best-selling book, *Adrenal Fatigue: The 21st Century*

Stress Syndrome, has been translated into several languages. The clinical tools he developed to work effectively with stressed patients, including a diagnostic adrenal fatigue questionnaire, are available to healthcare professionals at icahealth.com.

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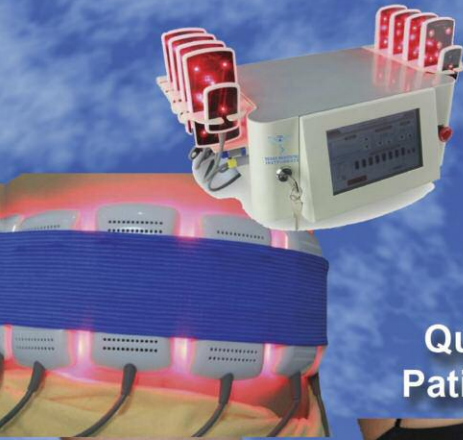
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BY DEAN DEPICE, DC, AND JEN DEPICE, DC

YOU READ THAT RIGHT — QUANTITY DOES DRIVE QUALITY.

The more you practice any procedure, the better you are at it. Think about parents who have their first baby. Do they say, “I love you” to their baby only once? No, they say it over and over, even though the baby doesn’t comprehend the words. Young parents may not even know what it truly means to love their child (yet), but they say the words without fail.

As a chiropractor, you have to do the same: express love in your thoughts, in your words, and in your procedures, every day in practice. Quantity does drive quality. The more you engage your one desire — the reason you go into the office to change lives, to speak truth, to give hope — the more you

experience miracles. And the more you speak truth to your patients, the more you are driving to provide the highest quality healthcare.

Your new-patient procedures must be based on specific scripts that are congruent with your knowledge of the truths of chiropractic. When your procedures are driven and fueled by the truth and an undeniable pursuit of sharing that truth, then quality will always result.

Caring for new patients leads you to offer better care, because you learn from your experiences in listening to them, engaging them, and helping them understand the devastating effects of subluxations. You learn the necessity of waiting to get the green light from each patient to make sure he or she wants

your care and is committed to following through with it.

As the number of new patients coming into your practice increases, you raise the bar to be better at your scripts so you don’t miss any of the essential words that lead your patients toward their best opportunity for good outcomes.

Quantity drives quality in your re-exams, too. Re-exams are critical tools for helping patients commit to lifetime care. Consider regularly doing re-exams every 10 to 12 adjustments. The consistency and quantity of your re-exams will influence your patients’ commitment to care.

Also, the more you do re-exams, the more your patients will realize that you really do care about them as individuals,

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and you care about their progress. Re-exams are a valuable tool for raising the value of the care you recommend.

The more re-exams you do, the more you raise the quality of the tests you perform and the more information you can then give to your patients. Think of them as checkpoints.

Quantity drives quality in your daily adjustments, too. The more adjustments you perform back to back, the more focused, effective, and competent you are. If your schedule is sporadic with significant gaps between adjustments, it's easy to become scattered and distracted.

What's more, a scattered or distracted doctor will attract a scattered team, too. It's easy to see these qualities in others but you can always optimize your scheduling to experience more energy and intensity in your adjustments.

The patients win when you gather the adjustments in the morning session, all at the top of the opening hour. When more people are present, they get the benefit of community and feel part of a larger mission. They respect and honor the doctor more and can benefit from all the education you share while adjusting.

Quantity *does* drive quality. Think beyond conventional wisdom. Listen for the truth and realize that your best comes out when you serve many and with principle. This is why you are driven not to be content with a few patients but satisfied only when exhausted from serving patients all day, nonstop, and knowing that you are changing lives from the inside out, one spine at a time. 



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Prime position

What you need to know about selecting the best location for your practice.

BY DALE WILLERTON

WHEN YOU ARE LOOKING FOR A LOCATION FOR YOUR practice, you shouldn't be looking for the cheapest one you can find, but rather the location that will enable you to maximize your patient volume. As you would expect, leasing a weak or mediocre location will negatively impact the potential of your practice.

If your lease is coming up for renewal and your practice is underperforming, perhaps you need to consider relocating (and yes, it's expensive). If your practice is doing \$300,000 in annual revenue, but could be doing \$400,000 or more in a better location, the problem is not going to correct itself.

If competing chiropractors are beginning to move in around you and leasing newer or better plazas near

your office, it will in turn make your location less desirable. A poor location will hold back the growth of your practice, make it more difficult to earn a good salary, and reduce the resale value of your practice.

Basic considerations

It's almost impossible to invest too much effort when searching for the right location for your practice. Consider the neighborhood, traffic flow, visibility (by both drive-by and walk-by traffic), demographics, signage, and parking. It is better to have negotiated a poor lease on the right location than get a good deal on a bad one.

Chiropractors about to open their first practice typically don't give themselves enough time. If you are opening a new office or moving, begin your site

selection process at least nine to 12 months before you plan to open. If you are already a tenant, initiate your lease renewal negotiations at least a year before the lease expires. After all, if you can't get a decent renewal, you will want time to negotiate a new lease and relocate without the pressures most tenants feel during the process.

Major missteps

In viewing properties, avoid assuming that all the current tenants will remain — especially the anchors, or major stores. Tenants in a strip mall can be caught off guard when the major draw for the location moves out of the property.

Because of lease considerations, the now-absent retailer may continue to pay rent on the vacant space, and the landlord cannot put another store into

Do not let an outside agent introduce you to another building that is not listed by his or her brokerage.

the anchor spot because of the former tenant's non-competition clause in the lease agreement. The landlord continues to receive rent payments from the former tenant, but traffic to the mall can drop sharply and the


remaining tenants will suffer the consequences.

Brokers and in-house leasing representatives are generally required to know this type of information but may not tell you when you ask.

Another common mistake you can make is letting one broker or agent assist you with viewing a variety of properties. *Don't let one broker show you space all over town.* Yes, you can talk to the listing agent or broker and ask questions. But do not let an outside agent introduce you to another building that is not listed by his or her brokerage.

Instead, speak directly to the listing broker, i.e., whoever has his or her name on the "For Lease" sign outside of each building that interests you. You will get information faster and more accurately, while avoiding the sort of commission-splitting where two brokers share the fee for finding your business. Commission-splitting can either result in an inflated rental rate or lessen your chance of leasing the space if the listing agent has another prospect for the space — and wants the whole commission.


In some cases, the broker will present you with an "offer to lease" or "letter of intent" that states the broker is working in a *dual agency* capacity. But "dual agency" is the same thing as "conflict of interest." Cross this point off the offer and tell the broker that you want your own broker working on your behalf.

Conventional commercial agents work for the landlord who is paying their commission, and not for you the tenant. They are paid *by* the landlord to get the best deal *for* the landlord. Even if there are two agents involved, if they are both sharing the same commission, are they really working for you, the chiropractic tenant? 



DALE WILLERTON is a certified lease consultant and author of *Negotiate Your Chiropractic Office Lease or Renewal*, and *Negotiating Commercial Leases and Renewals*

for *Dummies*. Request his free CD: *Leasing Do's and Don'ts for Chiropractic Tenants*. He can be reached at 800-738-9202, through TheLeaseCoach.com, or at DaleWillerton@TheLeaseCoach.com.



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THINKSTOCK

The power of positioning

Branding yourself and your services is a key aspect of your marketing plan.

BY DREW STEVENS, PHD

ON THE POPULAR TV SHOW *NCIS*, THE MAIN CHARACTER constantly drinks coffee.

Everyone knows the coffee is from Starbucks because of the cup's distinctive color and logo. You might remember the computer company whose boxes were colored like cows: Gateway.

When marketers package products, they do so with branding in mind. Branding is the look and feel that provides consumers with recognition and value. Packaging is a vital component of marketing because consumers acquire for brand's sake.

With that in mind, what are you doing to create allure and attraction? To gain visibility and recognition you must engage with others and ensure they are aware of your value.

Yet many doctors of chiropractic introduce themselves by title, offering nothing in terms of differentiation but a comparison with others. Patients are then left wondering why they should choose one doctor over another.

It is your responsibility to illustrate who you are and what you do. Perhaps the best method in today's market is to devise a message that conveys not only your competitive advantage but also a

clear understanding of your patients' issues. A genuine grasp of people and their problems will draw more of them to you than your use of titles or stereotypes.

In fact, a job title is a kind of stereotype. Patients today are seeking experts in whom they can confide and trust to create long-term relationships. Stereotypes do not promote this. What you want is a tool that can attract people to you like nails to a magnet.

The voice of value

A strong method of attracting new patients to you and your practice is to create a "voice of value." This is not an elevator speech or the like. The voice of value is a statement that frames your competitive advantage with your specific target market. It explains why you do what you do better than anyone else.

As you can imagine, this will immediately assist you in manifesting your brand. You are looking to create the value and differentiation necessary for patients to say, "I want to work with you."

Step one: Start with your target market. Many chiropractors fail to find their

niche because they don't think of themselves as needing a target market. However, every successful brand focuses on a target market to pinpoint the best customers. Consider the proper demographic for your services by age, income, education, profession, region, and so forth.

Some of the resources available to help you zero in on your proper demographic include the U.S. Bureau of Labor Statistics, your local real estate association, and Web resources like Google and ZIPskinny.com.

Step two: Identify the patient's condition in lay terms. This is another area where chiropractors tend to miss the boat. Too many use medical terminology like "subluxations", but patients don't talk about subluxations, they talk about neck pain, lower-back pain, fatigue, joint stiffness, lethargy, and obesity. It is vital that you talk in the patient's language.

Identify the issue the patient is going through. *For example:* "I work with individuals who have constant fatigue, joint pain, and migraine headaches." This way, patients will feel that you understand them.

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Step three: After you define your niche and patient issues, establish your competitive frame. Briefly state your exclusive processes, procedures, and methodology for aiding patients. *For example:* If you use proprietary enzymes, you might have a special analytical technique or way to check for mineral, thyroid, or vitamin deficiencies.

Consider what you do that's different from other chiropractors in your area. Not in terms of adjustment techniques or acupuncture or massage — these are tactical methods. Position your strategic competitive advantage versus others in the area.

Putting it all together

Once you have completed all three steps, devise a conversational message incorporating them. Your final positioning statement might actually sound similar to the following: "Hello, my name is David, and I work with professional women who are mostly administrative professionals and executives age 35 to 40 who suffer from chronic fatigue, joint stiffness, and migraine headaches. I use a proprietary formula known as McKinley's Medicine Box, which quickly rejuvenates and energizes them so they feel like they're 22 again!" What you'll likely hear from potential patients is: "I want to work with you because I need that!"

Creating a voice of value helps you stand above the crowd — especially if there is significant competition in your area. It does take time and patience. Test your message repeatedly to ensure that your prospective patients understand what you do and how you do it. 



DREW STEVENS, PhD, works with chiropractors who desire to dramatically accelerate patient volume and revenue. He is the author of six books including his most recent, *Patient Acceleration*, and is a regular columnist for *Chiropractic Economics*. He can be reached at 877-391-6821.

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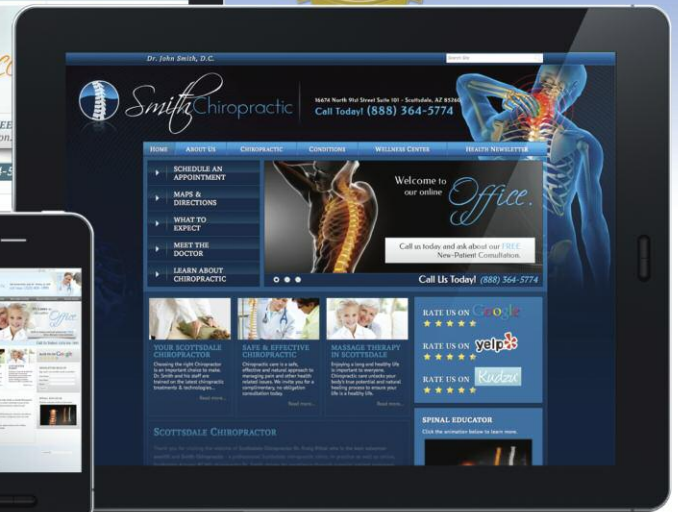
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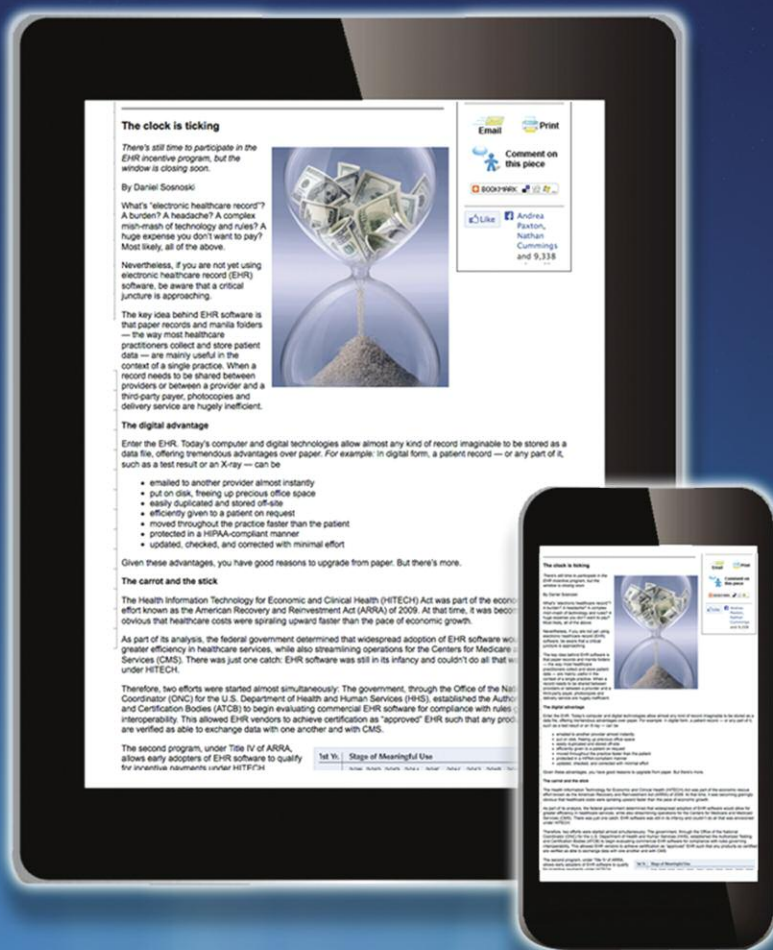
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Careful consideration

Working with the wrong financial planner, CPA, or attorney can cost you.

BY JASON M. O'DELL, CWM

MODERN HEALTHCARE IS BASED ON THE IDEA THAT PRIMARY care physicians will refer patients to other specialists when unique medical challenges arise. And when it comes to financial planning, doctors must use the same logic. You should expect the same level of sophistication from your own advisors when administering to your financial health.

Unfortunately, doctors often receive and follow general advice that doesn't address the needs of a successful doctor. Advice that rarely considers the high risk of lawsuits doctors face and the corresponding need for asset protection. And doctors typically require specialized tax and estate planning.

It would be considered malpractice for a primary-care physician to try to diagnose and treat all medical conditions presented by his or her

patients. A doctor's financial needs change from residency to mature practice to retirement; and these changes often require the doctor to regularly review, interview, and replace advisory team members.

Even if your goals remain constant, tax laws and healthcare delivery systems are ever-changing. If you don't have a team working with you to help address these changes, your plan won't be in line with your actual needs.

Advisors: helping or hurting?

Take inventory of your staff. Do your current advisors specialize in working with doctors and their unique challenges? Do they regularly communicate with one another to discuss your situation? Have they ever suggested you consult with additional experts? If the answer to any of these questions is

“no,” consider shopping around. You may not be taking advantage of all the opportunities that exist.

Here are a few other questions to consider:

- ▶ Does your CPA regularly explain tax law changes and offer you suggestions for tax savings?
- ▶ Did your attorney explain the 2013 estate tax changes? Has he or she brought up strategies to transfer your assets to your heirs without losing control during your lifetime?
- ▶ Has your attorney discussed multi-generational planning that can protect your heirs from over-spending and losing inheritances to lawsuits or divorce?
- ▶ Have your advisors explained the concept of, and need for, tax-diversification as a hedge against future tax-rate increases?

- Are you one of your advisor's smaller clients? If so, are you getting the attention you deserve?
- Have your advisors discussed your long-term view of the U.S. economy and explained investment strategies that accord with your vision?
- Did your insurance expert explain how you could get up to \$50,000 per month of disability insurance, a partial deduction on your life insurance premiums, subsidized long-term care premiums, or the tax benefits of insurance company ownership?

There are simple tools you can use to help avoid the unnecessary costs that often go along with common financial planning mistakes.

Expiring estate planning opportunities

Most advisors streamline and scale their businesses to cater to their

clientele. Doing so enables efficient and inexpensive service.

The problem with the one-size-fits-all approach is that you generally won't get the customized planning your situation likely requires. Consider this: More than 90 percent of American families will never earn more than \$150,000, will never be in the highest marginal tax bracket, and will never approach a net worth more than \$2,000,000.

Accordingly, few financial advisors, spend much time handling the unique challenges presented by high-net-worth individuals.

For example: By now you have probably heard of the term "fiscal cliff" and some of the changes to tax laws that took place in early 2013.

Keep abreast of ongoing fiscal cliff tax chances and consider contacting your estate attorney to set up a meeting to discuss the options under the new laws.


Spotting a bad insurance agent or financial planner

The insurance purchases of most doctors are often:

- a. poorly designed so cash values are not accumulating as well as they could be,
- b. owned improperly so that funds will be left in the estate, or
- c. owned in irrevocable trusts where cash values are not available to you in the event you need them.

To determine if your current insurance is in line with your needs, ask yourself the following questions:

- Has my financial planner or insurance agent explained that there are two different — but equally acceptable — ways to purchase life insurance?
- Do I understand how maximum and minimum funding options work and why virtually everything in between likely represents an overpayment of commissions?



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- ▶ Do I understand how funds in insurance policies may or may not be protected even if I file bankruptcy?
- ▶ Am I aware that I can get a partial net tax deduction for my life insurance premiums or that I could buy life insurance within my retirement plan and leave almost all of the death benefit to my spouse tax-free?
- ▶ Did I know I could buy life insurance, leave the death benefit to my heirs, and still have access to the cash value while I'm alive?

If you answered "no" to any of these questions, then you should review your current policies to ensure they fit within your long-term financial plan.

For example: Cash value life insurance can be a tool for asset protection, tax management, wealth accumulation, and estate planning — if used properly.

To use cash value life insurance

properly, the advisor needs to know a lot about your situation. The agent must coordinate the insurance purchase with the other advisors on the team to make sure you maximize your benefits.

Take time to get a better understanding of how life insurance can work for you and don't assume that you did everything right because your agent told you so. Policies are generally structured with an eye toward high commissions rather than meeting the goals of maximum tax-efficient accumulation or minimum cost of income replacement/estate liquidity.


In the medical world, specialists have certain areas of health concerns they are uniquely trained to address for their patients. What many high-net-worth Americans (especially doctors) fail to realize is that their financial, legal, and tax concerns require specialists, too.

With the right team, you may be able to protect your assets from lawsuits, taxes, and divorce, while still maintaining control and access to funds. If you are not confident that your current advisors are meeting your goals, or if you would simply like a second opinion, seek out the advice of those who can help you get to a place where you want to be. **CE**



JASON M. O'DELL, MS, CWM, is a consultant, author of a number of books for doctors, including *For Doctors Only: A Guide to Working Less & Building More*, and principal of the financial consulting firm OJM Group. He can be reached at 877-656-4362, odell@ojmgroup.com, or through ojmgroup.com.

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Proficient or prevailing?

BY BART ANDERSON, DC

OVER THE PAST SEVERAL YEARS, MY TEAM HAS OWNED OR launched more than 100 clinics. We have trained and coached dozens of associates as well. And it has become apparent that there are detectable differences among the chiropractors entering our profession.

At the outset, anyone who graduates from a chiropractic program and receives a DC degree has been deemed “proficient.” They have been given that stamp and judged “good enough to practice.”

Then there are the chiropractors who take that “DC” behind their name and do something with it. They *prevail*.

These owners create the life they had envisioned when they chose chiropractic. They become influential in their community.

In looking at winning practices, you’ll see a number of key qualities that can be called the “C’s” of chiropractic. As you consider the following, do a self-check and determine in which C’s you are strong and in which you may need some adjustment.”

Clinical excellence. Some students manage to get through chiropractic college but are questionable in their ability to really “bring it” clinically. These are the docs who are proficient in test-taking, but chiropractic involves more than the intellectual aspects of diagnosis and prescribing care (although these are key). It’s more about the ability to *adjust* and get real

results. Today’s grads must go beyond just passing tests. They must master whatever technique they opt to use. Ultimately, they must get great results if they want to prevail.

Cause focus. Chiropractic is more than a science and art. It is a philosophy, too. While you need not be a professional philosopher, it is essential to have dug into the principles that define the profession.

Those start-up DCs who are willing to “fight the battle” day in and day out against the allopathic-minded view of healthcare are the ones who most often prevail. They really change the way people think and live. Too many are proficient at just the science and forget this critical piece.

Commerce mind. Besides it being a science, art, and philosophy, chiropractic is also a business. B.J. Palmer was an amazing business-minded leader. While you need to have a healing hand and a business hand, it is not one or the other — it’s about balance.

Some DCs say they “just want to help people”. But if they don’t pay adequate attention to the business aspects of their practices, they’ll cripple their ability to help others. By not building your “business muscle” you limit your ability to prevail.

Consciousness. Prevailing people in every area of life and business understand that their thoughts determine

their reality. Prevailing doctors realize the truth in the proverb “As a man thinketh, so is he. As a woman thinketh, so is she.”

Communications. This is one of the more challenging areas for start-ups. Many have a vision, a cause, and a message to share, but cannot effectively express it. As a result many are left frustrated.

Do you remember when you started chiropractic college? Were you a good adjuster at that time? The way you (hopefully) got better is by practicing. Adjusting is a skill that must be developed. Well, so is effective communication. Just like adjusting, it can be improved and mastered.

So how do you rate in these C’s? Think about how you can develop those that need improvement so you can prevail. ☺



BART ANDERSON, DC, is co-leader of HealthSource Launch U (HSLU), a specialized training and coaching program for DCs working to start, build, and succeed quickly in practice. He can be reached at banderson@healthsourcechiro.com or through hslaunchu.com.

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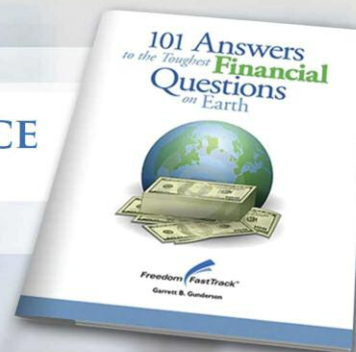
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Garrett B. Gunderson
Author of *Killing Sacred Cows*
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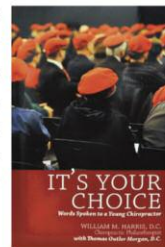
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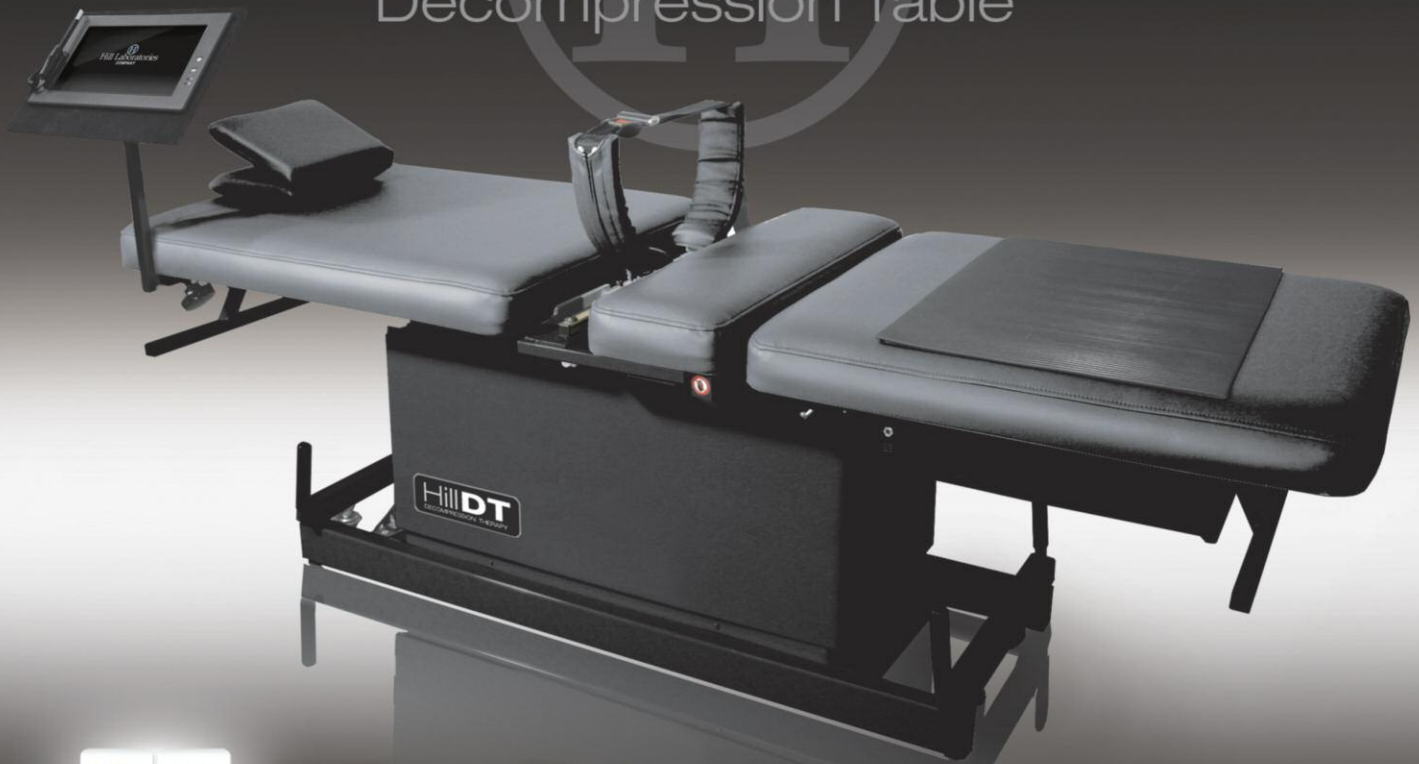
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