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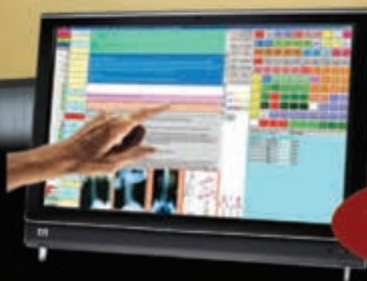


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VOLUME 57, ISSUE 1



48 A view from the Summit

Leaders of the profession gather to find common ground and guide chiropractic's future.

By Stanford Erickson

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- The clinical article, "The battle against breast cancer," includes a tip sheet for counseling female patients on diet and lifestyle. This Web-only content is at www.ChiroEco.com/ballard.

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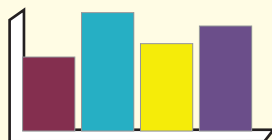
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AS YOU DELVE INTO THIS ISSUE OF *CHIROPRACTIC ECONOMICS*, YOU MAY HAVE NOTICED A STAFFING CHANGE: beginning this year I'm your new editor. The magazine has thrived under Wendy Bautista's diligent oversight, and we owe her our most sincere thanks. She's a tough act to follow.

Speaking of changes, about a year ago my back decided to play host to a pair of unwanted guests named "stress" and "anxiety." As they made themselves at home in my shoulder blades and neck, they produced aches and tension. I tried to cope with a combination of stretching exercises and aspirin.



Let me know what's on your mind:
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dsosnoski@chiroeco.com

For a while, I was able to hold discomfort at bay, but eventually I found myself in the office of Bruce Sambursky, DC, who practices in Jacksonville, Fla. It was my first visit to a chiropractor and I was a bit nervous.

Sambursky found a few misalignments, and after we discussed the matter I opted to try a course of treatment. Over the past six weeks, I've discovered many improvements in my health and sense of well-being and plan to continue getting adjustments on a periodic basis.

In this issue we have several different perspectives on the subject of general wellness and corporate wellness programs you can enact in your practice. The ability to attract and cultivate patients who seek sustained wellness is a special and important part of chiropractic.

Adding wellness clients could be a small adjustment to your practice that pays large dividends, as you'll learn in the pages that follow. By the way, earlier I mentioned that I was nervous about my first chiropractic visit. Well, getting an adjustment is now something I look forward to all week. Even a small change can lead to profound results.

All the best,

Daniel Sosnoski, Editor

chiropractic economics

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PerformanceHealth

Are you ready for MD and DO referrals?

I HAVE READ TED A. ARKFELD'S ARTICLE, "BREAKIN' DOWN THE WALLS" (ISSUE 17, NOV. 1, 2010) WITH GREAT INTEREST. I am a chiropractor with a DABCO and I am an orthopaedic spine surgeon. I would agree with him that barriers to MD and DO referrals should come down.

It is true that many patients can be benefitted by chiropractic care who are not yet seeing a chiropractor. However, this new referral pattern also brings significant responsibility. An MD or DO has to have confidence that you are going to give not just great care but will also be able to diagnose important conditions and know when not to treat.

Are you ready to make a diagnosis of cervical stenosis with myelopathy? Can you identify the difference between lumbar neurogenic claudication and peripheral neuropathy?

Taking the mantle of spine expert means you need to increase your database. To be the expert spine referral source for allopathic physicians takes extra knowledge and good diagnostic skills.

These skills can be acquired with the informa-

tion given to you by your chiropractic school and some additional education, but it takes increased effort to gain the appropriate expertise.

You must be able to read and understand MRIs and X-rays — not just for subluxations but for degenerative spondylolisthesis and instability.

Do you see a missing pedicle on X-ray and, if so, what is the next step in treatment? Do you know what long tract signs on the physical examination mean and where to look for this potential disorder? What is the natural history of a patient with a herniated disc and radiculopathy?

Chiropractors will make an excellent first stop for spinal disorders but need to step up their game to take on this mantle.

Donald S. Corenman
DC, MD
Vail, Colo.

Editor's note: The points raised in this letter are important. While many DCs thrive in a traditional practice, those seeking to provide additional services have the responsibility to gain the appropriate education and credentials as required.

SEND US YOUR OPINION Do you have questions or comments on something you've read in the magazine? Let us know! E-mail your opinions to dsosnoski@chiroeco.com, fax them to 904-285-9944, or send a letter to *Chiropractic Economics* c/o Daniel Sosnoski, 5150 Palm Valley Road, Suite 103, Ponte Vedra Beach, FL 32082.

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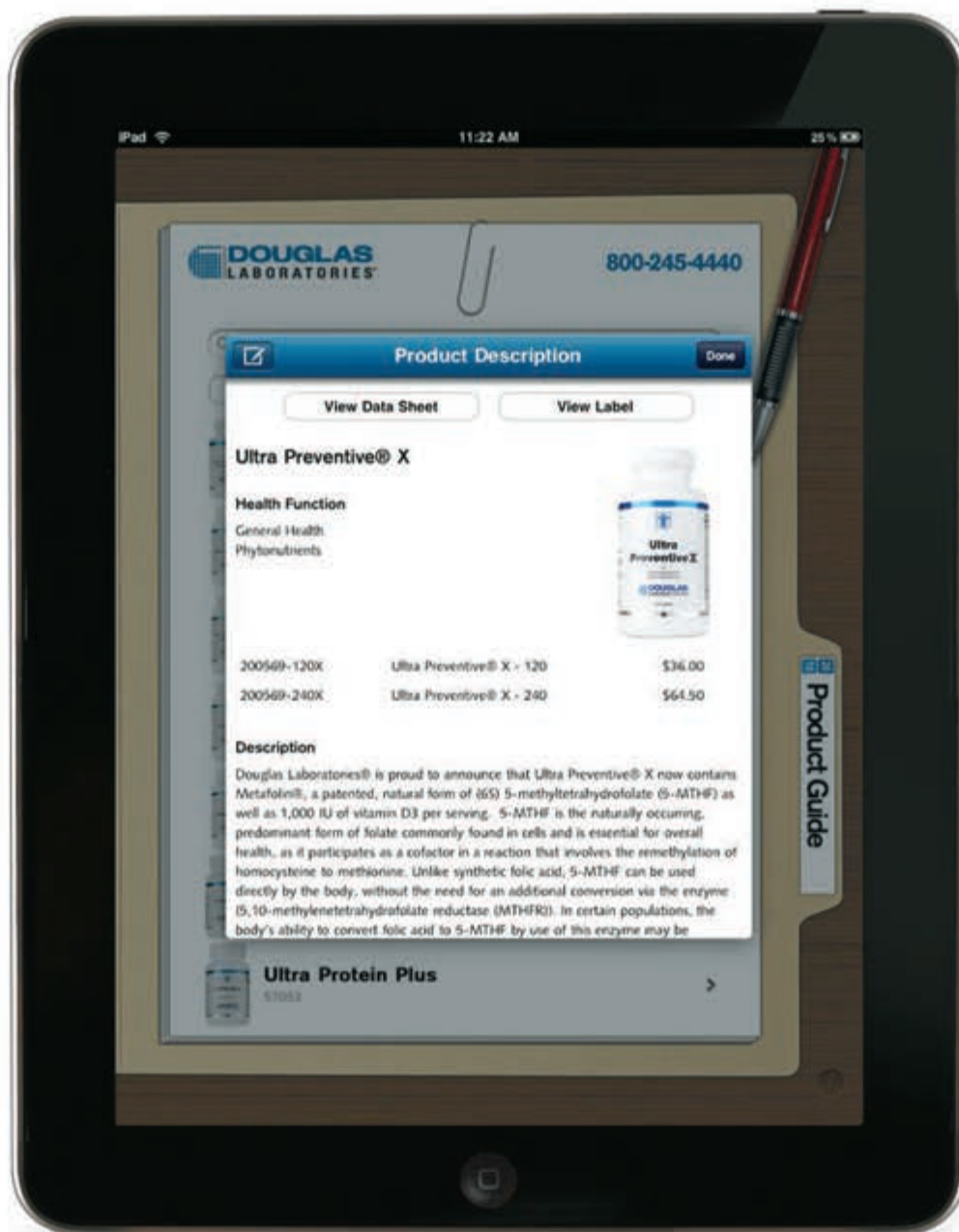
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TOP NEWS

Study finds chiropractic saves 40% on care

A new study finds that care for low back pain initiated with a chiropractor saves 40 percent on healthcare costs when compared with care initiated through a medical doctor, the American Chiropractic Association (ACA) announced recently.

The study, featuring data from 85,000 Blue Cross Blue Shield beneficiaries, concludes that insurance companies that restrict access to chiropractic for low back pain treatment may inadvertently pay more for care than if they removed such restrictions.

Published in the *Journal of Manipulative and Physiological Therapeutics* (JMPT), the new study, "Cost of Care for Common Back Pain Conditions Initiated With Chiropractic Doctor vs. Medical Doctor/Doctor of Osteopathy as First Physician: Experience of One Tennessee-Based General Health Insurer," looked at Blue Cross Blue Shield of Tennessee's intermediate and large group fully insured population over a two-year span.



To read this article in its entirety, visit www.ChiroEco.com/40percent.

Source: American Chiropractic Association, www.acatoday.org

CE seminar helps fight TMA lawsuit

Parker College of Chiropractic, Texas Chiropractic College (TCC), American Chiropractic Association (ACA), Texas Chiropractic Association (TCA), and Foot Levelers are sponsoring a special seminar to support the fight against the Texas Medical Association (TMA) lawsuit.

On Friday, Feb. 18 through Sunday, Feb. 20, a continuing education (CE) seminar will be held at Westin Park Central in Dallas. All proceeds from the

seminar will be donated to the Texas Board of Chiropractic to support fighting the lawsuit. Key speakers at the seminar will include: Dr. KSJ Murkowski, Dr. Mark Charrette, Kathy Mills Chang, and Dr. Kevin Wong.



For more information on this seminar, visit www.ChiroEco.com/TMAseminar.

Source: Foot Levelers, www.footlevelers.com

Senate passes legislation to exempt healthcare providers from Red Flags Rule

The Red Flags Rule requires creditors and certain businesses to develop and implement written identity theft prevention programs to help identify, detect, and respond to patterns, practices, or specific activities that could indicate identity theft.

The applicability of the rule to healthcare providers has been debated over the past several months. The Senate recently passed legislation that would exempt healthcare providers from the Red Flags Rule.



To read more about this legislation, visit www.ChiroEco.com/redflagsrule.

Source: American Chiropractic Association, www.acatoday.org

Obama signs legislation delaying fee cuts

Last week, the American Chiropractic Association (ACA) reported that your grassroots efforts helped ensure Medicare reimbursement rates were not cut a scheduled — and drastic — 25 percent on Jan. 1, 2011.

Congress passed legislation that extends current reimbursement rates for physicians through 2011, including DCs who see Medicare patients. On Dec. 15, 2010, President Obama signed this bill into law.



To learn more about this legislation, visit www.ChiroEco.com/25percent.

Source: American Chiropractic Association, www.acatoday.org

COLLEGE NEWS

Logan seeks patients for research study

Logan College of Chiropractic, in conjunction with Saint Louis University's Division of Geriatrics, is seeking patients for a research study to examine chiropractic care and physical therapy for older adults with balance problems, with or without low back pain (LBP).

Balance and falls are major health problems for older adults resulting in more than five million patient visits per year and are a leading cause of institutionalization in the geriatric population.

This three-year, federally funded study will also examine the role low back pain plays in the progression of balance deficits in the geriatric population. This study is open to men and women 60 to 85 years of age with or without low back pain.



For more information about the study, visit www.ChiroEco.com/loganstudy.

Source: Logan College of Chiropractic, www.logan.edu

Parker treats athletes at Central American and Caribbean Games

The Colombia Olympic Committee once again invited Parker College of Chiropractic to join the treatment



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team in providing chiropractic care for their athletes during the 2010 Central American and Caribbean Games held in Mayaguez, Puerto Rico.

Dr. Aleisha Serrano, Parker's Colombia abroad staff doctor, and Dr. Jennifer Davis were the official chiropractors for the Colombian team. In addition to Serrano and Davis the treatment team was composed of six medical doctors, six physical therapists, two psychologists, and one nutritionist.



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

Source: Parker College of Chiropractic, www.parkercc.edu

INDUSTRY NEWS

Spoonk acupuncture mats help relieve stress, tension

As the negative effects of stress are becoming increasingly harmful, consumers are beginning to look for a solution that eases their tired bodies and minds.

A recent poll revealed that 64 percent of Americans were taking steps to reduce stress in their lives. This stress-relief revolution has caused an increase in the demand for relaxation products, and retailers have enjoyed de-stressor product success.

Spoonk acupuncture mats are designed to offer consumers a real way to alleviate stress and tension through regular use with a combination of modern techniques and ancient acupuncture practices.



To learn more, visit www.ChiroEco.com/spoonk.

Source: Spoonk, www.spoonkspace.com

New health channel educates patients while they wait

Effective patient education has never been more important! The Vitality Depot launched The Vitality Health Channel to help chiropractors promote their office, chiropractic, healthy living

with custom designed systems.

A live digital feed displays videos and photos along with music, a ticker, and special content. Doctors can choose the background image, music, content channels, and custom ticker messages to inspire patients.

With an office Internet connection and a monitor or screen, doctors can display The Vitality Health Channel in the reception room or other areas in your clinic. Updated weekly with fresh content and images, The Vitality Health Channel is a premium health education system.



For more information, visit www.ChiroEco.com/healthchannel.

Source: The Vitality Depot, www.thevitalitydepot.com

Douglas Laboratories introduces Organic Greens and Reds concentrate

Douglas Laboratories announces the debut of its newest product, Organic Greens and Reds. For those who wish to enhance their diet, the Organic Greens and Reds powder is a sugar-free, wholesome supplement suitable for vegetarians and mixes completely with water or juice.

A concentrated phytonutrient blend of grasses, vegetables, and botanicals, Organic Greens and Reds offers the desirable antioxidants found in fruits and vegetables. With cruciferous vegetables such as broccoli and cauliflower, known to contain sulforaphane compounds, Organic Greens and Reds helps provide important antioxidant and detoxification support.



To learn more, visit www.ChiroEco.com/organicgreens.

Source: Douglas Laboratories, www.douglaslabs.com

HEALTH NEWS

Senate passes food safety bill

In the first substantive vote in the lame-duck session of the 111th Congress, the Senate

voted to pass sweeping legislation to address food safety.

The bill approved by the Senate, the FDA Food Safety Modernization Act (S. 510), was initially introduced by Sen. Dick Durbin (D-IL) in March 2009. The original bill has been revised on several occasions, most recently with an amendment by Sen. Jon Tester (D-MT) to exempt small farming operations.

Among other details, the bill would, for the first time, give the Food and Drug Administration authority to mandate a recall of any food (including a dietary supplement) when there is a "reasonable probability [of] serious adverse health consequences or death" associated with such food.



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

Source: American Herbal Products Association, www.ahpa.org

Celebrity nutritionist offers top 5 tips for a healthy 2011

Celebrity nutritionist Christine Avanti who has worked to get some of the biggest names in Hollywood into the best shape of their lives and helped 1,000 people achieve 10,000 pounds of weight loss, shares her insider secrets and solutions to empower millions to keep the ever-popular New Year's Resolution to get healthy in 2011.

Her top five tips for a healthy 2011 are:

1. Beware of liquid calories such as soda, beer, etc. If you can resist, you will save yourself from gaining approximately 2 to 3 pounds of unwanted weight.

2. Never starve yourself all day so you over-eat at dinner. Contrary to popular belief, most of those calories will be converted to fat. It's far better to eat every four hours throughout the day so you are not ravenously hungry.



To read the remaining tips, visit www.ChiroEco.com/avanti.

Source: Rogers & Cowan, www.rogersandcowan.com



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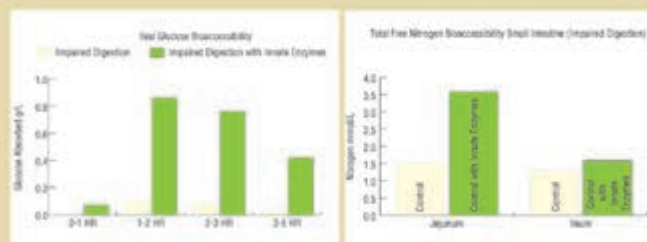


Digestive Enzymes Clinical Strength

Digestive Enzymes Clinical Strength is a broad spectrum digestive enzyme supplement formulated to provide effective enzymatic activity for general digestive support as well as managing specific digestive deficiencies. While most digestive enzymes only provide one form of protease (for digestion of proteins), Digestive Enzymes Clinical Strength provides multiple stages of protein, carbohydrate, fiber and lipid digestion. These multiple stages create a powerful digestive combination that is high potency and able to help digest foods in all three sections of the small intestine. These multiple stages are critically important for clinical use.

Independent Real Time Study

An independently researched real time study examined the absorption of foods with enzymes used in Digestive Enzymes Clinical Strength. This study showed a substantial increase in digestion throughout the small intestine over a 5 hr time span. The study proved that the enzymes used in Digestive Enzymes Clinical Strength survived the acidity of the stomach and worked throughout the small intestine. Since most enzyme formulations become inactive in the harsh environment of the stomach, the enzymes in Digestive Enzymes Clinical Strength offer a real advantage.



Westermark, R., Innate, R. (2008). The first quantitative evidence proving the efficacy of supplemental enzymes. TNO Nutrition and Food Research, Tiel, Netherlands

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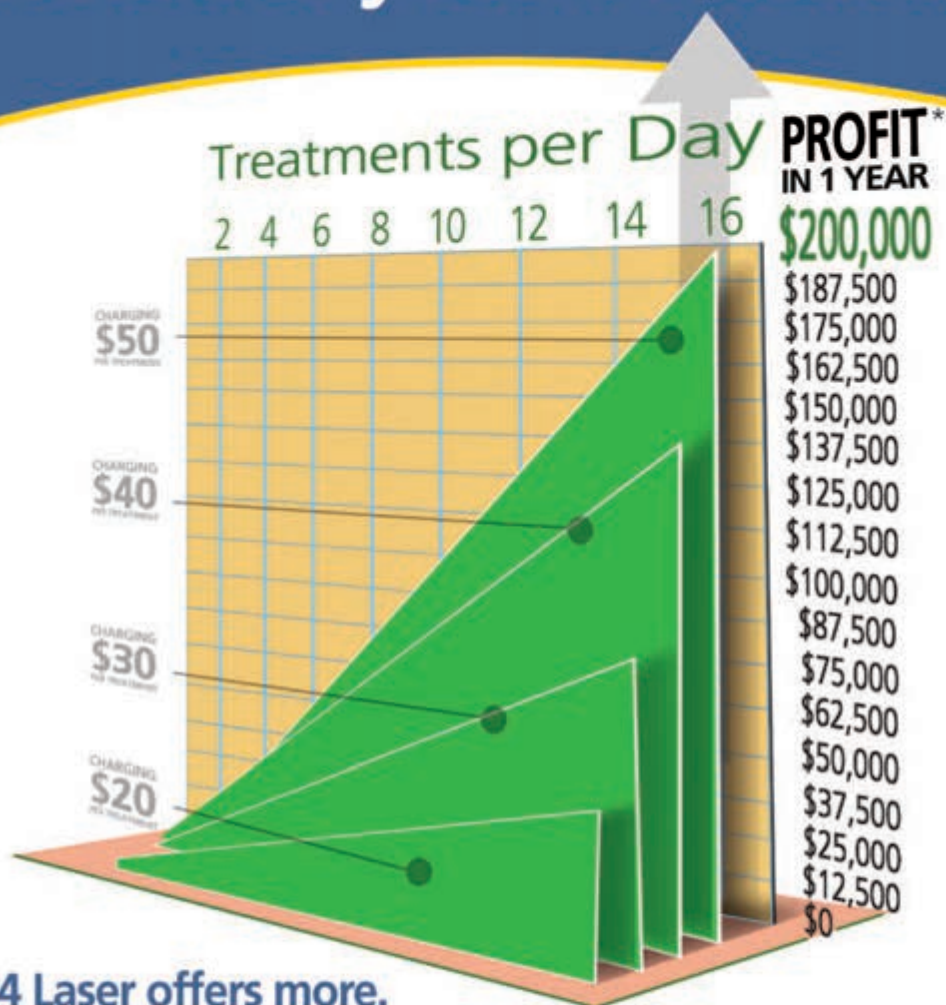
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Improve your professional relationships

How to work with the medical community without sacrificing principles

BY DON MACDONALD, DC

WHEN YOU DEVELOP A RELATIONSHIP WITH A MEDICAL DOCTOR (MD), everyone wins — especially the patient.

Patients are often frustrated by a perceived lack of congruency between the care from their MD and their chiropractor. Even in different paradigms, the top priority should be to help the patient, which is why it is so important to reach out to the medical community and inform them about what you do and how you can partner to help their patients.

The 4 keys to MD referrals

The following are the four keys to improving intra-professional relationships.

1. Consistency: Building relationships is not just a one-time deal. Like any relationship, consistency needs to be developed over time.

2. Communication: When communicating with the medical field, use their language to communicate what you are doing (or at least define chiropractic language in their terms). When you just use chiropractic language, other doctors are less receptive to it.

For example: You can say something like, “Upon exam, Joe Smith was found to have a spinal restriction causing nerve interference ‘subluxation’ at C2.”

3. Building trust: Always follow through. In other words, say what

you mean and mean what you say. If you tell someone you are going to send them an update, then send them an update!

When you have consistency in your actions over a period of time, this builds trust.

The MD simply wants to make sure the patient is going to be looked after by the referred chiropractor.

4. Results: This is where you give updates on re-evaluations. When you consistently send improved results to an MD, they will feel more comfortable referring patients to you.

Also ask the patients to thank the MD for referring them to your office, as this is great positive feedback.

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-David M. Brady, N.D., C.C.N., D.A.B.C.N., Medical Director, Allied Health & Wellness, Trumbull, CT



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-Donald Dennis, M.D., F.A.C.S., Medical Director, Atlanta Center for ENT, Atlanta, GA



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-Juan Ramos, M.D., M.B.A., Wellness Director, The Miami Institute, Miami, FL



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-Michael Brown, N.M.D., Practicing Physician, Your Wellness Connection, Shawnee Mission, KS



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A proven strategy

Several years ago, an optometrist found great success with the four keys to improving intra-professional relationships mentioned above. It started when he began wondering about how to generate more referrals from MDs.

He decided to start asking every new patient who visited his practice who his or her MD was and then he would write a brief summary of what he did in his initial exam and what the outcomes were. He would then fax a copy to the MDs as a courtesy for their files.

He did this consistently for the first two years of his practice but didn't get much feedback initially. He eventually noticed, however, that he was receiving increasingly more referrals from local MDs.

This experience taught him that the keys to creating good relationships are consistency, communication, trust, and results.

Having a great relationship with the medical community does not mean you have to practice in their paradigm. It just means you should keep open communication with the patients' best interest in mind.

When doctors start to see the results their patients are getting, they will become more likely to make referrals.

As with everything, some MDs aren't open to a vitalistic paradigm, but don't let those experiences taint your efforts to reach out to them. This symbiotic relationship can truly benefit patients and enhance their quality of life. 



DON MACDONALD, DC, owner of South Side Chiropractic in Edmonton, Alberta, Canada, runs a high-volume, wellness-based practice and operates Personal

Chiropractic Coaching. He can be reached at drdon@shaw.ca or www.drdonmacdonald.com.

 To read about Don MacDonald's personal experience with the four keys to improving intra-professional relationships, visit www.ChiroEco.com/4keys.

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The battle against breast cancer

Chiropractors have a unique opportunity to educate female patients on the advantages of natural healthcare

BY GALEN O. BALLARD, PHD

CANCER IS POISED TO SURPASS CARDIOVASCULAR DISEASE AS THE LEADING CAUSE OF DEATH IN THE U.S. AND BREAST CANCER IS AT THE FOREFRONT OF THIS INCREASE. It is the most common form of cancer among women.

The U.S. has one of the highest breast cancer rates in the world. Each year, 191,000 women will be diagnosed with breast cancer and 40,800 will die of the disease.¹ One out of eight women will be diagnosed with breast cancer in her lifetime.

HRT and breast cancer

There has been abundant evidence that pharmaceutical estrogens and progestins were linked to reproductive cancers, such as breast and uterine, for more than three decades.²

The American Cancer Society (ACS) found a close relationship between hormone replacement therapy (HRT) and cancer in 1975. That study was generally ignored.

Women have been unwitting participants in a grand drug experiment by the medical and pharmaceutical cartel. While this has been known for some time, it was the outcome of the famous Women's Health Initiative clinical trials in late 2002 that made the dangers of HRT impossible to ignore.

The HRT portion of the study was ended three years early because of unacceptable increases in the rate of breast cancer as well as heart disease and stroke among the women taking a combination of estrogen plus progestin daily.³

We now know that HRT has a possible 120 combined risks and side-effects. Estrogen and progestins are carcinogenic substances *implicated in breast, ovarian, and uterine cancer.*³

Background on HRT

How did allopathic medicine and the pharmaceutical industry get 16 million women to take synthetic chemicals

that transformed a normal life cycle into a female disorder?

It began with a book published in 1966, titled *Feminine Forever* by Robert A. Wilson, who theorized that menopause and its symptoms are a disease of estrogen-deficiency. The drug industry set up the Wilson Foundation for the sole purpose of developing and promoting estrogen drugs.

The industry employed ghostwriters to prepare medical journal articles on clinical studies, some of which emphasized the benefits of estrogen-progestin therapy while downplaying the harm.

Promoters or protectors?

Following the Women's Health Initiative clinical trials, women began searching for natural alternatives to HRT.

The pharmaceutical industry, fearful of losing a "cash cow," raised the question: "If synthetic estrogens are potential promoters of breast cancer, aren't 'natural' alternatives, such as phytoestrogen

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gens, potential promoters of breast cancer as well?"

This is a valid question because the majority of breast cancers are estrogen receptor positive and depend on estrogen for growth.

In studies conducted to determine the answer, it was discovered that the supply of estrogens in breast tissue is derived from the peripheral conversion of circulating androgens.⁴ The aromatase enzyme, CYP19, is a key enzyme in the conversion of androgens to estrogens and the majority of breast carcinomas *express this enzyme*.

These studies suggest that early exposure to relatively high concentrations of phytoestrogens may have a *protective* effect on breast cancer because they block cancer-causing androgen conversion.

Phytoestrogens are widely distributed in various plants and herbs and are structurally similar to mammalian

estrogens and can thus bind weakly to estrogen receptors.⁵ As such, they exhibit a protective effect against breast cancer by inhibiting the aromatase enzyme from converting androgens to estrogens in breast tissue.⁶

Phytoestrogens can therefore help to stabilize estrogen levels and relieve symptoms caused by hormone-related ailments. They are a viable alternative to HRT because they don't alter the body's own levels of circulating hormones.⁷

Earlier studies confirmed that while there was abundant evidence linking pharmaceutical estrogens to cancer, the incidence of breast cancer is very low in Japan, where traditional diets are high in phytoestrogens.⁸ Research among Finnish and Japanese populations has found that phytoestrogens may *protect against* breast cancer.⁹

Xenoestrogens and breast cancer

A natural hormone functions by attach-

ing to cell receptors designed specifically for that hormone.

Once connected, they trigger various chemical changes in the body. Natural estrogen (estradiol) and natural phytoestrogens tend to be disassembled relatively quickly by the body and are then eliminated from the bloodstream.

Xenoestrogens are chemicals that function like estrogen but wreak havoc on a woman's hormonal system by taking up a receptor site and preventing a natural hormone from binding, thus blocking its normal function. Scientific research has demonstrated an association between xenoestrogens, such as organo-chlorines, and breast cancer.¹⁰

Analyses of the breast fat of women with breast cancer found that DDT, its derivative DDE, polychlorinated biphenyls (PCBs) and other organo-chlorine pollutants actually concentrate in the cancer tissue itself, in contrast with surrounding

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noncancerous tissue.¹¹

American women now have some of the *highest xenoestrogen levels ever recorded in history*. They are swimming in a sea of estrogen exposure due to synthetic hormone medications such as birth control pills and HRT, the estrogen mimics found in pesticides, herbicides, and plastics, as well as estrogenic hormones injected into feed lot cattle and farmed fish.

Billions of tons of these toxic “estrogen mimics” — substances that never existed in nature — are now released yearly into the environment.¹²

Today's research

It is clear that environmental pollution by synthetic estrogens and xenoestrogens have the potential to be *major causes* for the rapid rise in occurrence of breast cancer.

Instead of working to eliminate and prevent xenoestrogenic pollution, the chemical and pharmaceutical industries and their medical cohorts have targeted the illness, but ignored its myriad causes.

As a result, women's health continues to be plagued by misinformation.

A window of opportunity

You have a unique opportunity — and a responsibility — to educate your female patients on the advantages of natural healthcare alternatives to menopausal symptoms, natural estrogen replacement therapy, and safeguards against breast and other cancers common to women.

Women are eagerly searching for natural and safe alternatives from experts they can trust. They fear the risk of breast cancer and are desperate for some honest guidance.

To reach out to this vast audience, provide information about natural healthcare for women throughout the clinic, beginning with the waiting room. Most product manufacturers offer complimentary literature, such as research reports, patient education brochures, and white papers to assist you.

There are a number of preventative measures and proactive lifestyle changes a woman can take to defend herself against this disease. You have a responsibility to ensure she knows what they are. 



GALEN O. BALLARD, PhD, has been with Titan Laboratories since its inception in 1988. In 1999 he was promoted to president.

Ballard's education includes undergraduate studies at the University of Denver with graduate work at the Universities of Wisconsin and Maryland. He also holds a law degree from the Blackstone School of Law in Chicago. He can be reached at gballard@titanlabs.com.

 For advice on women's health related to this article, and to see references, visit www.ChiroEco.com/ballard.



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Neurologically based chiropractic

Science is redefining the relationship between the adjustment, the nervous system, and health.

BY RICHARD G. BARWELL, DC

TODAY, MORE THAN EVER BEFORE, THE PROFESSION IS AT A CROSSROADS. It has lost its focus on the original concept of its primary application in altering neurological function.

Virtually every chiropractor today when asked, “What system is your primary focus?” will answer, “The nervous system!” They will, then, because of tradition within the chiropractic education system, go on to talk about vertebral subluxation.

They will describe how this creates “nerve root compression,” which in turn creates abnormal neurological function. Research has never been able to prove this theory and further offers no explanation for chiropractic techniques that do not move vertebra yet show great results.

A profession lost between what it believes and what it says. A profession lost between what it can do and what it will get paid for by the insurance companies. Perception or deception is the question and on whose part?

A new direction

Now that there’s an understanding of where the profession is today, and later in this paper, how the misdirection happened as well as the cost to chiropractic, the potential to redirect and develop a way out of this restrictive and disempowering position will be discussed.

What is fascinating is that the road back to a bright future for chiropractic does not involve a complete new structure. All it takes is recognizing the “intent” of chiropractic care. It is really that simple!

The profession has the foundation in place, and 99 percent of practitioners already understand the “intent” of chiropractic — the primary focus of its care is the *nervous system*. This simple statement is the key that will unlock your future.

The research today in the field of neuroscience continues to demonstrate the importance of understanding the role of the nervous system in the relationship between health and disease.

Modern science has moved away from the “germ

theory” and toward “psychoneuroimmunology” and “immunoendocrinology” when looking for the cause of disease with concepts such as the “thalamic neuron theory” and “dysponesis.”^{1,2}

If you can demonstrate the ability of the chiropractic adjustment to alter the neurological response, you can then defend your position and role in the field of health and wellness. The good news is that research has already been done to prove the adjustment does in fact directly affect the immune response and has the ability to alter its neurological patterns.³

No longer do you have to use outdated dialog when

explaining why chiropractic gets results; dialog such as, “Your spine is misaligned and it is putting pressure on the nerve!”

The dialog today should be “The reason you are having challenges” (such as back pain, asthma, headaches, chronic fatigue syndrome, high blood pressure, ulcers, IBS, etc), “is because the stressors in your life (physical, emotional, chemical, electromagnetic), over time, have created patterns of neurological activity that are now challenging your health.”⁴

Your nervous system has become overwhelmed and is sending signals to your body’s systems that are now not working ideally.” What



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we need now is to understand the neurological connection.

The neurological connection

The primary failing in the historical theory of chiropractic was the inability to explain how the vertebral misalignment (VS) happened in the first place. The theory of VS begged the question of “If the body is a self-maintaining and self-correcting mechanism ‘how’ and ‘why’ would it create VS and/or not be able to correct it?”

When you add the unexplained positive results from techniques, that do not use manual vertebral thrusting, it becomes obvious that there must be something other than correcting vertebral misalignments involved.

The body is a sensory-to-motor response neural network. With the adage of one of the chiropractic chants of “above down-inside out” (ADIO), what was sadly missed was the first part of the

action, that being, “outside in-inside up.”

In other words, the sensory information side was completely missed. This was a critical mistake, because it could have explained the power of the adjustment to alter people’s lives.

The study of the three main systems of the body offers a picture on their relationship.⁵

1. The passive system — bones and joints — does nothing on its own; it provides the potential for movement, measured via X-ray and posture studies.

2. The active system — the muscles — creates movement in the joints and all other body activities — respiration, cardio vascular, elimination etc. — measured by sEMG ROM.

3. The control system — the nervous system — is the central organizing authority; measured by EEG and autonomic nervous system responses.

The historical definitions have the profession believing it is neurologically

based but its focus and dialog is on the passive system that cannot do anything on its own. Any response at the passive level is actually a tertiary reaction.

The work done in the EEG studies on the effect of the adjustment to alter brain wave patterns demonstrated the influence of the adjustment to stimulate the sensory system.^{6,7}

EEG scans are very reproducible and are a reliable method of demonstrating the effectiveness of a therapy to affect change in the CNS. The results were dramatic and have great impact on the understanding of the role of the chiropractic adjustment in altering system function. Even with this breakthrough research, the profession continues to cling to its own concepts.

The effect of the EEG adjustment studies in redefining the profession

The new knowledge of the power of the adjustment to alter brain function



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creates a need for new definitions within the profession. It is important that when using the new definitions for the profession, it be recognized that the new position doesn't discard the basic principles but offers a modern interpretation that stands up to current neuroscience knowledge.

As the intent of care is to focus on the neurological function, the following definitions support this position. In dealing with the complete neurological response (from afferent to efferent) you must include the sensory system role.

To do this best, start with understanding how the chiropractic adjustment is a feedback system. Feedback is a process whereby the results of an action serve continually to modify further action.

As the term subluxation when used within chiropractic suggests a fixed mal-position of a vertebral joint

surface (not the medical definition), and while this may exist, the relationship between this condition and nerve root interference has never been proven. Add the unexplained effectiveness of light touch techniques and it is clear that the time has come to redefine the term.⁸

Updated model of subluxation

The first step here to understand is the ideal neurological state of *neural integrity*; this creates general health and wellbeing, "a resource for daily living," and includes:

- ▶ Optimal cell-to-cell communication
- ▶ Ideal neuroplasticity (ability to adapt and respond)
- ▶ CNS activity
- ▶ Components of compromised neural integrity
 - ▶ Reduced Neuroplasticity
 - ▶ Inappropriate action

- ▶ Distorted cell-cell communication
- ▶ Maladaptive behavior

A new understanding

Subluxation is an abnormal neurological pattern or compromised neural integrity (CNI). As the adjustment (discussed later) is not the act of correcting a misalignment but rather a neurological response, this definition brings chiropractic into the 21st century. It is a very powerful neurofeedback application.



RICHARD BARWELL, DC, has more than 30 years of experience in chiropractic practice and is the founder and president of Chiropractic Equity Offices Inc.

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Eleven for '11

Try these innovative ways to grow a stronger practice this year.

BY MICHELLE GELLER-VINO



HAVE YOU EVER WONDERED WHY SOME PRACTICES ALWAYS SEEM TO GET NEW PATIENTS? Ever wonder why some chiropractors attract new patients from so many different avenues? Did you ever notice that some chiropractic/wellness centers seem to be so well known that they are asked to participate in everything in town?

You'll find that what makes them more successful than other practices are usually things you can do, too, even in what some say is a "changing economy."

It's really all about *serving* and *serving* your patients. It happens when every team member works together to create a *patient pleasing practice*.

These can be easy things, such as acknowledging patients for simply being your patients, making sure to say "thank you" for referrals, and having a fun and interesting office. Make sure your practice is consistently educating people in the community about health and wellness through chiropractic.

Many simple things that make patients feel special can be done on a daily basis.

For example: Remembering birthdays, acknowledging births and special occasions, calling former patients who have been missing and seeing how they are, are all ways to make patients

feel well cared for and special.

Is your office known for its top-notch services? Do you make it easy for patients to become patients? Are you up to date with modern equipment and technology? These are ways to differentiate your practice from others in town.

Are patients able to take advantage of multiple services when they come to your office? You want to be known as an *expert* on certain health and wellness issues.

What about your team? Are they knowledgeable, friendly, and helpful, and do they love chiropractic? Have your team regularly discuss the things that make your practice unique. And make sure they are excited and showing excellent energy at all times.

There are numerous ways that professionalism shows. What are others saying about your chiropractic/wellness center? You should want your practice to be the best stop of the day, every day for your patients. Believe it or not, this is what attracts new patients to your practice and it keeps your current patients coming back.

The following are some action steps and how you can implement them in order to make 2011 your best year ever for recruiting new patients. Some of

these steps may seem simple or trivial, but the most successful practices do the simplest of things and are *always* seeking out new ways to attract new patients into their offices.

These action steps should be thought out, planned well in advance, and evaluated afterward.

1. Speak on health, wellness, and safety topics to local schools, businesses, and organizations. Call principals, safety directors, and human resource directors and ask to speak to their employees on a specific topic or issue. (This is part of your "community outreach program," so there should be no charge.)

2. Join your local Chamber, Toastmasters, Rotary Club, BNI, and other networking organizations to meet new people and spread the word on chiropractic.

Many of these organizations will allow you to attend at least once for free so you can decide whether or not to join. These organizations also allow you to address their members.

3. Offer in-house presentations on "raising healthy children," "back safety," "stress," or "sitting fit." Hand pick patients that will benefit from these specific presentations and invite them to bring a coworker or friend. Educate everyone.

4. Make sure your hours are convenient for patients — not you. Do a yearly patient survey to find out what patients like best (and least) about your practice. Ask questions to help improve the team. Then, take action and make some positive changes!

5. Start a local support group for special populations, such as those suffering from fibromyalgia, and donate office space to host a monthly meeting. Contact hospitals, the appropriate foundation, or ask a patient you are treating to help you start it up.

6. Hold sports physicals for schools. Call a local school's nurse or principal and offer to do spring sports physicals. Sending letters home with children about their physical is an introduction of yourself and your value.

7. Host a workshop at your practice or at a local restaurant for coaches of local school teams on prevention of

sports injuries. Call the school and ask the receptionist who you should contact regarding a complimentary lunch or dinner and health presentation. Do the same with nurses for scoliosis screenings.

8. Offer complimentary chair massages (if you have a massage therapist) at a local health food store, school (for teachers), car dealership, or mall.

9. Hold a monthly "fun event" with your patients. Invite all patients with dogs to a dog park, a walk around a local park or over a bridge in town, or lead a bike-a-thon. E-mail invitations and encourage everyone in your practice to discuss the event and generate excitement.

10. Send simple initial reports to the primary care physicians of *all* your patients along with an introduction letter. Make sure to get information on primary care physicians on intake

forms. This goes for other specialists, too. Build MD relationships and get more referrals than ever before.

11. Smile and be nice to everyone. Just do it!

There has never been a better time to be a chiropractor or part of a chiropractic/wellness team.

It is essential to love what you do; passion equals productivity. New patients will be attracted to your practice; existing patients will never want to leave. It is all about what comes *from* you not *to* you.

Now get to work and make 2011 your best new-patient year ever. 



MICHELLE GELLER-VINO is president of MGV Marketing Inc. and has more than 28 years' experience training chiropractic assistants. She can be reached at

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Adding to the mix

How to make the most of a consultant's contributions

BY BHARON HOAG

FROM SEEING MANY PRACTICE ISSUES FROM BOTH SIDES OF THE FENCE, a deep appreciation of the problems, pitfalls, and unique needs of chiropractic clinics has emerged.

It has also helped to know how and when a practice can benefit from the input of an outside “expert.” Do you know whether or not you need to engage a consultant? And if you do, do you know how to make the most of his or her contributions?

Do you need a consultant?

It's easy to answer this question when it's obvious a practice is on the skids. At that point, a doctor's choices present themselves in stark detail: Get the house in order or get a desk job somewhere.

It is much more difficult when the problems exist below the surface. They can be ignored or put off — but usually with long-term negative effects.

Chiropractors normally leave school with a solid scientific education, a good attitude, and a commitment to healing. What they rarely acquire is training in how to develop and

conduct a practice.

This shortcoming can manifest itself in one or more problems, chief among them are ineffective coding and documentation that leads to payment delays, denials, audits, and reimbursement demands; deficient patient acquisition and retention practices that impede growth and profitability; poor business practices that result in inefficient office operations, ragged billing, and collection practices; and rocky staff and patient relations.

This is where a consultant can show real value.

Quest for assistance

By their very nature, chiropractic clinics tend to be small, with one or two doctors and a small support staff. When they're busy, there's little time for reflection, and when they're not, they have only each other to talk to.

The answer for many is to engage a consultant, then another, and another. In fact, some doctors have retained a half-dozen or more consultants over a 30-year career, never really finding the

answers they were seeking.

One reason is that doctors often do not know how to identify the problem(s) they are trying to solve so they don't know the questions to ask.

Some seek answers through cookie-cutter solutions, delivered remotely or often via seminars, that force the doctor and his/her clinic into an uncomfortable one-size-fits-all mold.

This may work for some, for a while, but the long-term result often is continuing insecurity and dissatisfaction — the sense that they are not doing as well as they should. They try to emulate their mentors and continue comparing themselves to other doctors' operations (many of whom may also be in the comparison game).

This will ultimately lead to the doctor returning to the systems and vocabulary he or she is comfortable with, making the effort to change pointless.

And there is always self-study, but, here again, the answers often tend to come before the necessary self-examination has taken place and so they are



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Evaluating your consultant prospects

Knowledge can be dangerous without the experience and wherewithal to put it to work, so any consultant retained should stay on board to help put new systems and procedures into place and maintain them over time.

So when engaging consultants, keep these key questions in mind:

- ▶ What are the consultant's personal prejudices regarding insurance versus cash practices and do they match or conflict with yours?
- ▶ Is the consultant an expert in coding and documentation?
- ▶ What is the consultant's personal experience in clinic management?
- ▶ Has the consultant ever developed workable billing and collection procedures?
- ▶ Does the consultant routinely work with his or her clients on-site?
- ▶ Does the consultant offer expertise in automation systems or consulting?
- ▶ Can the consultant impart the needed communications skills for improved patient and staff relations?
- ▶ Can the consultant tailor a program that emphasizes your individuality — maximizing strengths and eliminating or minimizing weaknesses?
- ▶ Is the consultant willing to work with you long term at an affordable cost?
- ▶ Can the consultant provide you with references and success stories?

often lost or misplaced before they can be logically applied. And who can do a truly effective self-appraisal?

Doctors necessarily are very smart people, but so many fail to understand their own individuality. And one of the chief values a consultant can provide is the ability to help them find it and apply it in their professional lives.

Here is where broad-based experience, both in clinical and business operations, comes into play.

Be who you are

Chiropractic clinics tend to reflect their operators perhaps more than any other element of the healthcare field, and that is why general solutions are rarely the right answer. The most successful consulting engagements do not attempt to change the people — a near impossibility in most cases.

Rather, they seek to change the environment and enhance the ability of their clients to capitalize on a new environment that recognizes and corrects/modifies their weaknesses and

exploits their strengths.

A consultant thus can no more diagnose and treat an ailing clinic remotely than can a doctor do so with his or her patient. This virtually dictates “an office visit” in which a hands-on analysis takes place, pluses and minuses are identified, and a program and implementation process is allowed to emerge organically.

Exploring the issues

Exchanges between doctor and staff and consultant must explore issues such as audits and their likelihood and prevention; income and its sources; office staffing and procedures; and practice growth issues — whether to seek more patients, more revenue per patient, or both.

In developing a program, doctors will be confronted with real-world alternatives: Whether to focus on insurance or cash patients; whether to expand staff or outsource administrative functions such as billing and collections; whether and how to trim

overhead; how to expedite patient treatment and flow, as well as a new issue — whether to acquire and use chiropractic software solutions for clinical and office operations.

The point is that these issues do not respond well to the “robotic” approach; they demand real-time, real-world examination of the realities within the clinic, the opportunities for improvement, and the willingness of doctor and staff to take the necessary steps.

This virtually precludes a simple data exchange, a one-way stream of instructional material.

For example: It is one thing to want more patients, but if the existing patient population is not sufficiently profitable, volume is not the issue that needs to be addressed.

Times have changed

There was a time, not so long ago, when issues such as these didn't make that much difference, but those days are over. For chiropractors, the business and the clinic are one.

Economic pressures are tougher and oversight is closer; regulation is more stringent, and challenges to claims require ever-better documentation of cases.

Success in the chiropractic field has not gotten easier and you need to know more.

Consultants who understand and relate both to the broad challenges of the profession and to the individuality of your clinic's operations can bring clarity, efficiency, and security, and in so doing pave the way to greater prosperity and a more rewarding life. 



BHARON HOAG, chief consultant of ACOM Health Chiropractic Consulting Group, has worked in the chiropractic profession for 11 years and taught for eight, developing his unique “nondoctor” approach through ownership of four clinics and management of up to nine. He can be reached through www.acomhealth.com.

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A view from the Summit

Leaders of the profession gather to find common ground and guide chiropractic's future.

BY STANFORD ERICKSON

In the relatively short history of chiropractic, September 2007 should go down as a significant milestone.

- ▶ In 1895, D.D. Palmer reportedly performs the first chiropractic adjustment.
- ▶ In 1913, Kansas becomes the first state to issue a chiropractic license.
- ▶ In 1968, the American Chiropractic Association and International Chiropractors Association dispute the exclusion of chiropractic from Medicare.
- ▶ In 1987, Federal District Judge Susan Getzendanner rules in favor of DCs in the second trial of *Wilk et al., v. AMA et al.*
- ▶ In September 2007, the Chiropractic Summit is founded.

In four short years, the Summit, as it is generally known, has gone a long way toward melding the various branches of chiropractic.

"The Summit has brought together the profession's leadership to define, develop, and implement strategies for addressing the key issues affecting the future of chiropractic," says **Carl Cleveland III, DC**, who represents one of the founding families of chiropractic and is one of the profession's most ardent historians.

The primary purpose of the Summit is for leaders of the profession to work together on four critical issues as they affect chiropractic:

- ▶ National healthcare and Medicare reform;
- ▶ Doctor practice satisfaction — increasing the self-esteem of the doctor of chiropractic and encouraging the passion of caring for the patient;
- ▶ Profitability of the DC's practice; and
- ▶ Profession-wide collaboration — to speak with: *One voice. One message. To secure a better future for chiropractic.*

Genesis of the project

A confluence of challenges and opportunities in early 2007 proved difficult in regard to Medicare payments to chiropractors. This was exacerbated by the emergence of national healthcare reform, and caused many of the profession's leaders to fully realize the need to join forces.

"Members of Congress and their staff made it very clear to lobbying representatives of the American Chiropractic Association (ACA), the International Chiropractors Association (ICA), the Congress of Chiropractic State Associations (COCSA), and the Association of Chiropractic Colleges (ACC) that having four different approaches to legislation involving chiropractic was a nonstarter," says **Mark Sanna, DC**. "Unless we began working together to present a unified front to legislators and regulators, we would not be positively participating in national health-



Photographs courtesy of John C. Nab, DC

care reform legislation. Without the strength of a unified profession, we would jeopardize our influence with how Medicare and insurance companies treat chiropractic.”

Cleveland III, president of Cleveland Chiropractic College, and Sanna, CEO of Breakthrough Coaching, were among the 13 participants of the first Summit meeting held in Washington D.C., in 2007.

Leading the way forward

As with most significant initiatives, one figure is usually instrumental in driving the issue. In this case, that someone is **Lewis Bazakos, DC**.

Bazakos is a 6-foot-2-inch chiropractor from New York. He was a high school football linebacker, defensive end, and an All Star first baseman. He obtained his undergraduate degree from St. Johns University in New York, his DC from New York Chiropractic College in 1978, and a master's degree in clinical nutrition from the University of Bridgeport in Connecticut.

In 2005, he became chairman of the board of the ACA, serving a two-year term.

“Chiropractic has been known as a profession that circles the wagons and shoots in,” he says. “I have always been about wanting to change that. I have always felt we have more in common

than what we disagree about. And we owe it to our patients to strengthen and grow our profession.”

One of his first acts as chairman of the ACA was to conduct a survey to determine the major issues facing chiropractors in their profession and in their day-to-day practice.

“We were not surprised to find that many docs are financially hurting, often because of problems with documentation required by Medicare and insurance companies,” says Bazakos. “Also, docs had low levels of self-esteem, wanted to improve the profession's image, and felt that the lack of a unified approach by the various factions of our profession are responsible to a degree for the current state of the profession.”

Obstacles and opportunities

David O'Bryon, JD, executive director of the ACC, attended the first Summit meeting in 2007. All representatives from 13 chiropractic organizations agreed that the survey reflected the most significant issues confronting chiropractic and chiropractors, he says. To effectively deal with these issues, the leadership base of the Summit needed to be broadened.

“The main obstacle for the Summit in the beginning was to overcome personal agendas and focus on speaking out with one voice for the profes-

sion,” says O'Bryon.

To that end, a Steering Committee was established to include ACA, ICA, COCSA, and ACC. A 75-percent vote is required by the Steering Committee for motions to be approved. Approval of proposals by the overall Summit membership requires a two-thirds majority.

“A month following our first Summit meeting, the Steering Committee began to determine the key issues we needed to concentrate on and who else to invite to be participants,” says Bazakos. “But not many invitations needed to be extended. Once the Steering Committee was established, other leaders of the profession began calling us.”

Today, the Summit includes more than 40 major organizations within the profession, including key associations, regulatory bodies, educators, researchers, major vendors, and media, including *Chiropractic Economics* magazine.

“Secretary-General David Chapman-Smith of the World Federation of Chiropractic (WFC), former WFC President Gerry Clum, and myself, the current president of the WFC, have been involved from the first Summit meeting,” says **J. Michael Flynn, DC**. “Bringing an international perspective to the challenges and what has been accomplished across the globe has

A leader of leaders

Asked to name one of his heroes, Lewis Bazakos, DC, replies, "My mother. She instilled in me from early on to do what's best for the greater good."

Born in Long Island, N.Y., Bazakos always wanted to pursue a career in healthcare. His uncle, N. Robert Limber, was president of the Atlantic States Chiropractic College. "I originally had thought to go to physical therapy school, since I was an athlete, but at the time PTs could only operate under oversight of a physician — which did not appeal to me at all," says Bazakos.



After graduating from New York Chiropractic College in 1975 (he is past chairman of the college's board of trustees), he immediately entered chiropractic politics. Within six months he was appointed secretary of the New York State Chiropractic Association's (NYSCA) Nassau Country District, and then within a couple of years was elected president of that district.

In 1983, he was picked by a group of DCs to run on a candidate slate as treasurer for NYSCA. "We won to the surprise of many," he says. "The election was a famous event because it overthrew an established old guard who had monopolized certain positions in the state such as workers' comp committees, health examiners, and consultants for insurance companies." Within a few years, Bazakos was named president.

His practice grew during this time as well, operating two offices in Long Island.

As NYSCA president, Bazakos reached out to the old guard he helped replace. "I brought them back into the fold because our association needed their historical knowledge, clinical experience, and political savvy," he says. His kindness was rewarded in 1991 when the same group asked him to be a delegate to the American Chiropractic Association (ACA). In 2000, Bazakos was elected to the ACA's Board of Governors. He was elected chairman in 2005.

There are two paths that a DC can follow in terms of ACA leadership. You can follow the path of becoming a governor and eventually chairman of the board. Or a DC can go through the chairmanships and eventually become vice president of the Council of Delegates and then president of the House of Delegates.

"Usually, the president is the spokesperson for the ACA while the chairman is responsible for day-to-day operations of the organization in terms of critical issues," says Bazakos. "In practical terms, the chairman and the president work in tandem."

What is the secret of Bazakos' success as a leader among leaders? "We were created with two ears and one mouth," he says. "You learn a lot by listening to others. But I also have found that when I do speak people tend to pay attention, for which I am grateful."

allowed the WFC to influence the goals of the Summit."

What has been unusual over the last four years, says **Keith Overland**, DC, vice president of the ACA, "is that all votes by the Steering Committee and

the overall membership have been unanimous. A good reason for that is the thorough discussion allowed and encouraged at committee levels before proposals are submitted to the overall Summit membership."

In addition to the Steering Committee headed by Bazakos, there is a Financial Committee led by Sanna; a Documentation Committee led by **Frank Nicchi**, DC, president of New York Chiropractic College and president of ACC; a Government Relations committee run by **R. Jerry DeGrado**, DC, past president of COCSA; and a Communications Committee headed by **Kent Greenawalt**, chief executive officer of Foot Levelers Inc.

Signposts of success

Proof that the Summit is working, one only need look to the inclusion of chiropractic in the recently enacted Patient Protection and Affordable Health Act (PPACA), says **John Maltby**, DC, chairman of the ICA board.

"Largely due to the coordinated lobbying efforts of the ACA, ICA, COCSA, and ACC, which all spoke with a unified voice to each issue, chiropractic is included in critical provisions of the law," says Maltby.

Chiropractic is an integral part of:

- ▶ The National Health Care Workforce Commission — DCs, with other healthcare professionals, are tasked with providing comprehensive information to Congress and the Obama administration on how to align federal healthcare workforce resources; and
- ▶ Community Health Teams — DCs are potential members of teams to support the development of "medical homes," envisioned as community-based, coordinated care efforts nationwide.

In addition, no health plan or insurer can discriminate against DCs acting within the scope of their license or certification under applicable state law.

"The anti-discriminatory language in the healthcare reform law was crucial for our ability to serve more patients and be integrated in overall national healthcare practices," says **Fabrizio Mancini**, DC, president of Parker College of Chiropractic and



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president of Parker Seminars.

"Arriving at a consensus on issues could have been challenging," says Nicchi. "However, open-mindedness, collegiality, mutual respect, and a sincere desire to secure a better future for the profession have prevailed."

Marketing the mission

Profession-wide collaboration, one of the key goals of the Summit, requires

stepped up communication and exposure of the Summit to the entire profession to get DCs behind the Summit's objectives, says **Charlie DuBois**, president of Standard Process Inc., one of the vendors invited to be a Summit voting member.

"Also, chiropractic needs to do a better job of marketing itself to patients and encouraging others interested in choosing to make chiropractic a career," says DuBois.

Mancini is a strong proponent of credible market research. "We need to know what is in the minds of students today and what is keeping them from choosing chiropractic as a career," he says. "Many of our chiropractors in the field are not referring as many students to our colleges. I believe a big part of that is their lack of ability to manage their own practices properly."

The marketing effort has increased from the support of the Foundation for Chiropractic Progress (F4CP), headed by Greenawalt. The foundation has raised millions of dollars to buy advertising in major media, which features such public icons as Football Hall of Famer Jerry Rice, who discusses how chiropractic has contributed to his longevity as a player.

"Marketing is a tool," says Greenawalt. "But the tool is only as good as the product marketed. What chiropractic has going for it is the well-documented, successful treatment of patients for over 100 years. Our goal of positive press for the profession is to bring the message to the masses that chiropractic is safe, effective, and a great value. Chiropractic is part of the solution to our nation's healthcare challenges."

To that end, the Summit is instituting a campaign to create a profession-wide awareness of www.ChiroVoice.org and www.AdjustTheVote.org. Both websites are an organized approach by the Summit to mobilize patients to support pro-chiropractic legislation.

In addition, Sanna, Cleveland III, Maltby, DeGrado, Mancini, and others

working in concert with Nicchi's Documentation Committee.

"Documentation was identified to be a significant challenge for DCs related to Medicare," says Nicchi. "The Summit Documentation Committee has developed a series of widely distributed Medicare compliance articles designed to assist field practitioners in improving documentation."

Critical to the marketing effort, says ICA President **Gary Walsemann**, DC, is for the Summit to take a stand on fundamental issues of identity for the chiropractic profession. Cleveland III echoes this when he says the profession will achieve greater "cultural authority" when the leadership reaches an agreement on "defining a core identity statement representative of the profession."

Facing the future

Having achieved progress in bringing the chiropractic profession together, a next step, according to Bazakos, "is an outreach to the medical doctors for them to understand the level of education required to be a doctor of chiropractic. Instrumental to this is the expansion of chiropractic services in the Department of Defense."

Chiropractors now participate at some 60 military treatment facilities and an estimated 35 Veterans Administration hospitals.

"With over one half of the medical providers in the U.S. receiving training at VA facilities," says Cleveland III, "it is anticipated that expanding chiropractic in these facilities will lead to greater understanding of the role of chiropractic as an integral part of multidisciplinary healthcare."

This in turn, says Bazakos, could translate into increased patient referral from non-DC providers.

Chiropractic needs to be fully engaged in the development of regulations by various federal government agencies tasked with implementing PPACA, says Overland. "For every page of the 2,000-page act there will be

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100 or so pages of implementation of regulation,” he says. “Our profession is fortunate that the Summit Government Relations Committee headed up by DeGrado is coordinating this with the lobbying activities of the ACA, ICA, COCSA, and ACC.”

The regulations being developed between now and 2014 require response by various healthcare organizations on specific questions regarding how PPACA should be implemented.

“The Summit’s Government Relations Committee has developed templates to help various association members to respond to these inquiries in a timely fashion,” says DeGrado. “One example of our success is that of 500 comments on the federal government’s website dealing with the grandfathering of insurance plan coverage, 450 were chiropractic specific.”

Going forward, there will be a time when DCs and their patients will be asked to participate.

“These responses will be even more important than when we coordinated DCs and patients to write their members of Congress to include chiropractic in healthcare reform,” says DeGrado. “It is essential that docs and chiropractic patients respond because their comments will greatly influence how the regulation of healthcare is implemented.”

What happens to PPACA given that Republicans now control the House of Representatives? “First of all, President Obama is still president and the Senate is still controlled by Democrats,” says Bazakos. “That being said, the Summit will continue to work through regulators and legislators to guarantee that chiropractic is an integral part of all national healthcare plans and programs.”

Putting it all together

“As Henry Ford said and as Summit Chairman Bazakos reminds us often, ‘Coming together is a beginning. Keeping together is progress. Working

together is success,’” says Flynn. “Building trust with open and honest communication has proven valuable to the commonality of our shared goals.”

For 2011, the Summit has scheduled four meetings of its entire membership. In addition, the various committee will meet at least monthly.

“What’s really needed now is for all DCs to get behind the Summit,” says Bazakos. “We need to pool our resources across organization lines. One of the things that we have learned in the last four years is that we have so much more in common than the differences that have kept us apart. The Summit is assuring us that chiropractic’s future will be of even more value to our patients over the next 100 years.” 



STANFORD ERICKSON is the editorial director of *Chiropractic Economics*. He can be reached at 904-567-1555, serickson@chiroeco.com, or through www.ChiroEco.com.

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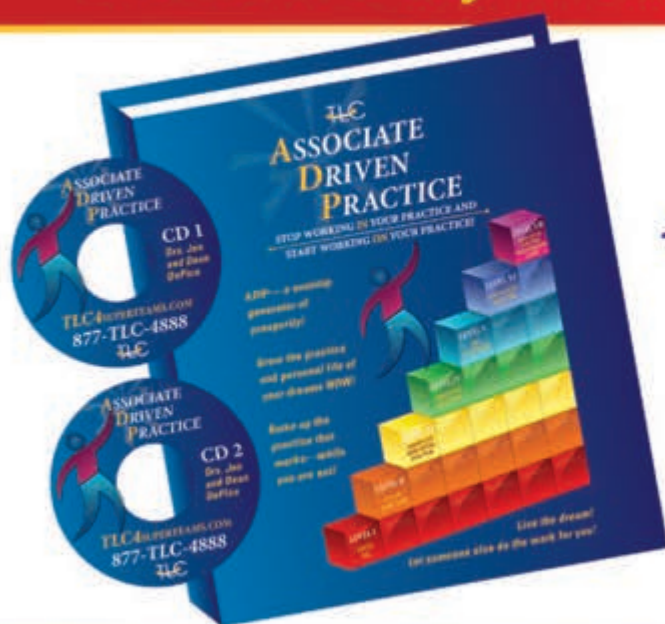


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Chiropractic gives back

To serve, or not to serve — that is the question

BY J.C. DOORNICK, DC

WHAT DOES THE WORLD NEED NOW AND WHERE DO YOU FIT IN? For many years, humanitarian work throughout the world has been synonymous with massive organizations including Doctors Without Borders, the United Nations, and the Red Cross.

In a world that's been confronted by so many catastrophic events, the demand for reactive help has gone through the roof.

You are used to hearing of tragedies such as tsunamis, hurricanes, earthquakes, and floods. The fact is that you live in a world that “corrects” itself from time to time and leaves a wake of tragedy and suffering behind. As a result, these “allopathic” and “reactive” focused organizations have been embraced and the world has become dependant on them.

Just like the human body, there is a critical mass or tipping point reached where self-correction takes place. We either take care of our bodies and our planet or they start to make decisions for us.

There is a major shift and correction happening right now, both in health-care and the planet. More diseases and more planetary problems than ever are being “treated” in a reactive way. No solution to the cause is being addressed with the vigor that is given to the solution to the symptom.

People know what truly needs to be done in both scenarios; yet why is it such a struggle? Why not band together and save the planet? Why not join together and completely change the model of reactive healthcare to a



Todd Herold, DC, providing an adjustment to an elderly woman in a Haitian village in the Dominican Republic in 2010.

proactive approach? Wouldn't this make a difference?

This is where chiropractic humanitarian efforts fit in. Two of the biggest challenges the profession faces today is your perceived value and the question of whether or not you are the right person for the job of saving the world through education and results-driven care.

The basic principles of chiropractic state that by restoring tone and proper function of the body, it will do what it is intended to do: flourish. Isn't that what is needed on this planet?

You have a calling to serve and your philosophy can be a catalyst to create change. Change that will provide people with more opportunities to thrive with proper health as intended.

So how can you allow both the world and the profession to bring this truth to life? Welcome to the world of chiropractic mission trips.

Be the change

A typical volunteer for a chiropractic mission trip is a doctor who realizes he or she is part of the problem and not coming close to making the change.

Many have spent their time and money on building a practice full of people. Their life goals may serve people who somewhat understand chiropractic, but nothing is changing in the world.

What drives service is the growing awareness that there is a world out there that doesn't have the opportunities for health as the U.S. does.

When this feeling is strong enough, there is no choice but to act on it.

Dr. Martin Luther King called this the “fierce urgency of now.” When you find your true calling, connect it with a strong purpose, and take massive action, mountains will move.



Courtney Gray, DC, holding a young child in a remote village in the Dominican Republic.

Travel outside the box

Why go on a mission trip? This is a question that many ask themselves. Well, why would anybody do *anything* outside the box?

The most common reasons people feel compelled to go on a mission trip seem to be that they are burnt out in life and practice, have lost their passion or fire, or have always wanted to but never had time.

Yet sometimes you meet people who are thoroughly enjoying life and feel compelled to give back to a world that continues to provide them with so much. Frankly, it doesn't matter how you start as it's a start either way — and that is powerful. The fact is that you know that growth takes place outside your comfort zone, where we all tend to spend too much time.

The most common breakthrough people seem to experience by serving on these trips is twofold. First, they

needed to see how simple it is to serve and how extremely valuable their talent as a chiropractor is when placed in a sea of people desperately in need — people who have no preconception of chiropractic. In this environment, there is a universal language of trust.

Second is the awareness of awakening to a new reality of life that they can draw upon at home. They gain the ability to truly understand what it is they have.

After a mission trip, you have a new perception that there are millions of souls who can only dream to have your life, even on your worst day! Just imagine laying your hands on your patients with a complete appreciation of what you are offering them and all the blessings you have.

What's out there and where can you start? Well, there is a wonderful untapped world in motion whether you get out of bed or not, a world full

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of opportunities to serve with some very special individuals who have decided to dedicate their lives to the greater good for others in need.

Just like a patient looking for the right doctor, only you can determine where and with whom to serve with.

Start by asking yourself *why* you are doing it and what your expectations are. Then it is as simple as finding an organization that is going to a place you find interesting. Do some research on the organization and make sure its mission and ideals align with yours.

Raising consciousness

There are many cases of allopathic health professionals joining mission trips. There is a need for the other services and there are many opportunities to serve in that capacity.

However, when interviewed, these individuals who went through the experience of serving without the stan-



Todd Herold, DC, rejoicing as young children sing Happy Birthday to him in an orphanage in the Dominican Republic.

dard tools of their trade offered some startling responses.

When asked what they now think about chiropractic, they say they wish they knew how to do what we do, as it is hands-down the most efficient and effective method of caring for people in the field.

Having learned the true soul and purpose of the chiropractor, they take home a new awareness and respect for the profession.

There has never been a better time to be a chiropractor. The world is desperately waiting for you to take the lead and get its inhabitants back to thriving. 



J.C. DOORNICK, DC, is the president and cofounder of ChiroMission, a worldwide humanitarian group that provides proactive and preventative

healthcare to the less fortunate in the world. He can be reached at jc@drdoornick.com or through www.chiromission.com.

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Great expectations

Being an effective team leader and team player are one in the same

BY MONICA WOFFORD, CSP

SURELY IT DIDN'T HAPPEN IN THE MATERNITY WARD. No nurse walked around with a stamp identifying certain newborns as being "leaders."

But somehow, years after you left the crib, you still have the label of "leader" seemingly, if not invisibly, imprinted on your forehead. Maybe it came from your community and the positions you've held. Maybe it's from having the title of doctor of chiropractic, or maybe it's from being the owner of your own practice or head of your own household.

Regardless of the cause, you're a leader, and with that position comes great responsibility, often great rewards, and certainly great expectations.

Employees, patients, family members, and friends in your community now look to you to lead them in one of many directions. They each have different expectations, and different perceptions of what leadership looks like.

The leadership role

So, what does it mean to be a leader? What do you do with or about your new or existing leadership role?

1. Determine expectations. What do you expect of yourself in leadership? Do you expect to lead, guide, motivate, and direct?

Look up "lead" in the dictionary and you will see at least 10 different behaviors described by the word "lead."

Now, if you look up "leader" you'll note that its definition is "one who leads." So is leadership really all about what you do and the many things

expected of you? Perhaps, but it also relies on what you expect of others.

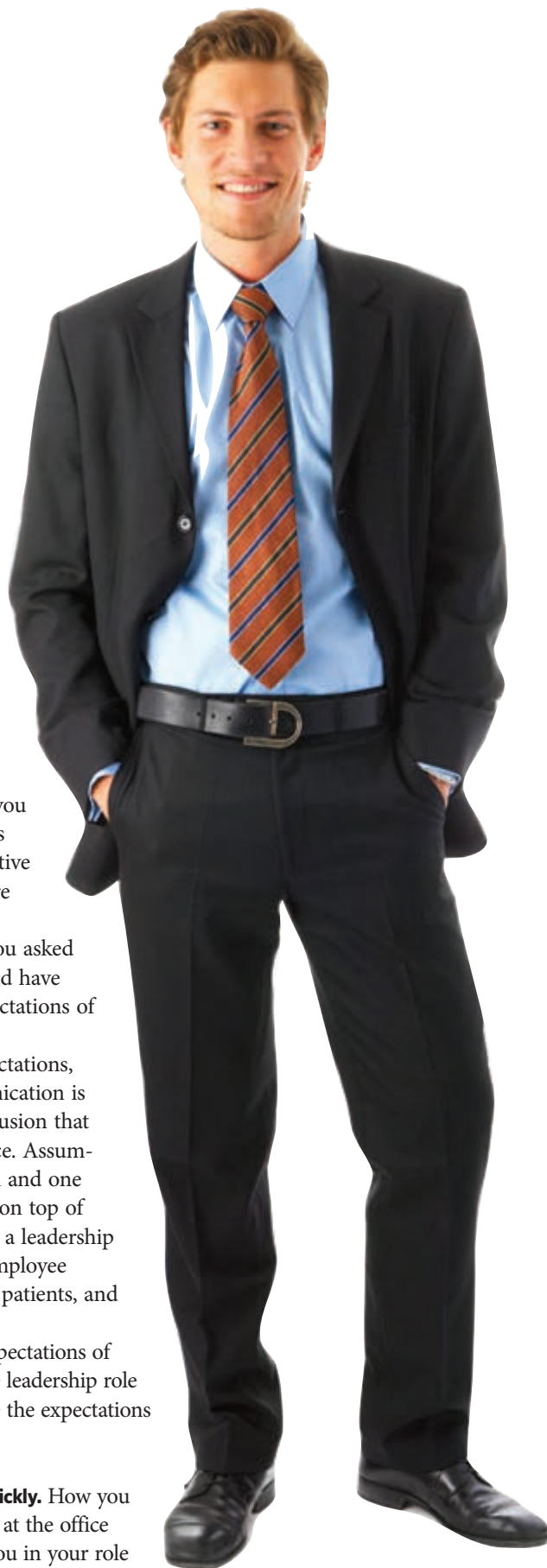
Employees may expect you to make fair decisions on pay and promotions, while patients may expect you to make fair decisions at a time other than their scheduled appointment.

These are easy differences, but only if you've given this some thought. Have you examined what others expect of your respective leadership roles, or are you merely making assumptions? Have you asked what they expect? And have you shared your expectations of them with them?

In the case of expectations, the secret to communication is seeing through the illusion that it's actually taken place. Assuming creates an illusion and one assumed expectation on top of another could lead to a leadership breakdown, higher employee turnover, disgruntled patients, and a grumpy you.

Determine their expectations of you in each respective leadership role you take on and share the expectations you have of others.

2. Be willing to shift quickly. How you handle being the boss at the office probably won't help you in your role



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No Rotarian will respond well to “Improve this behavior or our next step will be termination.” The guidance and advice you share with patients will be different than the guidance you share with an employee who’s bringing his or her personal stress to the office.

In leadership, although some skills will overlap and carry over into multiple roles, you’ll benefit from being willing to recognize the varying leadership behaviors that apply to each role, and being able to shift those behaviors quickly in each scenario.

“Shifting” can also mean having to “check your emotions at the door.” When you enter into a leadership role that includes working with volunteers, you must shift your use of consequences involving pay or time off to something more meaningful to the members.

The truth is that when you leave

one role to go to another, there are some behaviors that you might want to check at that figurative door.

3. Bring others with you. If you were asked what it took to be a good leader, there are many accurate answers that describe desirable leadership behaviors including being a good listener and visionary, and having confidence and integrity.

However, the one key element a leader needs in order to be effective is *followers*.

If you are highly skilled, but have no followers, then you’re ... alone. Leaders are not loners. They bring people with them through development, delegation, mentoring, teaching, guiding, motivating, and directing.

You’ve never heard of a leader coming forward to say, “Well, the truth is I did it all by myself.” In fact, it’s usually the other way around and they

admit they had help.

So come clean now. Leadership doesn’t happen just because you own the business, got the title, or are running the place. It happens when you realize you can’t do all of it alone.

The brighter business card and bigger office may make leadership appear glamorous; however, leadership is a serious and multifaceted responsibility.

With the right skill, a lot of desire, and a little practice, you can be an effective and fantastic leader. Are you ready? 



MONICA WOFFORD, CSP, is the CEO of Contagious Companies Inc., an Orlando-based training and consulting firm. Her 20 years of leadership experience makes her a highly sought after coach, consultant, speaker, and trainer. She can be reached at 866-382-0121 or through www.contagiouschiropractic.com or www.contagiouscompanies.com.

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BY AMY WIMMER SCHWARB

WHEN KATY ELERTSON STARTED WORKING AT STANDARD PROCESS — a dietary supplement company — her employer's health and wellness program was fairly new. Elertson took advantage of it right away, exercising at her office's small fitness center and turning in activity points to win prizes from the company.

Eight years later, the program has grown exponentially, as has Elertson's devotion to it. Standard Process now houses a 2,200-square-foot fitness center and two exam rooms, plus a chiropractic adjustment room.

The wellness staff includes two chiropractic doctors and has won myriad awards, such as a designation as a GOLD Well Workplace from the Wellness Council of America.

And Elertson has succeeded as well, bringing lessons she learns at work home to her husband and children. In addition to information she has garnered at office seminars on such topics as financial and spiritual health, her family eats better and exercises together more, and Elertson credits the program with helping her recently complete her first triathlon.

"For me personally, it's just the sense of accomplishment and overall feeling good. Now I'm in the best nutritional and physical shape of my life," Elertson says. "It's not just the physical things; the emotional benefits of this program are amazing, too."

The holistic lifestyle changes possible through corporate wellness plans make them a natural growth opportunity. But chiropractors who are thinking about breaking into the corporate wellness business have a number of questions to consider:



►What's the best way to approach a business about bringing a corporate wellness component to its employee benefits package?

►Should a first sales pitch include an offer of some free services?

►What metrics can be used to prove the program's value to an employer?

Jerry Curtin, director of human resources at Standard Process, says that for his company, demonstrating the worth of corporate wellness has been the easy part. "It's an integral part of our business strategy," says Curtin. "At the end of the day, you want evidence that it's impacting healthcare costs and contributing to low absenteeism. When people are well and they're at work, the quality of their work is higher."

The broader picture

So, what's the first step for a chiropractor who wants to venture into the

corporate wellness sector?

Steve Rallis, DC, president of Healthscore — a company that offers a health assessment tool that can be licensed to chiropractic practices or other businesses — advises chiropractors to start with introspection.

"Look at the broader context of public health," Rallis says. "Take a step back from chiropractic practice, and see that we're faced with chronic diseases, autoimmune disorders, chronic pain. It's an epidemic."

For chiropractors interested in going beyond treating the orthopedic symptoms of those problems, corporate wellness can be an ideal outlet, Rallis says.

Another step for chiropractors expanding into corporate wellness: Arm yourself with information about the benefits to a company's bottom line, particularly the amount it spends

on employee healthcare (and the amount it could save).

Curtin credits the Standard Process corporate wellness program with improving both employee recruitment and retention. About 50 percent of the workers have been with the business for eight years or more.

And one study, conducted by the Harvard University School of Public Health, shows that for every dollar spent on wellness, medical expenditures drop by \$3.27 and costs associated with absenteeism drop by \$2.73.

"Companies are going to want to know that they're spending money the right way," Rallis says. "How are they going to demonstrate success?"

Breaking into the business

Dr. Timothy Gay, who heads Ultimate Practice, a chiropractic consulting firm, notes that more and more chiropractors are coming to him with questions

about how to expand their businesses into corporate wellness.

"We see such a huge need from the standpoint of employees who are frequently either sick or out of the office," Gay says. "Doctors are becoming more aware of the potential of being involved in corporate wellness."

Gay typically advises clients to build a relationship with a corporation by offering a free presentation for employees.

A brown-bag lunch seminar for warehouse employees about injury prevention, for instance, can benefit the chiropractor in two ways: First, it allows an opportunity to impress the company with instruction on how to lift, bend, and reach effectively, and second, it exposes the practice to a group of potential clients — employees who physically exert themselves on the job.

The next step, of course, is to build

on the success of the initial program offering, perhaps by suggesting more extensive programs with workbooks and fees for participation.

"If the corporation comes back and says, 'Wow, you guys did a great job with that,' we might start with a pilot program and see how one department responds," Gay says. "And if they respond well and we begin to see a change in behavior, we can start talking about working with the whole company."

Selling the right product

Introducing services through at-work seminars can be an effective way to work around what Dane Donohue, a third-generation DC, describes as a stigma against the profession.

"If you go out and ask 100 people on the street, 'Do you need a chiropractor?' maybe 95 of them will say no," Donohue says. "But if you ask

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them, 'Do you want to be healthy and well?' all 100 would say yes. The public doesn't necessarily perceive chiropractic's role in wellness yet, but they need to understand that we are functional wellness specialists."

Another potential customer for a chiropractor-developed wellness program, Donohue adds, is a company that sells healthcare coverage to corporations. Selling a healthcare provider on a contracted wellness program means that company can offer more services to its customers.

Customize for customers

Corporate wellness programs can take any number of forms, from free nutrition seminars to full-scale fitness programs, complete with personal trainers and chiropractors employed by the company. And chiropractors can mold a wellness program to fit their expertise.

Rallis says companies reach out to him for a number of needs, from health assessments for their executives to comprehensive programs for all employees, to health screenings for diabetes and cholesterol; pain management for workers' comp injuries; or stress management and smoking cessation programs.

For Donohue, offering corporate seminars on such topics as stress management or overall wellness opens the door to inviting potential clients to his practice, which is a full-service wellness clinic that includes a gym and chiropractic and acupuncture facilities.

Securing success

For Rallis, gaining a foothold in the corporate wellness arena led to great exposure. "Once you land a company, it's instant success," he says. "We landed one, and he referred his two friends, who then became clients. We

had three happen back to back, and went from having a personal trainer doing some aspects of personal training to billing \$16,000 worth of personal training for one company.

"From a big-picture perspective, there's a public health need for chiropractors' work in corporations on a large-scale level," Rallis says. "It does take courage and a fundamental shift in how you see yourself — as either just delivering an adjustment, or being a vitalistic chiropractor who has the big-picture view." 



AMY WIMMER SCHWARB is a writer and editor based in St. Augustine, Fla. She spent 10 years as a writer and editor at the *St. Petersburg Times* and was most recently executive editor at *Indianapolis Monthly*. Among other feature-writing honors, her work was recognized in the anthology *Best American Sports Writing 2010*. She can be reached at wimmerschwarb@gmail.com.

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Wellness patients — let them in

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BY DEAN DEPICE, DC, AND JEN DEPICE, DC

WELLNESS PATIENTS COME FOR CHIROPRACTIC ADJUSTMENTS WEEK IN AND WEEK OUT, WITHOUT FAIL. Wellness patients realize their real need is for regular chiropractic adjustments for the rest of their lives.

How do you increase the number of wellness patients you see? Create a wellness program based on the chiropractic model of checking and adjusting the wellness of patients weekly. This will help you run your practice smoothly and bring extra money into your office.

This model does not increase your overhead with additional expenses; it focuses on providing your chiropractic adjustments to wellness patients for a lifetime. Research has shown that people 65 years of age and older under regular chiropractic care spend 31 percent less than the national average on healthcare.¹

Take steps now

Whether you are just starting out in practice or have been in practice for years, a model like this can work.

Step 1. Write out a mission statement that will inspire you to fill your practice with wellness patients. Some want a low-stress, high-patient-visit practice that makes you move faster and increases your intensity.

Do you thrive on the abounding enthusiasm at your practice and go home energized at the end of your day? Push yourself to fill each hour with more patients than you think you can or have ever served. Do this regularly and see how efficient you can be.

Step 2. Enlist your CAs so that they want wellness patients filling the practice as well. Your CAs have more contact with your patients. If they are excited about wellness patients, your patients will know it.

Step 3. Start announcing this program to your patients with all its benefits. Post it on Facebook and other social networking media. This will help build excitement and create buzz.

Step 4. Calculate your overhead percentage of total monthly expenses

from your bank account statement. Do not include paychecks, taxes, draw amounts, health insurance, or auto insurance amounts. Define your clean, clear monthly practice overhead.

Step 5. Take the past three months of practice overhead and find an average overhead per month. Next, take the past three months of office visits and average these three months.

Divide your total average monthly overhead by your average office visits per month. This defines your overhead per office visit. This is critical to know; never create a wellness financial structure that goes below this.

Step 6. Define your individual patient plan and fee for your patients to pay monthly. The first family member must pay around double what the overhead is per visit.

For example: If the overhead is \$12 per visit, then a wellness person should have a monthly wellness fee that provides for \$24 per visit for approximately four visits per month in this model.



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"Prior to graduating, I was torn between going out on my own or an Associateship.

I joined as a **STUDENT**

I heard horror stories about both so I decided to look for an Associateship that would give me the experience to open up my own office. After interviewing 11 different offices, with Chiro One being the last; the value I saw from their training program and the opportunity to grow with the company was worth the shot. Words cannot express my gratitude for the experiences I have had thus far. Not only has Chiro One given me the tools and knowledge to be a successful DC and community leader, it has also allowed me the opportunity to grow as a person to handle whatever life may throw at me! I have always had big dreams and goals for changing the face of health care through Chiropractic and Chiro One embodies an awesome Vision and Mission that allows a group of loving and highly motivated individuals to express their full potential while taking Chiropractic to its rightful place as the main form of wellness in the world!"

Dr. Sylvia Kim



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"While in school, though the experience and education was incredible, I realized I was not prepared to overcome the obstacles of starting a practice. I was in debt up to my eyeballs and had no way to get the capital. Unlike many of my classmates, I was blessed with an amazing Associate position but I still had a problem; the collapsing economy caused the banks to all but eliminate loans to Associates with high student loan debt. When I started with Chiro One after completing my second year as an Associate, I was attracted to their combined years of clinical, philosophical and business expertise. This combination exponentially multiplied my talents and ability while dramatically shortening the learning curve. The greatest benefit I have received is my growth as a person, clinician, businessman and leader. Chiro One gives you a family that supports your development and gives you a place to call home. When I look back at my career with Chiro One, I stand in awe. I couldn't imagine my life having chosen another path."

I joined as an **ASSOCIATE**

Dr. Ashlin
Gasiorowski



"After getting through chiropractic school, I found myself in a small practice seeing 80 pv/wk. I could look in the mirror and call myself a Chiropractor but I

I joined as a **SOLO PRACTITIONER**

was living month to month and barely getting by. The disconnect was the fact that I loved my patients, I loved chiropractic and I knew I had taught myself all that I could...I was stuck. When I saw what Chiro One had to offer, I decided to seize the opportunity and seek the help that I knew I needed. When I began, I expected that I would have an opportunity to learn from a group of successful Chiropractors. What I did not expect was becoming part of a movement. I look back and realize that I am part of the best trained and most highly coached group of Chiropractors EVER. Give a man a fish, he will eat today. Teach a man to fish, and he will feed his family for the rest of his life. I can honestly say that my growth as a Chiropractor and human being has allowed me to now live the life of my dreams. My work, family and finances are happy, secure and blessed."

Dr. Clinton
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The individual might be charged \$105 per month to receive up to a maximum of five adjustments per month. (Do not carry over unused visits to the next month.)

Step 7. If a wellness patient utilizes more than five office visits per month, they are assessed an additional office visit fee.

Step 8. If a wellness patient is injured and needs acute care, he or she should be taken off the wellness program until fully recovered.

Step 9. Similar profiles need to be exercised for the second and third family members with small increases in savings.

Caution: Do not use another practice's wellness amounts. Define your own specific amounts that cover your prac-

tice's overhead while providing the best chiropractic wellness care.

Step 10. Write out your policies to earn participation in your wellness program.

For example: A patient must be a regular patient for at least three years before being invited as a wellness patient.

Avoid inviting patients into the program early or because you want to give them a financial break. They will not appreciate the wellness program and may cause problems by expecting more from you at less cost.

Step 11. Consider setting a target number of wellness patients and families that will cover your monthly overhead.

Imagine the low stress you would feel going into your new patient reports if you knew your overhead was already covered for the month.

Step 12. Share your wellness patient goal number with your CAs. Track the number of families and individuals on your chiropractic wellness program monthly.

Step 13. Create a celebration to graduate patients to this honor and privilege of being a wellness patient. Consider the benefits you can offer specifically to these patients to save them time in your office. *For example:* Make your chiropractic wellness program special. Make these patients feel your appreciation for their decision and never take them for granted.

Caution: Do re-exams regularly. Give them thorough reports with clear objective goals. Make sure they attend spinal workshops and share their chiropractic story regularly to benefit other patients.

The number of people seeking "wellness" is growing exponentially. These patients have paid for and value their chiropractic care. Continue to give them what they want and what you are uniquely suited to provide.

Chiropractic is the core component to any wellness model. What you teach about human physiology may be more important than even the adjustment.

Fill your practice with chiropractic wellness patients and enjoy them. They are efficient, educated, and every doctor's dream. 



DEAN DEPICE, DC, AND JEN DEPICE, DC, have been practicing together for more than 20 years. They formed TLC4Superteams seven years

ago in order to redefine coaching for chiropractors by building teams that would increase their prosperity in all areas of life. They can be reached at tlc4superteams@aol.com.

REFERENCE

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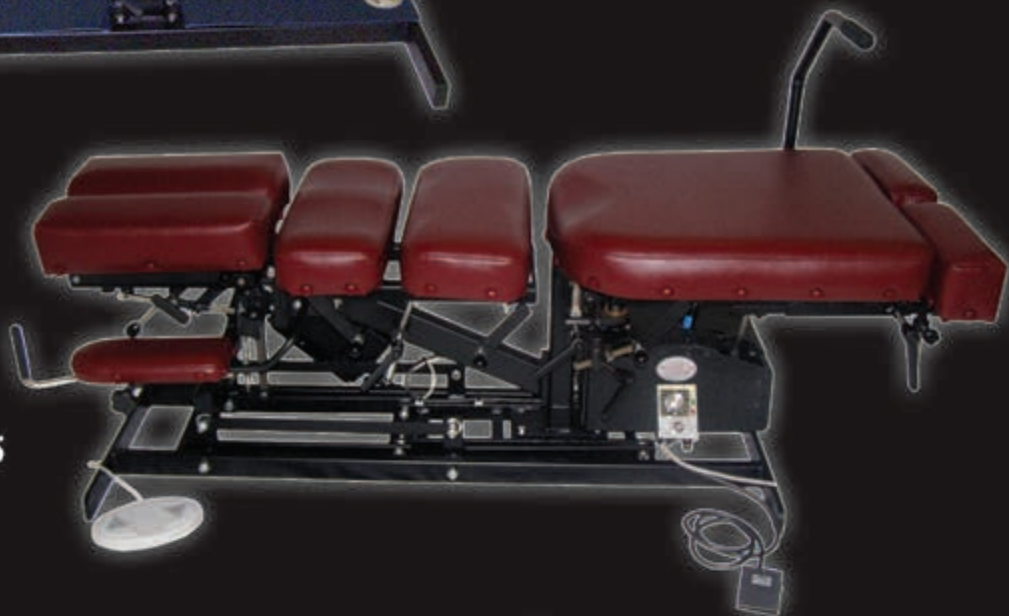


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DREW STEVENS, PHD

ASK ANY CHIROPRACTOR WHAT ONE OF THE MOST DIFFICULT PARTS OF HIS OR HER JOB is and you will probably hear: “hiring staff.”

The difficulty of hiring lies in the tactical issues of sifting through résumés and the time spent interviewing numerous candidates. This takes time away from business development and patient care.

As a chiropractor, you can get caught in a paradox because as patient volume increases you must delegate tasks due to lack of time.

However, taking the time to find the right people takes away from building the practice.

The following are three reasons why you need to find the proper individuals for your practice.

1. Delegation. As the practice grows, you are best suited to focus on business development and patient volume, which assists in overall profits and productivity.

2. Vital resources. Finding the proper resources enables those with the proper skills

to focus on critical issues. Billing and coding are left for those with the proper training.

3. Freedom. You need to operate a sustainable practice so you have more freedom for family, fun, and the future.

The reason so many chiropractors struggle with these issues is because they are not certain where or how to begin.

Proper techniques

It is imperative to understand that the task is not

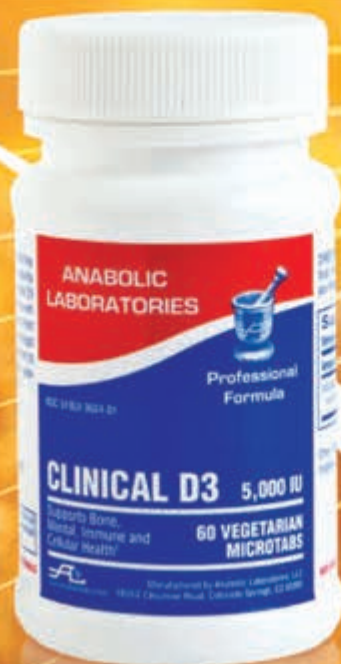
just to find a body and place it into a position. Hiring is a strategic process that requires proper planning and time.

Hiring, if done right, can lead to a better working culture, better office morale, increased patient exuberance, and less employee turnover. In the end, hiring the right person saves costs to the practice and reduces aggravation for you!

Look for talent. There is an immense amount of research in the area of talent hiring.



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1. Cannell JJ et al. Epidemic influenza and vitamin D. Epidemiol Infect. 2006;134:1129-40.

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Talent denotes a specific set of innate skills, abilities, and core beliefs that are not teachable or transferable. They are intrinsic to the individual.

For example: Take two chiropractors with similar backgrounds and training from a similar chiropractic college and each will treat patients differently.

Preparation. One of the main keys to interviewing is the rote set of questions and statements made by the interviewer.

It is always beneficial to prepare a list of questions that focus on personal, professional, and experiential issues. Asking questions based on particular situa-

tions creates an illustration of the candidate's reaction to issues.

Experiential exercises. Many initial interviews are conducted on the phone, so it is best to be attuned to phone skills and personality.

If there is a need for hiring front desk personnel, be attentive to phone manner, answering skills, and background noise. Consider returning calls at "off" hours to catch the candidate by surprise and determine how they handle special situations.

Outside expertise. Never be the only person involved with interviewing. Use associates and other colleagues

to gain a second opinion.

Have others look for the three primary qualities for hiring:

1. Professionalism,
2. Image, and
3. Cultural fit.

It is imperative that new candidates can immediately integrate into the office culture.

Use existing staff. To ensure the best fit with the practice, use a collaborative interview approach.

Have your chiropractic assistant, physical therapist, receptionist, financial expert, etc., interview the new candidate.

Office visit. Once there is some reciprocal interest,

have the candidate visit on a slow day and on a busy day. If possible, introduce them to patients to help exemplify their interaction with your most valuable asset.

Use your gut. No matter how often you seek out new employees, sometimes it is best to use your first instincts.

Patience is key

Chiropractors hiring today may be more audacious due to the current economic volatility.

With many individuals still unemployed and others unhappy in their present environment, there are plenty of individuals to choose from.

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Taking the time to find the right person helps to build a sustainable practice while increasing patient volume and brand.

Therefore, it is imperative not to rush and instead make decisions that best suit your practice.

Consider the following:

Networking. The best candidates will come from those you know and those you trust.

It is beneficial to constantly network not only for business development purposes but also for talent. During networking functions, seek out individuals adaptable to your practice's culture.

In addition, your clients

are an important resource. Ask your clients if there is interest or if they know of others who are interested in working in a dynamic environment.

Save time and money by seeking out others who understand your values.

Taking time. Unless there is a stockpile of paperwork, there is no need to rush.

Taking the time to invest in hiring will save you time and money in the future.

Never settle. Unless the practice has grown tremen-

dously overnight, there is little reason to choose just any candidate. Currently, the economy and the value of money enable you to take the time necessary to make the best possible decision.

Hiring is not always an enjoyable process, but it is a vital portion of your practice. The first thing a patient hears or sees is the enthusiasm of your employees assisting with an appointment, follow-up visit, or other activities.

Taking the time to find the right person helps to build a sustainable practice

while increasing patient volume and brand. By using the right stuff to find the right person, you will enjoy less stress, more freedom, and more financial success. 



DREW STEVENS, PhD, is one of the world's leading experts in practice management business

building and the author of *Split Second Selling* and the *Ultimate Business Bible — 12 Strategies for Ultimate Success*. He works with chiropractors to dramatically accelerate patient volume. He can be reached at 877-391-6821 or at drewjstevens@gmail.com.



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A twist of fate

Could one “twist” in the way you present nutrition double your practice?

BY TODD SINGLETON, DC



THE FINDINGS ARE CLEAR. Even though the treatment is the same, patients who have a good diet and exercise regularly heal faster, while patients who have a poor diet, consisting of eating inflammatory foods and/or smoking, have a harder time healing.

You can congratulate those patients with a good diet and who exercise, and exhort patients who smoke and/or have a poor diet to change their ways so they can heal. This, however, doesn't always work.

Most “pain” patients *won't* actually go home and change their diet, even though it would help them get out of pain faster.

New approach

Fortunately, there's a different way to package nutritional advice that will make it easier for patients to take, and it can transform your practice.

Even though patients come to you for your expertise, they come with certain expectations of what they think you should do for them. It doesn't matter that you're the doctor; most patients already know what they want.

For example: Patients going to an MD expect to receive a prescription. Patients going to a DC expect to receive an adjustment. And, patients

going to a weight-loss doctor expect to be told to change their diet.

If patients heal faster when they are given a healthy, noninflammatory diet, and if patients who want to lose weight are expecting you to change their diet, why not offer weight-loss programs to them?

If you've been practicing chiropractic without changing your patients' diets, you may be amazed at the improved results your patients will experience once you get them to change their eating habits. Remember, however, to be careful how you package it.

For example: If a patient comes to you for spinal decompression and you tell her she needs to change her diet in order to have the best results, you'll probably be met with resistance.

But, if your report of findings for the same patient explains that weight loss is part of the spinal decompression program, she will be anxious to hear what she has to do to lose weight.

The bottom line: Patients are willing to change their diet if the result is weight loss, but will resist changing their diet if it's just to get out of pain.

It might not make sense, but our society has been conditioned to believe that the doctor should “fix” their pain, but they understand they have to take

an active role in weight loss.

When D.D. Palmer first started adjusting 115 years ago, the patients he treated weren't eating the highly processed foods our patients eat today. Palmer was treating abnormal stress on normal healthy tissue. Today, we treat abnormal stress (from injury), or daily normal stress, on abnormal and unhealthy tissue.

Fortunately, patients can change that — and you can be the one to empower them to change.

Implementing a systematic weight-loss program in your office can not only transform your finances, it can transform the lives of your patients. This isn't rocket science. It's simple, basic practices you and your staff can present to patients.

There are two potential theories or reasons to practice. The first one is the “saving the world” theory. The second is the “make great money” theory. Why not accomplish both by helping your patients nutritionally, and packaging it in a way they will want it — weight loss! 🍏



TODD SINGLETON, DC, is a practicing chiropractor and the founder of Lighthouse Practice Solutions. He can be reached at 801-916-9532 or through www.ChiroGoldMine.com.



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Upstream or downstream?

Focus your patients on wellness concepts while there's still time

BY DANE DONOHUE, DC

YOU MAY HAVE HEARD THE EXPRESSION, "ONLY DEAD FISH SWIM DOWNSTREAM." OK, the fish don't actually swim, they float. But you get the picture. Still, what killed the fish? Maybe they couldn't survive a raging river, or perhaps pollution had poisoned their stream.

This is where "fundamental attribution error" comes into play. It is the inclination to attribute people's behavior to the way they are (the fish) instead of the situation they're in (the river).

Environment makes the difference

Think of the TV show, *The Biggest Loser*. The people who come on the show to lose weight are the same ones who leave having lost up to 50 percent to 60 percent of their original weight.

Did their environment shape different decisions that impacted their weight loss? You bet it did. It led to different behaviors and, ultimately, to radically different outcomes. In effect, our patients' environments have an influence on their lifestyle habits, which in turn shape their outcomes.

Studies show that when someone is obese (BMI more than 30), the odds of their close friends becoming obese triples. Unhealthy people don't want to be unhealthy; they simply live in an unhealthy environment.

So what's the solution?

You must *change the environment in which our patients live* — what they do, who they socialize with, what they eat, where they shop, what they do with their leisure time, how they interact with their families — and shift them step-by-step toward a wellness-based lifestyle.

The move from a sickness-based



lifestyle to one of vibrant health and wellness is not only crucial for your patients and their families, it's better for your practice, too.

Wellness makes sense

Research shows that patients are willing to pay out of pocket for wellness services to improve the quality of their lives.

In 2007, Americans spent \$33.9 billion on complementary and alternative medicine. Sadly, this only represented about 1.5 percent of the total healthcare bill that year, and the amount spent on natural products was only one-third of that spent on prescription drugs.

When your patients pay for wellness services upstream, they are ensuring that they or their insurance company will not have to pay for sickness care services downstream. One wonders why more Americans don't understand this simple concept. But all you have to do is walk through your nearest local

supermarket to see that they don't.

Your patients are swimming upstream against the power of a raging river that works against their progress. The power of the medical and pharmaceutical model, combined with our fast-food, high-stress, and sedentary lifestyles, creates a potent force that most patients don't have the willpower to fight.

Self-control — for most — is an exhaustible resource. The bigger the change you suggest to your patients, the more it will challenge their willpower. This is why you need to help your patients create behavioral changes to strengthen their ability to swim upstream to a better destination.

Be a "health coach"

Millions are dying in this country needlessly because they don't have a "health coach" to help guide their path toward better health.

As coaches, you must acknowledge that it takes time and energy to swim upstream. Patients will have to put

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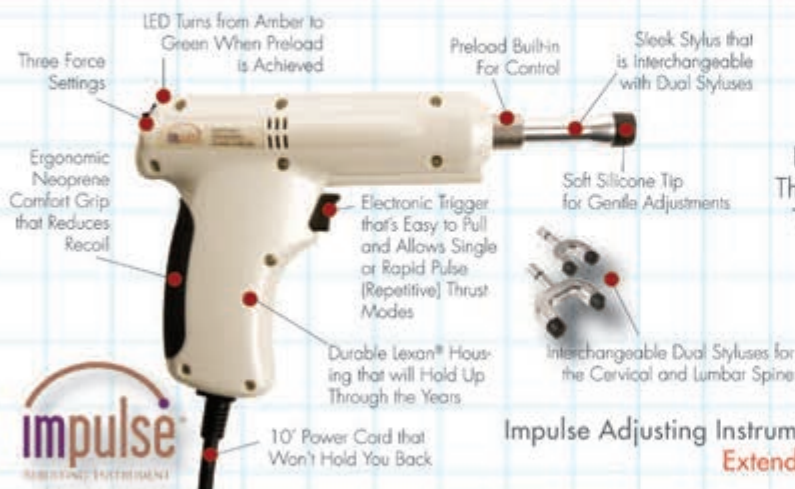
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time, money, and energy into their health. They need to understand that where they are is in direct relation to their willingness to change their lifestyle decisions and adopt new and better behaviors.

Become their guide, their coach, inspiring them that the trip upstream is well worth it.

The one glaring difference between someone who gets “well” and someone who gets “sick” is accountability and support. In other words, the difference is the environment.

Loving your patients doesn’t mean you have to accept their sickness-producing lifestyle behaviors such as smoking, overeating, not exercising, and not getting adjusted on a regular basis.

In fact, some patients believe it’s your moral obligation as a doctor to help them make better healthcare decisions. Sometimes, being the best chiropractor you can be has more to do

with your voice than your hands.

Research shows that some of the most effective treatments exist for some of the deadliest diseases of our time, but millions never have access to these therapies because doctors aren’t paid to get their patients well — they’re paid to dispense medications and surgeries.

Our healthcare system doesn’t start paying for services until the fish is well downstream, sometimes beyond its ability to turn things around. Yes, there is a difference between being “alive” and being “alive and well.”

Lead the way

You have the education, the philosophical background, and the science to support the movement of your practice and the country toward a wellness model.

If you don’t, rest assured that someone else will. You cannot continue to

sustain a model in which the quality of health as individuals is decreasing, while the price we pay for healthcare is increasing inversely at the same rate.

Eventually, the system will implode and you will be forced economically to move in a new direction.

Ask yourself who is best qualified to lead that movement back to a natural and more effective healthcare delivery system?

Think of the Michael Jackson song, “Man in the Mirror.” If you want to make the world a better place, look at yourself and make that change. 



DANE DONOHUE, DC, is the co-founder of *8 Weeks to Wellness*, a national in-office wellness program now offered in more than 25 centers around the country. He, along with his twin sister, runs one of the largest multimillion-dollar, cash-based wellness centers in the country. He can be reached at drdane@8ww.com or 215-968-1661.



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If you've ever balked at shelling out the bucks for another management company or coaching guru, and can't help but cringe when you think about the doubt, disappointment, and downright despair that eventually followed, go in front of a mirror, and repeat after me: **"There is no magic bullet..."**

My name is Dr. Chris Tomshack, CEO of HealthSource Chiropractic, and over the years, I've seen first-hand how D.C.'s will do almost anything to become more successful. From whimsical seminars to outrageous pseudo medicine gurus—the fact of the matter is your wallet can't fix your problems.

Take Dr. Darryl Warner for instance...

Over 15 years, and \$200,000 worth of practice management groups, coaching gurus, and software programs, and he still couldn't get the results he was searching for.

"I was always looking for the magic bullet," Dr. Warner said. "I tried a total of 10 different programs—all of it was a complete waste of time."

Like countless other D.C.'s, Dr. Warner was always looking in the wrong place for an easy answer. There was the \$20,000 software program that didn't work, the one-dimensional, out-of-state coaching gurus whose advice was questionable at best, and the \$8,000 marketing program apparently "written by kindergartners."

"What we really needed was a business system," Dr. Warner said. "The thing about HealthSource was that it provided a true business system with multi-dimensional support. The documentation software is the best I've ever seen, and the marketing is spot-on. Joining HealthSource has not only meant having all our business needs under one umbrella, but also providing better overall care to our patients. It's really been incredible."

Since joining HealthSource four short years ago, Dr. Warner has not only taken his practice to new heights, but also provided a positive impact to the surrounding Pennsylvania area as a HealthSource Regional Developer. With eight clinics (including his own) now under his tutelage, Dr. Warner has seen first-hand what a true HealthSource transformation takes.

"It's kind of like signing up for a gym membership," he said. "You can go and put in the work to achieve incredible results, or you can sit there and hope for the results to come. I come from a hard-working family—it's in my makeup—and I know that I'm successful as a result. There's no such thing as a magic bullet, but with HealthSource, it's as close as it gets."



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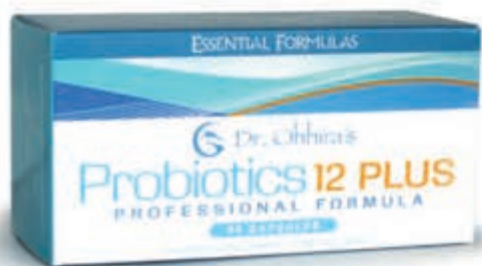
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Credit where due

Benefiting from the employee healthcare tax credit

BY MARK E. BATTERSBY

CREATED UNDER THE PATIENT PROTECTION AND AFFORDABLE CARE ACT EARLY IN 2010, the Small Business Health Care Tax Credit is designed to encourage small business employers to offer health insurance coverage to employees or maintain the coverage they already offer.

Imagine a tax credit, a direct reduction of the chiropractic practice's tax bill, equal to as much as 35 percent of the premiums paid.

Unlike a tax "deduction," which merely reduces the income upon which the tax bill is based, a tax "credit" reduces the tax bill. Naturally, taking advantage of the tax credit or actually claiming the healthcare tax credit is not a cut-and-dried process, and not every employer will qualify — or want to qualify.

Healthcare tax credit

The Internal Revenue Service (IRS) has already begun encouraging small businesses to explore and, if qualified,

claim the new small health insurance coverage credit.

If you are a small employer (no more than 25 employees and average wages below \$50,000 annually) eligible for a federal tax credit, you can apply for a direct reduction of your practice's tax bill, for the amount spent on health insurance for your employees — up to 35 percent.

The full amount of the credit is, however, available only to an employer with 10 or fewer full-time equivalent employees (FTEs) and whose employees have average annual full-time equivalent wages from the employer of less than \$25,000.

These wage limits would be indexed to the Consumer Price Index for Urban Consumers for years beginning in 2014.

Self-employed chiropractors, including partners and sole practitioners, 2-percent shareholders of an S corporation, and 5-percent shareholders in the practice, are not treated as employees for purposes of the Small

Business Health Care Tax Credit. In fact, a special rule prevents sole practitioners from receiving the credit as the principal as well as for family members.

If you are self-employed, you can deduct the cost of health insurance for yourself, spouses, and dependents. Thus, if an S corporation pays accident and health insurance premiums (under a plan established by the S corporation) on behalf of a more-than-2-percent shareholder who is also its employee and who must include the value of the premiums in his or her gross income, the shareholder is permitted to deduct the cost of the premiums paid on his or her behalf.

The basics

The IRS recently released a draft that small businesses (as well as tax-exempt organizations) will use to calculate the healthcare tax credit when their 2010 tax returns are filed.

For tax years 2010 to 2013, the maximum credit is 35 percent of premiums

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paid by eligible small business employers and 25 percent of premiums paid by eligible employers that are tax-exempt organizations.

Beginning in 2014, the maximum tax credit will go up to 50 percent of premiums paid by eligible small business employers and 35 percent of premiums paid by eligible, tax-exempt organizations for two years.

Because the limitation on the number of employees is based on FTEs, an employer with 25 or more employees could qualify for the credit if some of its employees work part time.

For example: An employer with 46 half-time employees (meaning they are paid wages for 1,040 hours) has 23 FTEs and therefore may qualify for the credit.

The number of an employer's FTEs is determined by dividing the total hours of service for which the employer pays wages to employees during the year (but not more than 2,080 hours for any employee) by 2,080. The result is then rounded to the next lowest whole number.

Slashing premiums

Only premiums paid by the employer under an arrangement meeting the tax law's requirements (a so-called "qualifying arrangement") are counted in calculating the credit.

Under a qualifying arrangement, the employer pays the premiums for each employee enrolled in an amount equal to a uniform percentage (not less than 50

percent) of the premium cost of the coverage.

For years prior to 2014, only premiums paid to a health insurance issuer such as an insurance company or HMO for healthcare coverage are counted for purposes of the credit. Premiums for healthcare insurance that cover a wide variety of conditions, such as a major medical plan, are also counted, as are the premiums for coverage that is somewhat more limited in scope, such as limited scope dental or vision coverage.

The other side

Although the IRS only recently announced the ground rules for those practices eligible for this new tax credit, you may be in for a big surprise if you — or your advisors — do not carefully follow the new rules. The tax credit penalizes employers if they hire more workers or increase salaries.

As your practice's average pay rises above \$25,000, the tax credit slowly decreases at a rate of 4 percentage points for every additional \$1,000 in average pay. The tax credit completely disappears once average pay reaches \$50,000.

The value of the benefit declines quickly, so many small business owners in high-cost states get no tax break, and those elsewhere often say the credit is too small to make much of a difference.

Many practices pay workers more than \$25,000 a year, so the average tax credit for the few who qual-

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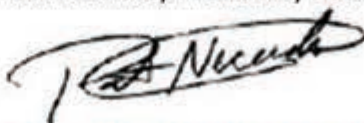
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ify is about 10 percent of the cost of the policy. That's less than \$200 per worker — not enough to spur many business owners to start providing coverage. Brokers across the country report a similar response.

Generally, an employer (other than a tax-exempt employer) cannot claim the credit if the operation has no taxable income and no alternative minimum tax (AMT) liability for the year. Except in the case of a tax-exempt employer, the credit for a year offsets only an employer's actual income tax liability or its (AMT) liability.

Crystal ball

Starting in 2014, the healthcare reform law will require nearly all Americans to have health insurance, either through an employer, a government program, or by buying it directly.

That year, new insurance markets will open for business, health plans will

be required to accept all applicants, and tax credits will start flowing to millions of people, helping them pay the premiums.

Those who continue to go without coverage will have to pay a penalty to the IRS, except in cases of financial hardship. Fines will vary by income and family size.

In 2014, chiropractic practices and businesses employing more than 50 workers will be required to provide health coverage and most people will be required to have health insurance. The tax on high-cost "Cadillac" policies will not go into effect until 2018; the increase in Medicare payroll taxes begins in 2013; while the tax credits available to small employers for health-care-related expenses started in 2010.

The Health Care Tax Credits are a temporary solution until small employers can shop on insurance exchanges. States will start implementing the

insurance pools in 2014, but it could be two more years until every state has an exchange set up to accommodate employers with up to 100 employees, according to many experts.

For a practice or business with 25 or fewer employees, the tax credits are a big help. But bigger practices will have to wait for the exchanges.

In the meantime, the question remains: Will the Small Business Health Care Tax Credit help your practice provide this invaluable employee benefit or encourage your practice to offer it? 



MARK E. BATTERSBY is a tax and financial advisor, freelance writer, lecturer, and author with offices in suburban Philadelphia. He can be reached at 610-789-2480.

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A class act

When and how to bring a class-action lawsuit

BY DEBORAH GREEN, ESQ.

Q I want to sue an insurance company that has refused to pay me because the company insists that I provided massage services. In fact, the services were rendered by licensed physical therapists, consisted of manual therapy, and were billed appropriately. Is it possible for me to sue as a class action?

Sometimes, I get things in the mail asking me if I want to be a member of a class or telling me I can opt out of the class if I want to. What's the difference if I bring this lawsuit myself? If I decide to go ahead with the lawsuit, what would be my responsibilities and how much do you think it would cost me? Do you think the company would stop paying on my other cases if I become a plaintiff? Should I wait for someone else to bring the lawsuit and then just join the class?

A An attorney who frequently defends insurance companies once mentioned that if a class can get "certified," the defendant insurance company is left "twisting in the wind." That compelling visual may have some truth to it.

A class action is an excellent vehicle to enforce the rights of many people at the same time. In order to bring a class action it is necessary that all the members of the class have suffered the same "injury" under the same set of facts; in your case, the failure of the insurance company to pay the doctors for physical therapy services properly rendered.

By bringing the lawsuit as a class, efficiency is increased, costs are decreased, and repetition of the same lawsuit is avoided.

For example: If you, and other doctors in the same situation, were to bring your lawsuits against the insurance companies individually, you would all need to retain counsel who would then incur individual filing fees, costs of discovery, etc.

The cases would be heard individually and there would most likely be different results rendered by different judges in different courts. The "class" concept avoids this confusion.

Class treatment of claims may also be the only way to change wrongful behavior.

For instance, several years ago 4,000 plaintiffs brought a class action against an insurance company. Although the recovery was just \$550 each, the insurance company agreed to make changes to its policy.

As a result, 50 pages of policy improvements covering prompt pay, medical necessity, and recovery of "overpayments" were added to this insurer's new policies, thus changing the insurer's practices and benefiting healthcare professionals for years to come.

If you decide to be the representative plaintiff in this matter, you would be required to attend a deposition where the insurance company's lawyers would ask you questions. You would first be prepared for this deposition by your attorney. The entire process would take about 10 hours of your time.

Assuming you are successful, the court will most likely award you an additional \$10,000 in damages for acting as the class representative. There should be no cost to you as there are a number of class action

attorneys who do this type of work and they bear the costs.

Granted, these lawyers if successful will be awarded a substantial fee, but on the other hand they are taking all the risk. Make sure when hiring such a lawyer that you hire one with a lot of experience in the field of class actions — as in any other profession, some specialists are better than others.

You may certainly wait for someone else to bring the lawsuit and just join that class, but then you are taking the risk of no one ever bringing such a lawsuit, never getting paid, and having the insurance company do the same thing to you time and time again.

It is hard to imagine that an insurance company would stop paying you for legitimate claims filed by you just because you became a named plaintiff in a class action lawsuit against it.

If this were to happen, however, the insurance company would be looking at much steeper liability than just nonpayment of bills — it could be sued for punitive damages, which can be a substantial amount of the net worth of a company. **CE**



DEBORAH GREEN, Esq., practices law in New York and Florida. If you have any questions concerning the above or any other legal healthcare issues, e-mail her at deborahgreen@thegreenlawfirm.net.

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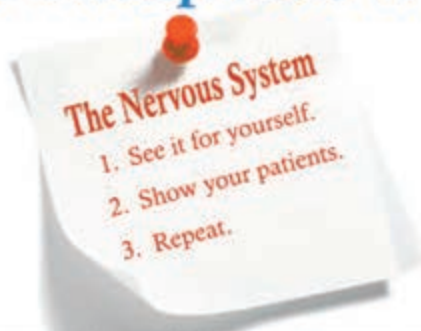
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Finding an associate position

BY JEAN MURRAY, PHD

I F YOU ARE NOT SURE ABOUT STARTING YOUR OWN PRACTICE WHEN YOU GRADUATE, you probably have considered the possibility of working for another chiropractor. This is an attractive option if:

- ▶ You have little to no startup capital;
- ▶ You have limited experience;
- ▶ You are in a specialization that requires more training; or
- ▶ You are just not confident about your ability to run a business.

If this is your situation, you're probably looking for an associate position. Note that this means you will be an employee, going through an apprenticeship of sorts. The comparable position for MDs would be a residency, in which a fledgling MD has the opportunity to work in his or her field for a few years to gain greater knowledge and skills before starting a practice.

Often a great possibility is a position in which the doctor may be retiring or leaving the area in a few years and you may be able to negotiate a buy-out. In this way, you can learn the practice and become familiar with the patients, stepping in easily when the other doctor leaves.

Here are some sources for associate positions:

- ▶ Your best source of information will probably be the alumni department of your chiropractic school, which normally has a listing of alumni who are looking for graduates to work in their practices.
- ▶ If your school has a student newspaper, see if it has a classified section where employment opportunities are listed.
- ▶ If you know the area where you want to work, and you can't find a listing for someone who wants an associate, don't hesitate to send out your CV. Put together a good-looking résumé, along with a sales-type cover letter that describes your skills and abilities. Send it to a list of doctors in the area.

In the letter, state that you will be contacting them within the next few weeks to see if there is a possibility of employment, then follow up with those calls. Your letter may come at the precise moment that a doctor is thinking about getting an associate.

When you find a doctor you want to work with, you'll need a contract that includes:

- ▶ Your responsibilities as an employee and the responsibilities of the hiring doctor;
- ▶ The length of the contract and requirements and notifications for terminating the contract by either party;
- ▶ Your compensation, usually expressed as base pay plus incentives for bringing in and providing care for more patients, above a minimum level;
- ▶ The benefits you will receive, which should be the same as other employees in the practice; and
- ▶ The conditions of the non-compete agreement, if you leave the practice.

The contract should also specify if the doctor will pay your malpractice insurance and any continuing education seminars.



JEAN MURRAY, PhD, has been counseling small business owners since 1974 and is currently helping chiropractic students and graduates who want to start their own practices.



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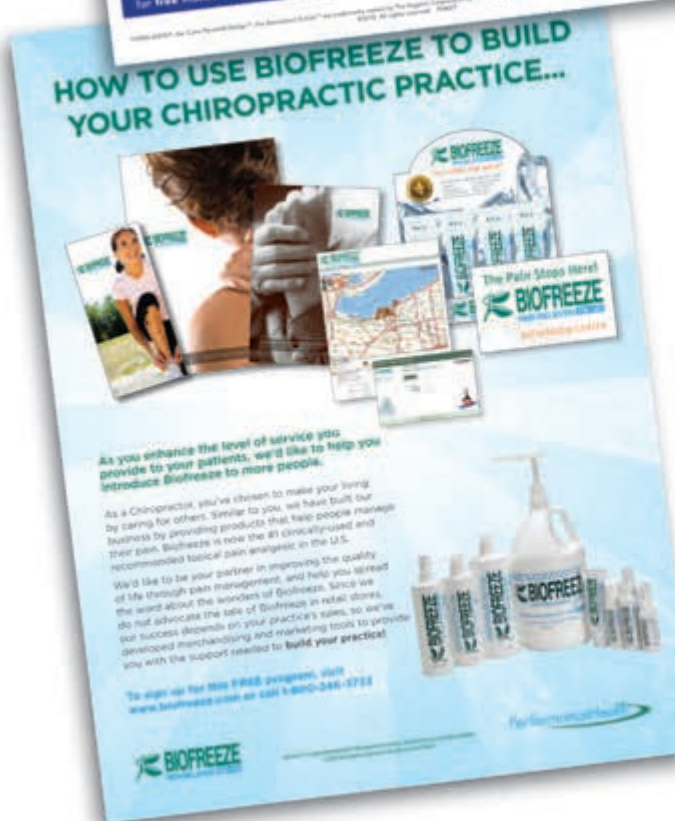
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