



# The Wisconsin Chiropractor

*The Official Publication of the Wisconsin Chiropractic Association*

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**2018 WCA Convention • April 26–29, 2018**  
**The Osthoff Resort • Elkhart Lake, Wisconsin**

Cover art by Jaci Uttecht  
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## Chiropractic Clinical Tools Package Signed Into Law, Wisconsin Legislature Wraps Up 2017–2018 Session

*The Wisconsin Legislature is very close to concluding its business for the 2017-2018 Session. The following is a brief update on several chiropractic-related bills. Please note that this information is subject to change, and the WCA will update members electronically.*

• **Assembly Bill 920/Senate Bill 806** regarding self-funded association health plans. This legislation would have allowed small group, self-funded association plans (aka chamber plans) to be offered in Wisconsin without all of the consumer protections under state law, including equal access to chiropractic care for patients. The WCA Government Affairs team, and others, rallied to oppose this legislation and attended the Assembly Committee on Health's public hearing on the bill in February. Thanks to these efforts, the author of the bill, Rep. Shannon Zimmerman (R-River Falls), agreed to include an amendment protecting patient access to chiropractic care. This same amendment was included in the bill when it was considered in the State Senate in early March.

As of this issue's publication, the bill had NOT been scheduled for floor consideration in the State Senate, and it appears it will NOT move forward for the remainder of the legislative session. **This is huge victory for Wisconsin chiropractors and a great example of why it is critical to belong to a strong state association like the Wisconsin Chiropractic Association that can mobilize members, patients, and lobbying resources to protect equal access to chiropractic care in Wisconsin.**



• **Assembly Bill 260** regarding Chiropractic Clinical Tools was signed into law by Governor Scott Walker on Wednesday, March 28. This legislation passed the Wisconsin State Senate on February 20 and was concurred in by the Wisconsin State Assembly on

February 21. Pictured alongside the governor, from left, are WCA President Dr. Gene Yellen-Shiring, WCA Communications and Marketing Manager David Bobka, Rep. Wichgers' Staff Gabriel Szerlong, and bill author Rep. Chuck Wichgers (R-Muskego). This bill originally included giving chiropractors the ability to perform acupuncture, dry needling, and sports physicals with additional training. Despite efforts to convince members of the legislature to retain these important clinical tools as part of the bill, the WCA Government Affairs team, with approval from the WCA Board of Directors, agreed to remove these aspects of the bill in order to move the rest of this legislation forward.

"While we remain committed to gaining these important tools for our members, we felt it was important to get done what we could during this session," said WCA Executive Director John Murray.

We sincerely thank the author of this WCA-backed legislation, Rep. Chuck Wichgers. WCA President Dr. Gene Yellen-Shiring is pictured (at right) alongside Rep. Wichgers at the bill signing.



• **Assembly Bill 834** regarding NBCE Test Score Legislation has passed both houses of the Wisconsin Legislature and is awaiting the governor's signature. Based on membership input, WCA took a neutral position on this legislation, which has the practical effect of clearing the way for the bill to pass in the Legislature. Students looking to apply for licensure in Wisconsin under the new law should check with WCA Executive Director John Murray at [jmurray@wichiro.org](mailto:jmurray@wichiro.org), to learn when they should send their applications to the Wisconsin Department of Safety and Professional Services (DPS).



## Spring into Sports – Attend the 2018 WCA Spring Convention!

The Wisconsin Chiropractic Association's 2018 Spring Convention is just around the corner, being held April 26-29 at the scenic Osthoff Resort in Elkhart Lake, WI. This event will provide you with the tools, skills, and resources to support Chiropractic Care for active patients, featuring sessions on concussion protocol, sports nutrition, exercise rehabilitation, and more. Chiropractors are uniquely positioned to support wellness for athletes and active patients, helping to ensure these patients stay injury free whenever possible, and supporting patient rehabilitation and recovery when needed.

Attending Doctors of Chiropractic can earn to up 26 credit hours of quality Continuing Education presented by renowned speakers at Spring Convention. Courses begin at 11:00 a.m. on Thursday, April 26 and will conclude on Sunday, April 29 at noon. The event also features a full education program for CTs/CRTs, offering up to 14.5 CE hours. In addition, there will be a full vendor hall that is open on Friday and Saturday. Please be sure to thank the vendors for their company support of WCA continuing education events. Convention will also feature the WCA Awards Gala on Friday evening. Enjoy cocktails, hors d'oeuvres, and networking opportunities while recognizing chiropractic professionals for their leadership and service (*dress is business wear, but not formal/black tie*). There is no cost to attend the Awards Gala. WCA would like to thank NCMIC for sponsoring this enjoyable event.

**Registration for Convention is open until April 20, 2018. If you have yet to register and plan to attend, register now!** There is an inserted registration form in this magazine issue. Please complete the form and mail it to WCA at 521 E. Washington Ave., Madison, WI 53703, or fax to 608-256-7123. You may also submit your registration online via the WCA website, [www.wichiro.org](http://www.wichiro.org), Education and Events – WCA Convention, or go directly to <http://wisconsinchiropractic.site-ym.com/event/2018springconvention>.

The Osthoff Resort is nestled on beautiful Elkhart Lake, just a short drive from Milwaukee, Madison, and the Fox Valley. This AAA Four Diamond resort and golf destination is just a short drive from the area's business centers and offers everything for business and pleasure, including a world-class spa. *For any remaining questions regarding the 2018 WCA Spring Convention, please contact WCA Education and Convention Manager Andrea Murray, at [awmurray@wichiro.org](mailto:awmurray@wichiro.org) or 608-256-7023.*

The 2018 WCA Spring Convention has all the makings of a great event for doctors and chiropractic staff. We look forward to seeing you there!



## Save the Date! Gain Valuable Business Training at WCA ChiroU™

October 13-14, 2018 in Pewaukee, WI



“Regardless of how long Chiropractors have been in practice, they will get value out of attending WCA ChiroU.”

- Dr. Adam Lahman of Lahman Chiropractic in Monroe, WI. Dr. Lehman attended the inaugural ChiroU event on Feb. 13–14, 2018.

**This year’s second WCA ChiroU™ event will take place at the Holiday Inn - Pewaukee on October 13–14, 2018.** This exceptional event provides expert-led business training specific to the chiropractic profession in our state to recent graduates, those new to practicing in Wisconsin, and Doctors of Chiropractic in practice under 9 years.

Mark the weekend of October 13–14 on your calendar.

**Take care of your chiropractic clinic as a business. • Build your professional success!**

Questions? Please contact WCA Membership & Program Director Brenda Toler, [btoler@wichiro.org](mailto:btoler@wichiro.org) or 608-256-7023.



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# 2018 SPRING/SUMMER/FALL CE

Register online, by fax, email, or phone. Online registration and downloadable registration forms are available at [www.wichiro.org](http://www.wichiro.org). Please do not hesitate to call or email WCA with questions.

*Additional classes are being added post-convention in the fall. Watch the website for updates!*

## April 26-29

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WCA 2018 Spring Convention –  
up to 26 CE for DCs  
The Osthoff Resort, Elkhart Lake

## April 26-27

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Orthopedic Diplomate: Whiplash  
Associated Disorders – The Pathway from  
Acute to Chronic Pain – 10 CE DC  
Dr. James Lehman  
The Osthoff Resort, Elkhart Lake

## May 16-19

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HIPAA Compliance: Protecting Against  
Current Threats to Chiropractic – \*6 CE  
DC/CT\*

Dr. Ty Talcott

• May 16, Green Bay

• May 17, Eau Claire

• May 19, Madison

\*Class now 6 hours for CT Renewal!\*

## May 19-20

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Orthopedic Diplomate:  
Lumbopelvic Pathology and Related  
Neuromusculoskeletal Functional Deficits –  
10 CE DC

Dr. Tim Bertelsman

Sheraton Milwaukee, Brookfield

## June 1-3

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CT Delegation – 24 CE CT

Dr. Wendy Varish

Aurora Medical Center, Oshkosh

## June 2-3

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Clinical Posture Assessment: Rehabilitation  
& Motor Control Exercise – 12 CE DC

Dr. Steven Weiniger

Aurora Summit Medical Center,  
Oconomowoc

## July 12

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Compliance – 8 CE DC/CT

Dr. Chris Anderson

Aurora Summit Medical Center,  
Oconomowoc

## July 14

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DOT Medical Examiners – 8 CE DC

Dr. Christopher Murray

Aurora Summit Medical Center,  
Oconomowoc

## August 16

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Red Flags: Clinical Implications in  
Chiropractic – 6 CE CT

Dr. Wendy Varish

Aurora Medical Center, Oshkosh

## September 27-28

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Chiropractic Nutrition 1 – 12 CE DC  
(12 Nutrition Hours)

Dr. Tricia Paulson

Kalahari Resort, Wisconsin Dells

## September 27-30

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WCA 2018 Fall Convention

Kalahari Resort, Wisconsin Dells

## September 29-30

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Chiropractic Nutrition 2 – 12 CE DC (12  
Nutrition Hours)

Dr. Tricia Paulson

Kalahari Resort, Wisconsin Dells

## September 29-30

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Orthopedic Diplomate: Mastering the  
Assessment & Management of Shoulder &  
Upper Extremity – 10 CE DC

Dr. Brandon Steele

Kalahari Resort, Wisconsin Dells

## October 13-14

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CRT Radiology 1 – 12 CE CRT

Dr. Wendy Varish

Radisson West, Madison

## October 27-28

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CRT Radiology 2 – 12 CE CRT

Dr. Wendy Varish

Radisson West, Madison

## October 27-28

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DABCI Kickstart – 12 CE DC

Dr. Christopher Murray

Milwaukee

## November 10-11

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Chiropractic Nutrition 3 – 12 CE DC  
(12 Nutrition Hours)

Dr. Tricia Paulson

Radisson West, Madison

## November 10-11

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CRT Radiology 3 – 12 CE CRT

Dr. Wendy Varish

Radisson West, Madison

## November 10-11

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Orthopedic Diplomate: Assessment of the  
Chiropractic Patient – Orthopedic and  
Neurological Testing – 10 CE DC

Dr. Jeffrey Miller

Aurora Clinic, Grafton

## November 29

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Cold Laser – 6 CE DC/CT

Dr. Wendy Varish

Aurora Clinic, Grafton

## December 1-2

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Chiropractic Nutrition 4 – 12 CE DC  
(12 Nutrition Hours)

Dr. Tricia Paulson

Radisson West, Madison

## December 1-2

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CRT Radiology 4 – 12 CE CRT

Dr. Wendy Varish

Radisson West, Madison

## December 8-9

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Orthopedic Diplomate: Differential  
Diagnosis of Neuromusculoskeletal  
Conditions – 10 CE DC

Dr. James Demetrious

Sheraton Milwaukee, Brookfield

# Do You Want to Become a Chiropractic Specialist?

Dr. James J. Lehman



As third-party reimbursements continue to shrink, health care reform calls for a new payment system based upon value rather than the number of procedures. A chiropractor's value improves with enhanced diagnostic skills, which lead to appropriate, high-quality care of patients suffering with acute and chronic pain due to neuromusculoskeletal conditions. The University

of Bridgeport offers a **Diplomate in Chiropractic Orthopedics** post-doctoral program to augment your differential diagnostic skills and provide a higher level of credentialing.

WCA will offer 50 hours of advanced clinical education in Wisconsin. The other 250 hours are offered online, which reduces both time away and travel expenses. Check out this online advanced clinical training program by visiting [www.bridgeport.edu/nmsm](http://www.bridgeport.edu/nmsm).

The 50 hours of on-site seminar training features five chiropractic experts and covers relevant topics for the chiropractic specialist. Each of the chiropractic specialists are Fellows of the Academy of Chiropractic Orthopedists. They offer evidence-based and patient-centered advanced clinical training, which will stimulate your desire to learn and add value to your evaluation and management skills.

The five 10-hour, in-person courses offered this year in Wisconsin include:

- Whiplash Associated Disorders: The Pathway from Acute to Chronic Pain - James J. Lehman, DC, MBA, FACO, and Todd Cielo, DC.
- Lumbopelvic Pathology and Related Neuromusculoskeletal Functional Deficits - Tim Bertelsman, DC, CCSP, FACO.
- Mastering the Assessment and Management of Shoulder and Upper Extremity Problems - Brandon Steele, DC, FACO.
- Differential Diagnosis of Neuromusculoskeletal Conditions - James Demetrious, DC, FACO.
- Practical Assessment of the Chiropractic Patient: Efficiency in Orthopedic and Neurological Testing - Jeffrey K. Miller, DC, MBA, FACO.

There are several ways to generate new revenue with advanced clinical training and board certification. First, and most important, is the provision of high-quality evaluation and management of patients in pain. Once you complete the course and the diplomate examinations, you will be a board-certified chiropractic specialist acknowledged by medical organizations including Federally Qualified Health

## *“Diagnosis is the Key to Treatment”*

Centers, medical and chiropractic schools, hospitals, and coordinated care organizations interested in providing non-pharmacological therapeutics for patients in pain. Many of you may wish to pursue medical/legal work as a chiropractic expert. In addition to the Diplomate in Chiropractic Orthopedics, you might want to pursue a sub-specialty in chiropractic forensics.

The majority of chiropractic specialists I have taught have expressed that their number one reason for taking this post-doctoral training is to improve their clinical skills. A former colleague and chiropractic orthopedic instructor, Dr. Richard Ackerman, advised hundreds of his chiropractic orthopedic learners that “Diagnosis is the key to successful treatment.” I completely agree with Dr. Ackerman’s statement, and it is my opinion that the ability to provide a differential diagnosis and high-quality, non-pharmacological chiropractic care is the key to a successful practice.

The healthcare environment is rapidly changing because of health care reform and the need to reduce costs, medical errors, and cost of care. This program may secure your future as a chiropractic specialist within your current practice situation, or possibly within a coordinated care organization. My chiropractic specialty training and board certification as a chiropractic orthopedist enabled me to integrate the Lovelace Medical Center, Lovelace Health Care System, the University of New Mexico School of Medicine, and a Federally Qualified Health Center in Connecticut. As a chiropractic orthopedist, I was granted a faculty position at the University of Bridgeport College of Chiropractic. I never expected my post-doctoral training would provide me with so many opportunities. Join me as a chiropractic specialist. Millions of people in pain need you.

- Dr. James J. Lehman

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*You can pick Dr. Lehman's brain about the Orthopedic Diplomate at Spring Convention. He teaches the first 6 hours of the Whiplash course on Thursday, April 26, from 11 am-5 pm. Dr. Todd Cielo teaches the remaining 4 hours of the Whiplash course on Friday, April 27, from 8 am-12 pm.*



# ORTHOPEDIC DIPLOMATE SERIES

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# Objectivity vs. Subjectivity: A Case Study

Dr. Todd Cielo



As chiropractors, we consult with patients daily in our offices, maneuvering through questions and answers to formulate a plan of treatment and diagnosis. Patients have signs and symptoms, leading our brains in the directions of diagnostic imaging, diagnosing, and treatment. The separation that we face as clinicians is that we need to know the concrete difference between subjective and objective findings.

Subjective findings are focused on complaints like muscle spasms, headaches, numbness, antalgic lean, radicular pain, restricted range of motion, etc. Subjective findings are the patients' complaints in their words, their perception of pain, sensory changes, motor changes, or range of motion alterations. Next, we as clinicians label these subjective findings with medical terminology that fits the patient's description. The precision and accuracy comes into account when we locate the cause of these symptoms so that insurance companies understand the reasons for medical necessity.

These types of symptoms need to be correlated with imaging diagnostics that explain a particular symptom, pattern, or area of complaint OBJECTIVELY. Without some sort of concrete evidence that explains a patient's spinal condition, these are just symptoms with no forensic evidence to prove medical necessity of treatment. Chiropractors need objective documentation that provides insurance companies a valid reason for continued care and payment for rendered services. We also need to provide attorneys the arsenal for defending this patient's spinal injury, future medical necessity, and permanent impairment to the jury.

As professionals, chiropractors need to sharpen documentation and quantify patients' injuries objectively. We do this by utilizing learned treatises, defined as common literature that we commonly agree on for evaluating, diagnosing, and quantifying a patient's injury in court. By utilizing literature such as the AMA guides and Yochum & Rowe Radiology, we have a platform that we can use to objectively measure an injury from an objective scientific standpoint.

The AMA guides have DRE differentiators for this type of spinal evaluation. The differentiators are subjective and objective categories. The five common subjective qualifiers are muscle guarding, atrophy/weakness, loss of reflexes, asymmetrical range of motion, and loss of bowel function. The three objective qualifiers are electrodiagnostic evidence, bladder studies (Cauda equine syndrome), and loss of motion segment integrity. All of our patients have some form of these subjective complaints. I prefer to focus on the objective differentiators that patients cannot malingering or alter in any way. This

is so that when I go to testify in court to prove a patient's injury, I correlate subjective symptoms with objective findings that are concrete.

***The separation that we face as clinicians is that we need to know the concrete difference between subjective and objective findings.***

One of the objective differentiators we often fail to diagnose properly is Alteration of Motion Segment Integrity (AOMSI). The AMA guides recognize linear stress views of radiographs as the best form of diagnosing George's Line. Drs. Yochum and Rowe (page 149) state that if there is a break in George's Line on a radiograph, this could be a radiographic sign of instability due to ligament laxity. Drs. Yochum and Rowe describe specific subluxations as anterolisthesis and retrolisthesis. When these mechanical alterations of the spine occur, the posterior longitudinal ligament and anterior longitudinal ligament is stressed, disrupted, and/or insufficient. These are the movements that need to be measured for verification of ligament instability.

When there is hypermobility in any given segment, we do not want to adjust that segment and increase that mobility. Our objective is to increase function and mobility in vertebral segments that are hypomobile and locked up, causing nerve interference. Chiropractors need the measurements that analyze these segments in the "stress" views to determine whether the vertebrae are hyper or hypomobile and quantify in the normal (0-1 mm), abnormal (1.0-3.5 mm), or ratable above 3.5 mm range. These parameters are important for doctors to determine which segments to adjust and document for ligament laxity for the patient, insurance company, and legal counsel.

In the cervical region, the AMA guides state that if translation (total anterior and posterior movement) is greater than 3.5 mm (height of 2 quarters stacked), then the patient qualifies for category IV 25-28% permanent impairment (page 392, 5th edition or page 564, 6th edition). Dominant motion at the cervical and lumbar spine, where most pathology occurs, is flexion and extension (pages 378-79). We learned this type of evaluation in chiropractic school through the lines of mensuration analysis by hand, utilizing rulers, protractors, and pencils. This type of evaluation has a 26% error rate when this measurement is calculated (Siegler and Howe, 1985, JMPT). This type of evaluation can be performed through Computed Radiographic

## Objectivity vs. Subjectivity: A Case Study

Mensuration Analysis (CRMA) by allowing the computer to do the measuring, and then our accuracy and reliability increases. By analyzing three simple X-ray stress views (plain film, DICOM, or DMX) in our offices, we can diagnose ligament laxity (M24.28), which is a huge value driver in the injury arena.

Ligament laxity objectively quantifies a patient's spinal injury regardless of symptoms, disc lesions, range of motion, reflexes, age, or gender. This simple evaluation is often overlooked and constitutes medical necessity, from an injury standpoint. By simply plotting the four ends of the vertebral body's cortices, George's Line can be measured objectively and documented accurately. Then, the patient can be placed in a DRE category for verification of permanent impairment. Quantification of ligament laxity (code 728.4) is a crucial element of demonstrating instabilities in a specific spinal region.

For example, suppose I have a patient with a break in George's Line at C4-5 visually on the flexion view of my Davis series. One of my diagnoses is ligament laxity (728.4) on initial visit due to the break with the anterolisthesis. No measurement is required because ligament laxity has no parameters to follow. When you want to issue a patient an impairment rating, best practice is to utilize the AMA guides for clarification and quantification of the translation in millimeters. For instance, if the patient's total translation is 3.71 mm at level C4-5, then the patient qualifies for DRE

category IV at 25% impairment rating. The patient has a flexion/extension series or MRI the majority of the time. When I review the findings and the radiologist documents anterolisthesis in the flexion or neutral views, that is a reason for medical necessity for quantification. I perform my motion X-ray or DICOM views in flexion, extension, neutral, and possibly APOM, if symptomatology calls for it. When we correlate the MRI instability findings to the digitally measured stress views, we can show the anatomical alterations with the ALL and PLL that are attached to Sharpey's fibers and annular fibers, which constitute disc integrity.

By focusing on objective findings, not only are we documenting one of the most overlooked diagnoses for subluxation, but we are also doing the patient justice by quantifying a significant instability. This clarification and quantification will help the patient legally, objectively, and most importantly, clinically.

-Dr. Todd Cielo

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*Ask Dr. Cielo more about the Orthopedic Diplomate at Spring Convention. He teaches the remaining 4 hours of "Whiplash Associated Disorders" on Friday, April 27, from 8 am-12 pm. Dr. James Lehman will teach the first segment of this course on Thursday, April 26, from 11 am-5 pm.*

## Why Should I Become a CME?

Dr. Chris Murray



Department of Transportation commercial motor vehicle medical exams, aka DOT exams, are an important portal of entry service for Wisconsin Doctors of Chiropractic. Only certified examiners who have taken a certification course and passed the National Registry of Certified Medical Examiners (NRCME) certification exam are approved to provide this needed service.

Becoming a certified medical examiner can be a rewarding way to serve a segment of the population that may have never been in a chiropractic office. Furthermore, performing these important exams for truck and bus drivers is a unique, real-world method for the chiropractic profession to integrate

further into the health care system, filling a real void in primary care/portal of entry services.

This 8-hour class provides the requisite training required to sit for the NRCME exam. Presenter Dr. Christopher Murray has been in practice in Hastings, Nebraska, since 2008. He is a Diplomate of the American Board of Chiropractic Internists who has presented multi-disciplinary continuing education classes nationwide in the areas of examination, diagnosis, lab analysis, and nutrition. Dr. Murray is registered as a certified examiner with NRCME, is an advocate for the chiropractic profession, and has testified at the state legislative level regarding the profession's ability and need to diagnose and perform examinations. His passion is to educate doctors on the importance of their portal of entry role in health care and the reality that the chiropractic profession saves lives.

# Plantar Fasciitis

Dr. Terry Yochum & Dr. Alicia Yochum



## Background

Plantar fasciitis is the most common cause of heel pain, making up 11-15% of foot symptoms requiring professional care in adults. This thin connective tissue has three bands, but the portion implicated in the cause of heel pain is the central band, which attaches to the medial calcaneal tubercle.



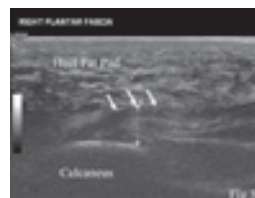
It is most common in middle-aged obese females and young male athletes. The most common presenting symptom is pain at the medial calcaneus that is at worst when taking the first couple steps after inactivity, such as when rising in the morning from sleep. Up to 30% of patients have a bilateral presentation, and tightness in the

Achilles tendon is present in approximately 80% of patients. The repetitive stress on the fasciae causes microtears and collagen degeneration. Studies suggest that the cause of plantar fasciitis can be linked to foot pronation in 81-86% of patients. Other contributing factors include weakness in the plantar flexor muscles and increased body mass index.

## Imaging

Heel spurs, also known as enthesopathy (Fig 1: arrow), can be seen on plain film radiography, and are a tug lesion at the plantar fascia attachment from increased stress. This can be directly correlated to excessive pronation, as this altered biomechanic stresses the plantar fascia. Spurs have long been associated with plantar fasciitis, and research has shown that there is such an association. If a patient does have a heel spur, he/she may currently have symptom generating plantar fasciitis; or, at some point, they may have had it in their history, which should be clinically correlated.

Diagnostic musculoskeletal ultrasound is a cost-effective and dynamic imaging modality that can easily assess the plantar fascia. The normal appearance is that of a thin band of fascia attaching to the medial calcaneal tubercle measuring under 4mm (Fig 2: arrows - plantar fascia). When a patient has plantar fasciitis, the fascia thickens and becomes darker on ultrasound, which signifies fluid within (Fig 3).



Ultrasound can also demonstrate abnormal blood flow called hyperemia, which is the body's attempt to heal the fascia and indicates an active pain generating process. Diagnosis rarely requires magnetic resonance imaging (MRI) evaluation, unless the case has other complicating factors.

## Treatment

The time frame for resolution of heel pain associated with plantar fasciitis can last from 6-18 months and even longer in some patients. Custom orthotics have been proven to help with function, when compared to sham orthotics. This addresses the excessive stress that is biomechanically occurring with excessive pronation. Many other therapies exist that may help manage the pain, such as night splints that keep the foot neutral and passively stretch the calf and plantar fascia while sleeping, which does show moderate evidence of usefulness. Stretching of the Achilles, often tight or plantar region, has also been shown to improve pain and increases dorsiflexion - this has been shown to be a risk for plantar fasciitis. Extracorporeal shock wave therapy can increase the blood flow and healing to the area; however, it is usually performed under intravenous sedation. Various other modalities can be utilized such as heel cups, laser therapy, supportive taping, rehabilitative exercises, ultrasound, or corticosteroid injections. Steroid injections have been associated with long-term complications when done without ultrasound guidance. Conservative management is usually effective, and surgery is not usually necessary.

## Conclusion

Plantar fasciitis is a common entity and the most common cause of heel pain. Many treatment modalities exist to improve function such as custom orthotics as well as modalities to decrease pain and inflammation for patients who can often have significant persistent heel pain.

\*Ultrasound Images Courtesy of Logan University Radiology Department

## References:

1. The incidence of plantar fasciitis in the United States Military. J Bone Joint Surg Am. 2009 Dec; 91(12):2867-72. doi: 10.2106/JBJS.I.00257.
2. Plantar heel pain and fasciitis. BMJ Clin Evid. 2008; 1111. Published online 2008 Feb .5.

-Dr. Terry and Dr. Alicia Yochum



Dr. Terry and his daughter Dr. Alicia Yochum will present "Imaging the Athlete" in two parts on Saturday, April 28 at Spring Convention. Part 1 is being held from 8 am-12 pm, and Part 2 takes place from 1-5 pm. Dr. Terry is renowned in chiropractic, while Dr. Alicia brings the perspective of a registered nurse and chiropractor.

# Kinesiology Taping

Dr. Thomas Solecki



Functional movement taping has become an integral part of sports medicine and can be beneficial in many aspects of care of the injured athlete. From fluid dynamics with the acute post surgical athlete, to the functional care of the postural dysfunctional athlete, to movement/performance taping, kinesiology taping has landed in the athletic arena. We first witnessed this in 2008 at the Summer Olympics, when beach volleyball's Kerri Walsh wore the tape on her post surgical shoulder. The tape was applied to assist in dynamically supporting the GH joint via cutaneous stimulation of the afferent system to give kinesthetic awareness to the scapulothoracic region. Fortunately, kinesiology taping continues to be the focus of research to examine what it actually does for the body. The ideology that taping was used to tape muscles and origins and insertions has all been put to rest, with the most current research debunking these thoughts.

## How Does it Work?

A simple principle is that kinesiology taping can assist the body's own healing mechanisms. The benefit lies in the largest organ in our body. Tape on skin is helping us understand how we move and tap into the brains' power via the skin. There are 500 nerve cells per one square centimeter of skin. This information comes from Dr. David Butler and was popularized by Diane Jacobs, P.T. The expanding and contracting properties of the Kinesiology tape provides gentle sensory stimulation to receptors in the skin during movement (Ruffini, Meissner, Pacinian, Krause's bulb, Merkel's disk, free nerve endings, hair follicles etc.). With kinesiology tape, we stimulate light touch and shear, which affect these sensory receptors. Kinesiology tape lifts the skin away from the underlying fascia, which houses the blood, lymph vessels, and nerves. The concept revolves around

developing partial pressure differentials, with the lifting effect created by the elastic recoil of the tape. Pain is greatly reduced when inflammation/edema, which creates congestion, is controlled, not necessarily restricted, as in other styles of taping. The lifting effect allows the optimal amount of vascular supply to enhance injury recovery and sport performance.

At the upcoming WCA Spring Convention, I will cover the foundational framework and why we tape the way we do for pain, fluid dynamics, posture, movement, and performance. These concepts are crucial to gain a basic understanding of the principles behind kinesiology taping. Rocktape's philosophy is to teach concepts that can be applied. Reflexive activation is emphasized throughout the course. Touching on the work of Stecco, Jacob, Butler, and Schleip, the seminar will apply these concepts to treating an athlete from the acute phase to the performance stage.

"Be the Pig. The difference between involvement and commitment is like ham and eggs. The chicken is involved; the pig is committed." This quote from tennis legend Martina Navratilova expresses my philosophy that change can only occur when commitment from all fronts is fully implemented and executed. Without commitment, change will never fully matriculate, at least not successfully.

See you all at Convention!

-Dr. Thomas Solecki

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*At Spring Convention, Dr. Solecki will cover the foundational framework and why chiropractors tape the way they do for pain, fluid dynamics, posture, movement, and performance. He teaches "Kinesiology Taping for Sports Medicine" twice on Friday, April 27, from 8 am-12 pm, and 1:30-5:30 pm.*

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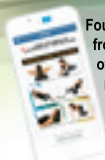


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# A Journey to Chiropractic Success

Dr. Adam and Rebecca Lahman Succeed through Perseverance and Investment in WCA



Dr. Adam Lahman experienced his first chiropractic adjustment when he was only two days old, yet his current success as owner of Lahman Chiropractic in Monroe, WI would not come until decades later. Dr. Lahman and his wife Rebecca achieved what they have built through dedication, motivation, and remaining grounded throughout their experiences. WCA Membership & Program Director Brenda Toler and Communications & Marketing Manager David Bobka traveled to Monroe to sit down with the Lahman's and discuss their journey.

Adam's passion for helping people in the profession, and out of professional necessity, learned chiropractic billing and coding in just eight days' time! In July 2016, Adam and Rebecca took over the Monroe practice and opened their doors as Lahman Chiropractic.

Fast forward less than two years later, and Dr. Adam and Rebecca Lahman own an exceptionally successful practice in Monroe. Lahman Chiropractic is actually in need of an expansion, as Adam has an overflow of patients seeking his care through referrals and word of mouth about their quality practice. The Lahman's strive to make patients "feel like home" at their clinic, as patients' emotional comfort is essential to Dr. Lahman's treatment of the central nervous system.



## **"Success is a Journey, Not a Destination"**

A sociology major as an undergraduate, Dr. Lahman knew he was interested in working with people, but wasn't certain about his career path following graduation. He took a job as a plumber (being adept at hands-on work) and remained in that profession for four years before being reintroduced to chiropractic by a fellow doctor and

acquaintance. During his time as a plumber, he met his wife Becky, then a hairstylist. The couple are originally from Crown Point, Indiana, located about 40 minutes southeast of Chicago.

With his interest in chiropractic piqued, Adam relocated to Duluth, MN for two years to complete prerequisite courses needed to enter Palmer College of Chiropractic in Davenport, IA. Following graduation, he took his first job as an associate chiropractor in Monroe, learning from working alongside the then current doctor/owner. Meanwhile, Rebecca became engaged in chiropractic through

***"As long as I'm a practicing chiropractor in Wisconsin, I will continue to be a member of the WCA."***

*Advice for New Doctors* - Dr. Lahman acknowledges that many new chiropractors do not want to take over a practice. The costs and responsibility are daunting, and some new doctors even leave the profession altogether, after being overwhelmed by starting their practices from the ground up. However, the Lahman's profess that it is crucial to stay motivated (don't give up!), have realistic expectations, remain personable and engaging, and approach your work as helping people. His advice to new doctors is to know your intention as a chiropractor from the beginning, build upon and learn from seasoned doctors (as opposed to doing everything on your own), and only then make a practice yours over time. Focus on why you entered the chiropractic profession – to help others, rather than on income, and success will build.

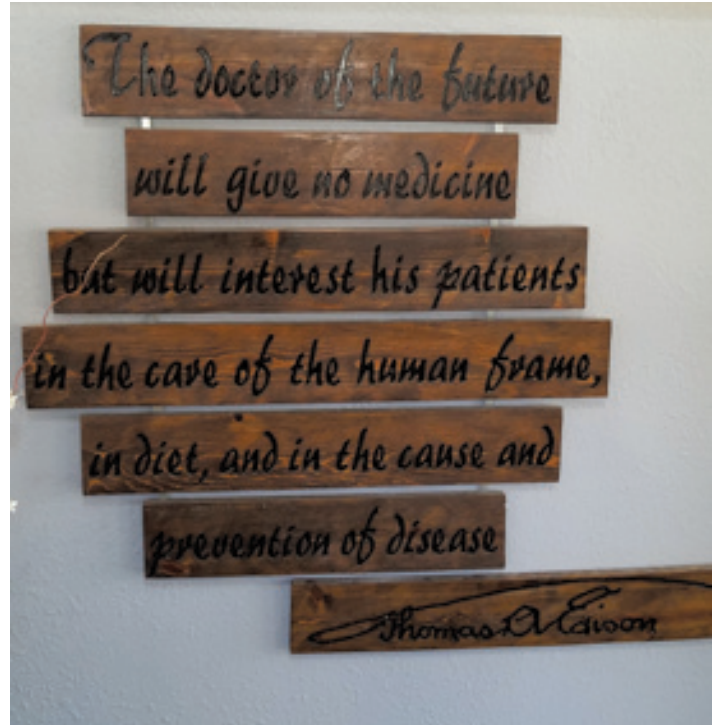
## A Journey to Chiropractic Success



### Building Chiropractic Success with Support from Their WCA

The Lahman's strongly value their WCA membership, but this sense of value did not arrive overnight. Initially non-members, they saw real-world benefits to their practice through prompt and honest responses from WCA staff, WCA's government affairs and legislative advocacy efforts, and the content and communications sent to doctors by the Association. Rebecca knows she can communicate with WCA whenever she has a need, and will receive an honest and trusted response. Dr. Lahman describes WCA membership as a 100% value investment, stating, "As long as I'm a practicing chiropractor in Wisconsin, I will continue to be a member of the WCA."

*Benefits of ChiroU* - WCA's first ChiroU business training event for newer doctors and graduating students also proved to be quite beneficial to Adam and Rebecca. They were able to make real-world changes to their clinic after attending the event, and although Dr. Lahman was a bit skeptical, he left ChiroU reflecting upon its true value to a chiropractic business. He is honest when saying he felt little prepared by chiropractic school to run his practice as a business, and that his academic preparation felt superficial in this regard. After attending February's event, his outlook was that **"Regardless of how long chiropractors have been in practice, they will get value out of attending ChiroU."**



### Stronger Together

The Lahman's have the appearance and energy of young professionals, but exemplify the kind of wisdom acquired through real-life experience. Dr. Lahman expressed his current view that despite differences in chiropractic techniques and clinics, he and his colleagues in the profession are all chiropractors. He feels Doctors of Chiropractic make the best impact when they are united, strengthening the profession to benefit all of its doctors. The Lahman's know that the Wisconsin Chiropractic Association is advocating for them, when Wisconsinites ask the question, "Why should I go to a chiropractor?" They strongly encourage all Wisconsin chiropractors and staff to take advantage of WCA resources.

### Help Wanted!

Lahman Chiropractic is expanding and is currently looking to hire a new associate doctor. Adam and Rebecca want to add someone who is motivated to help people while adhering to realistic expectations. Knowing the "Palmer package" (Adam is a Palmer graduate), having a personable demeanor, as well as maintaining a positive attitude and sense of humor is most appreciated. The Lahman's are looking for an energetic, natural adjuster who is open to learning new techniques.

*The WCA is proud to have Dr. Adam and Rebecca Lahman as valued members. We thank them as well as all Wisconsin chiropractors and staff for the work they accomplish on behalf of patients and the chiropractic profession. Please stay tuned for future features in The Wisconsin Chiropractor.*



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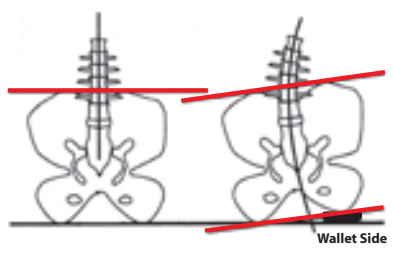
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# Getting Ready for the Golf Season – Prevention Is Key

Dr. Jeffrey Poplarski



As spring arrives, golfers head to the course. With some added intentional preparation and prevention techniques, golfers can make their spring playing season much more enjoyable by playing smart and keeping healthy.

Here are some key facts about golfing:

- 40% of country club members play with some type of injury.
- 40% of country club members are NOT playing golf due to an injury.
- Only 20% of golfers are playing the game pain free.
- Low back pain is the number one injury sustained by golfers, accounting for up to 34.5% of all injuries.

*Source: Sports Medicine Stats: Low Back Pain in Golfers | Dr. David Geier – Sports Medicine Simplified*

## The Body is Your Best Piece of Equipment

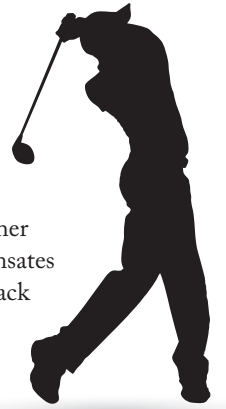
In my practice, April is the busiest time of the year. We see many golfers after they suffer an injury due to their first trip back on the course. I get it. The temperatures are favorable, and golfers are excited to hit the first tee box with pent-up momentum after being inside for the winter months. They take the first swing, and after several months of not playing, they often pull or tweak something due to the fact that their bodies are not ready for the intense movement.

Getting your body ready for those first rounds is just as important as having the newest equipment. Develop a plan for the season. Pre-season stretching and practice swings are very helpful for the back and legs. Go for walks, or get on a treadmill to help build cardio stamina. Players should be intentional about their physical fitness and make it a part of their practice routine.

As players begin taking more swings and walking more, the hands and feet are prone to developing blisters. Besides being painful, having an uncomfortable blister on a golfer's foot impacts balance, a critical component to the golf swing. Golfers can use a blister prevention product to help prevent friction on hands and feet. Use a product that can easily be stored in the golf bag, as a prevention tool.

Balance is a key focus. We see this with professional and amateur golfers. I utilize a one-legged balance test with my professional and amateur golfers. A professional golfer can keep their balance for 18 seconds on our test, while untrained amateur golfers can only last 3 seconds, sometimes less. Stretching and balance exercises can help deliver a more consistent swing with less discomfort.

Golfers who walk often, instead of carting and using caddies for obvious reasons, can suffer from chafing or “thigh rub.” When chafe occurs, it's very uncomfortable and could impact the game. It can also lead to further injuries, especially when the golfer overcompensates by using other areas of the body, causing the back and shoulders to move differently in the swing. Prevention is key. Applying a chafing prevention product on hot days, or for people who frequently suffer from chafe, it is important to use BEFORE the round.



Back pain is a commonly reported issue with golfers, especially in the early months of the season. Based on data collected by TPI from more than 31,000 golfers, 28.1% of all players deal with back pain after every round.

*Source: The Golfer's Guide to Lower Back Pain – Part 1*

To help with relief of back pain, see a chiropractic professional with experience in golf-related injuries. I suggest taking some time off and resting the back, applying ice or heat as needed, or applying topical products to help reduce the inflammation and manage the pain and soreness. Probably the best advice is to use a combined approach to ensure the golfer is getting the best professional advice on treatment with the best products and methods of application.

During the season, continue to use these techniques, since many of these irritations still occur. Golfers are athletes who need to take care of their bodies before and during the season. Get your patients set up with a routine for fitness, products that can help them during the season, and an awareness of the importance of taking care of their bodies.

Golf is a very intricate game on the body, the slightest adjustment can cause major changes to the swing and the resulting golf shot in a good way. Adjusting movements on the spine, shoulders, feet, and legs can have significant, positive impacts on the game and the enjoyment of the round. By approaching the golf game with an informed view on pain prevention and health maintenance, you can have a great season and stay healthy along the way.

-Dr. Jeffrey Poplarski

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*Learn about Golf Performance from Dr. Poplarski at Spring Convention. He'll be teaching "Golf Performance through Chiropractic Care & Fitness" on Saturday, April 28 and Sunday, April 29.*

# WCA HELP DESK

## WCA Help Desk Resources



Tammy McKeown, CT | wcahelp@wichiro.org | 608-256-8023

### NEW MEDICARE CARDS ARRIVING AFTER JUNE 2018

Beginning in June 2018 in Wisconsin, The Centers for Medicare & Medicaid Services (CMS) will be mailing out new Medicare cards to patients. The reason for the new cards is to remove Social Security Numbers and replace them with a new, unique Medicare Beneficiary Identifier to prevent fraud and identity theft. The new cards will be mailed to the patient's address on file at the Social Security Administration (SSA). No benefits are changing, just the cards themselves.

#### What Does This Mean for Providers?

Look at your practice management systems and business processes, and determine what changes you need to make to use the new Medicare Beneficiary Identifier (MBI). Do this as soon as possible. You must be able to accept the MBI as soon as the cards are mailed out. In Wisconsin, this will happen beginning in June.

If you use vendors to bill Medicare, you should contact them to find out about their MBI practice management system changes.

If you're not currently using NGS Connex, the provider portal available on [ngsmedicare.com](http://ngsmedicare.com), consider signing up as a User. There will be an MBI look-up tool available after June 2018.

Remind your patients that they will begin receiving their new ID cards beginning in June, and that they should contact the Social Security Administration ([www.ssa.gov/myaccount](http://www.ssa.gov/myaccount) or 800-772-1213) to ensure their address on file is correct. When Medicare patients show up for appointments after June 1, ask if they have received their new ID card, and have them show it to you. They should destroy their old card and keep the new card with them. If they do not think they received the new card yet, use the MBI look-up tool for Providers on NGS Connex to locate their ID number, and remind them to contact SSA in the case their address on file is incorrect (or, they can call 1-800-MEDICARE).

*Also, let patients know to beware of scammers posing as Medicare representatives – patients should never give out their personal information over the phone, and no fee is required to get the new ID card! The card transition will happen entirely by mail, so no phone calls will be made by CMS.*

### When Must I Use the MBI?

You may use the MBI as soon as your patient receives his/her new card. People who are newly eligible for Medicare will only receive an MBI. After the transition period ends on January 1, 2020, barring a few exceptions, you will need to use MBIs on all of your claims.

### RETROACTIVE INCREASE TO MEDICARE PHYSICIAN FEE SCHEDULE

Because of the Bipartisan Budget Act of 2018 passed by Congress on February 9, there are **changes to the Medicare Physician Fee Schedule that will result in a slight pay increase for Wisconsin chiropractors**. WCA's Medicare Contractor, National Government Services (NGS), recently updated the fee schedule amounts on its website; however, the increase will be made retroactive back to January 1, 2018.

The new fee schedule amounts are now available on [www.ngsmedicare.com](http://www.ngsmedicare.com) under the Fee Schedule Lookup tool, or by visiting the WCA website ([www.wichiro.org](http://www.wichiro.org)) and going to Help Desk – Medicare – 2018 Medicare Fee Schedule (member login required).

Please replace any outdated fee schedule information you may have saved or printed since January with the new, increased amounts. NGS will send out a provider communication in the near future about how it plans to reprocess claims. At this time, the Help Desk suggests that you conduct an inventory of the Medicare claims you have submitted with dates of service on or after January 1, 2018, to get an idea of the number of claims and dollar amount involved. We will pass along any new information from NGS as this becomes available.

# MEDICARE PHYSICIAN FEE SCHEDULE

**2018**

Procedure Code	Participating Amount	Non-Participating Amount	Limiting Charge *
<b>98940</b>	<b>\$28.18</b>	<b>\$26.77</b>	<b>\$30.79</b>
<b>98941</b>	<b>\$40.62</b>	<b>\$38.59</b>	<b>\$44.38</b>
<b>98942</b>	<b>\$52.85</b>	<b>\$50.21</b>	<b>\$57.74</b>

\* By law, the limiting charge only applies to Medicare Non-Participating providers who do not accept assignment on a claim. If you meet this criteria and successfully participated in both the EHR and PQRS programs, use the Limiting Charges listed above.

## PAYMENT ADJUSTED LIMITING CHARGE

**Providers who did not implement an EHR or failed to comply with PQRS requirements in the determination year (2016) shall use the rates below.**

Procedure Code	Limiting Charge EHR *	Limiting Charge PQRS **	Limiting Charge EHR & PQRS ***
<b>98940</b>	<b>\$29.87</b>	<b>\$30.17</b>	<b>\$29.27</b>
<b>98941</b>	<b>\$43.05</b>	<b>\$43.49</b>	<b>\$42.19</b>
<b>98942</b>	<b>\$56.01</b>	<b>\$56.59</b>	<b>\$54.89</b>

\* Non Par Providers not accepting assignment who did not successfully participate in the EHR program will select this Limiting Charge which represents a 3% deduction.

\*\* Non Par Providers not accepting assignment who did not successfully participate in the PQRS program will select this Limiting Charge which represents a 2% deduction.

\*\*\* Non Par Providers not accepting assignment who did not successfully participate in both the EHR and PQRS programs will select this Limiting Charge which represents a 5% deduction.

**WCA HELP DESK**

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## NEW EXCLUSIVE WCA BENEFITS

The Wisconsin Chiropractic Association, in partnership with Benefit Advisors & The BenefitWorks, is excited to introduce *NEW* Association benefits to WCA members.

**The exclusive comprehensive offerings include:**



### **Long-Term Disability**

#### Individual – Mutual of Omaha

- ❖ Your choice of elimination period, benefit duration, and monthly benefit amount

#### Group Employer Paid (2-9 Employees) - Companion Life

- ❖ Employer choice of elimination period
- ❖ 2-5 employees: \$3,000 maximum monthly benefit
- ❖ 6-9 employees: \$6,000 maximum monthly benefit - GUARANTEED ISSUE

### DEFINED CONTRIBUTION PLAN

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- ❖ Specific benefits with premium dollars provided to them by their employer.
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  - ❖ **ALL BENEFITS ARE GUARANTEED ISSUE**



*Employer may choose any combination of the following benefits*

#### Base Life/AD&D

- ❖ Requires 100% employee participation
- ❖ Employer choice of an employee amount up to \$50,000
- ❖ There is automatic coverage for spouses & children

#### Short Term Disability

- ❖ Employer choice of elimination period and benefit duration
- ❖ Employer choice of up to 2 of the 3 weekly benefit amounts (Flat \$100, Flat \$200, or 60% of earnings up to \$1,250)

#### Dental

- ❖ 4 Plan options available
- ❖ 3 out of the 4 plans include orthodontia coverage for children
- ❖ 100% coverage for preventative
- ❖ NO NETWORK RESTRICTIONS

#### Voluntary Life/ AD&D

- ❖ Employee choice of up to \$100,000.
- ❖ Coverage options for spouses and children also available

#### Vision

- ❖ 2 Plan options available
- ❖ \$10 copay for annual eye exams

#### Critical Illness

- ❖ \$5,000 payout amount
- ❖ Covers heart attack, stroke, cancer, paralysis, etc.



Jerry Den Boer  
608-779-0633

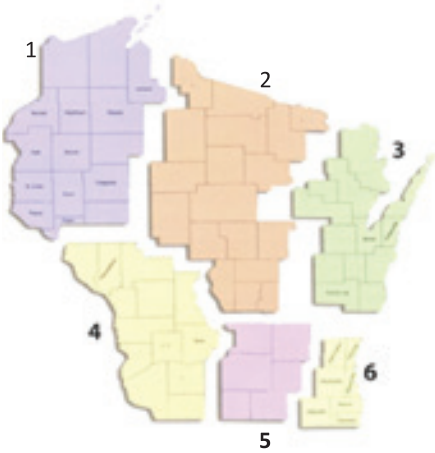
[jerry.denboer@baia.us](mailto:jerry.denboer@baia.us)



Julie Allord  
608-729-1000

[jallord@thebenefitworks.com](mailto:jallord@thebenefitworks.com)

# Welcome to WCA's Newest Members



- Dr. Joe Arreola
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  - Dr. Rebecca Brown
  - Dr. Jessica Dredske
  - Dr. Marshall Lysne
- Dr. Dane McCullough
  - Dr. Erica McKinney
  - Dr. Elizabeth Merriman
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*2017 New WCA Member  
Dr. Grant Larie*

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Lake**

**Date: Friday, April 27th**

**Time: 12 Noon - 1:15 pm**



# An In-Depth Look at FAI and Treatment

Dr. Jeffrey Sargent



Rather than an acute injury, a patient presents with a description of pain, mobility issues, and reduced hip function as part of daily life. It's the classic trio of symptoms for Femoroacetabular impingement (FAI), a morphological abnormality of the hip.

Consisting of an abnormal contact area between the femoral head and acetabulum, FAI causes a mechanical impingement of the hip joint. FAI presents itself in three forms: Cam (resulting from an osseous deformity and the femoral head-neck junction), pincer (resulting from an over coverage of the femoral head by the acetabulum), and mixed (a combination of the two).

The repetitive impact of this abnormality during hip flexion and internal rotation can lead to acetabular labral injuries, or other hip joint abnormalities. Over time, and without proper treatment and management, FAI can lead to degeneration of the hip joint, including osteoarthritis.

## Clinical Diagnosis

Approximately 14 percent of the adult population over the age of 60 self-reports some form of hip pain, which can originate from a variety of causes, requiring consideration of both local and distant osteoligamentous, tendinous, nervous, and muscular anatomy. Sources of localized hip pain can originate around or within the bony ring between the lumbar spine and the pubic symphysis, and myofascial pain syndrome can contribute to self-reported hip pain.

FAI can present itself as anterior hip pain, particularly in patients involved in activities that change muscle length or limit joint play, such as runners or athletes who participate in activities that require end-range movements of hip flexion, adduction, and internal rotation. In daily life, FAI can cause patients to have difficulty with daily activities, such as long periods of sitting and movement.

Patients with FAI pain often describe symptoms of a dull ache or sharp sensation in the groin and/or deep hip; lack of groin pain can help rule out the possibility of FAI during objective diagnosis. FAI points can be transient and occur during primary motion. Patients can also describe the pain with a "C" sign, or by noting intermittent bouts of sharp pain and catching that could radiate into the proximal anteromedial thigh.

Patients can also utilize the Hip Disability and Osteoarthritis Outcome Score to provide self-reported measures of pain.

(See "Objective Examination for FAI" on next page.)

Palpitation is helpful during diagnosis to recognize localized areas of discomfort and/or pain. Recent research has shown that a gait assessment, utilizing kinematic and kinetic parameters, does not always provide a consistent FAI assessment methodology. However, the 6-minute walk test (6MWT) can be used to evaluate physical performance.

Diagnostically, an MRI can also confirm the presence of morphological hip abnormalities.

***Over time, and without proper treatment and management, FAI can lead to degeneration of the hip joint, including osteoarthritis.***

## Treatment Plan

A treatment plan should first discuss "taking away the hammer," or avoiding activities that increase pain or cause flexion and internal rotation. This could be running, squatting, and sitting. If these movements cannot be avoided, modification and management is helpful. For example, the patient could change the squat position to relieve the hip and reduce impingement. Prolonged sitting should either be minimized, or have the patient lean back every five to seven minutes to relieve the hip flexion.

A typical FAI treatment plan will include manipulation of the pelvis and hip and therapeutic exercise.

FAI patients tend to be anterior pelvic tilted and have nutated sacrum. Manipulation and adjusting should focus on normalization of the pelvis as it houses the hip joint. Most of the time, this is posterior pelvic tilt and counter nutation of the sacrum adjustments.

In supine position, the hip can be mobilized in an adducted flex position with a posterior-lateral glide mobilization. Patient prescribed self-posterior glide in half-kneeling or quadruped with a strong resistance band.

Therapeutic exercise can be divided into three phases: Sagittal plane stabilization, transverse plane movement, and then strengthening. Sagittal plane stabilization exercises are focused on creating proper intra-abdominal pressure to support the pelvis and diaphragm. This control will keep the pelvis from tilting inferior on to the femoral head. Bear position and dead bug position are excellent positions to learn this, and then challenge the system with extremity independent movements: bird dogs, dead bugs, and glute bridges.

# An In-Depth Look at FAI and Treatment

Once the patient can move his/her joints independently without shifting or tilting the pelvis, then progress to developing transverse plane movement. Transverse movement is important for long-term success of these patients and can be difficult to learn. The goal is to have the pelvis rotate around the hip joints without going into the frontal plane. Low oblique sit is performed in side lying position similar to a side bridge. This position will create adequate IAP and then be challenged to move the pelvis around the down the hip. This allows for closed chain relative hip internal rotation. This is a safer position to allow for learning, rather than in standing or lunging. As the patient develops motor control in this exercise, we can then expand on the challenge in high oblique position and then half kneeling all the way to squat.

As sagittal plane stabilization and transverse motor control become easier, challenging the system with bands and weights will reinforce the movement pattern and develop strength.

For compliance reasons, keeping the exercises concise and simple is important. Limit home exercises to one to four exercises and five to

ten minutes per day. Applying an exercise regimen to your treatment plan does not have to be overwhelming and can be implemented in a busy practice effectively.

Clinical trial of care should be for six to eight weeks; symptoms should be reduced in that time. The patient will have to continue exercises and cross-training for an effective course of treatment. Referral to an orthopedic surgeon who specializes in FAI should be considered, if symptoms persist.

- Dr. Jeffrey Sergent

*Dr. Sergent is an owner of Muscle and Movement Therapy, LLC, based in Cedarburg, WI. He will be presenting "Modern Approach to Rehab: Lower Extremity" at the WCA Spring Convention on Sunday, April 29, from 8 am-12 pm.*

## Objective Examination for FAI

### Standing

- Posture
- Lumbar spine Range of Motion (with repeated motion)
- Single leg stance (right and left)
- Single leg step down (right and left)
- Squatting
- Walking Gait
- Running Gait (if applicable)

### Supine

- Hip flexion range of motion (ROM); active and passive
- Hip internal/external rotation ROM (active/passive)
- Hip adduction/abduction ROM (active/passive)
- Joint play (anterior/posterior glide)
- Thigh thrust to rule out SI joint
- Straight leg raise (monitor trochanter and hamstring length)
- Thomas test (hip flexor length)
- Muscle tests (iliopsoas, TFL)
- Flexion IR test
- Palpation

### Prone

- Active hip extension (palpating for hams vs. glute activity)
- Hip internal/external rotation ROM (active/passive)
- Muscle tests (hamstrings, gluteus maximus)
- Palpation
- Quadruped
- Static selected position
- Rock back
- Sidelying

### Modified Ober's test Muscle test (gluteus medius)

### Sitting

- Hip internal/external rotation ROM (active/passive)
- Muscle test (Iliopsoas) such as the Lower Extremity Functional Scale and mobility assessments of active and passive hip flexion and internal rotation.

*Source: Conservative management of femoroacetabular impingement (FAI) in the long distance runner, Janice K. Loudon, Michael P. Reiman.*



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# CLASSIFIEDS

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## ASSOCIATE CHIROPRACTOR NEEDED

Immediate opening for an associate doctor at Lahman Chiropractic, in Monroe, WI. We are a fast growing, high volume, family practice that has an excellent relationship with their patients. Candidate must be driven, outgoing, energetic, and have a passion for chiropractic philosophy. Must be licensed in Wisconsin and familiar with Gonstead, Diversified & Thompson Drop. Salary negotiable. Email resume to lahmanchiro@gmail.com.

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## EQUIPMENT FOR SALE

All in excellent condition:

- Myovision 3G Wireless System, \$3,000 [comes with carrying case, Myopad vault, 4 extra sets of probes]
- Power Plate Pro5 Airdaptive, \$4,800
- Synergy Comprehensive Exercise Rehab System [M-station], includes all bands, \$1,600
- Galaxy Basic Exam Table [tall], \$125
- [2] FMS screening kits, \$100/each

Please contact Dr. Amy Foerster at 262-925-2890 or email: doctor@dramyfoerster.com.

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## OFFICE BUILDING FOR SALE OR LEASE

Stand-alone 1,270-sq.-ft. office building in Amherst, WI. Was built as a chiropractic office in 1988 and used in that capacity for 26 years. This office is a turnkey operation with X-ray, treatment tables, PT equipment, and other ancillary equipment. Full basement for storage and additional office space. On-site laundry. Price: \$159,000. Call for lease terms, 715-824-2347 or 715-498-5363.

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## EQUIPMENT FOR SALE

One Summett Nova 325 X-ray suite. Complete with Emerald Tube, tube stand, wall grid holder, grid, portable table with cassette tray and control panel, X-ray filing cabinet, film cabinet, cassettes, and Konica processor. This equipment is old, but looks great and functions flawlessly. Easily converted to digital at a fraction of the cost of a new or even used unit. Details of equipment upon request. Price is \$2,500.

One Zenith 240 Vertical treatment table. Completely reconditioned. Power top section with drop pelvic piece. Looks good and functions better. Price is \$2,500.

One Dynatron 850. Does ultra sound, interferential, micro current, and others. Always served on schedule. Price is \$500.

Hill adjustable exam/treatment table. Blue leather, elevates. Like new. Price is \$500.

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## DC ASSOCIATE WITH OPTION TO BUY - WESTERN WI

Immediate opening for a qualified DC located in St. Croix River Valley area. Milltown, WI is a town of 900 with a large surrounding community, not in the city census, and 60 miles from the Twin Cities. Practice is in a 3,000-sq.-ft. office with 24-hour fitness/rehab center, built in 2006. Will offer a base pay along with performance commission based on fitness center memberships and nutrition sales, with an option to buy practice. Great opportunity for a doctor to work or buy. Call for more details: 715-755-2583.

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## PRACTICE COVERAGE

Hello, I am Dr. Charisse Kenny-Huston with Concierge Mobile Chiropractic & Wellness. I am a fully licensed a insured, second-generation DC. Twenty-seven plus years of practice excellence coupled with unbeatable customer service provides peace of mind for you while you are away. Short- and long-term assignments are available. I look forward to meeting you soon. Reserve your coverage now! Call today! 920-383-1036 or Charisse@drcharisse.com.

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## ASSOCIATE WANTED

Seeking a motivated and community-minded doctor of chiropractic for an associate position in a busy multi-disciplinary clinic. Collaborative health care is our hallmark. New graduates and experienced doctors are invited to apply. We are seeking someone with exceptional knowledge of chiropractic care, communication skills that are second to none, an outgoing personality, motivation, and a willingness to work hard while growing his/her customer base. We are looking for someone interested in building a long-term practice. Fully equipped and staffed office; financial opportunities will be discussed at interview. For more information, please forward your resume with cover letter to baltzchis@yahoo.com.

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## ASSOCIATE WANTED

We are seeking an Associate Chiropractor to grow an already thriving multi-physician practice at Van Drisse Chiropractic Center, located in beautiful De Pere, WI. De Pere, a suburb of Green Bay in northeast Wisconsin, offers an excellent work-life balance and low cost of living. A well-suited candidate for this DC position will have a passionate chiropractic philosophy and approach with excellent communication skills. A strong work ethic and desire to learn is paramount, as he or she will be joining a dynamic, supportive team treating primarily families and athletes. New graduates and experienced doctors are invited to apply. Starting compensation above average with unlimited earning potential, matched 401K, and additional benefits. For more information, please forward your resume with cover letter to drdave@vandrissechiropractic.com. Phone calls accepted after hours at 920-562-3691.

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## EQUIPMENT FOR SALE

(1) VGUC Hydrolollator with pads

(2) VGUC Electric Stim

(1) GUC Ultra Sound

(1) GUC Hydrotherapy Chairs

(1) GUC Activator Adjusting Table Tri WG with Auto Foot Plate Release, Mauve Color

Contact: Michalski Chiropractic Wellness Centre, 13000 W. Bluemound Rd., Ste #217, Elm Grove, WI 53122, 414-778-1900.

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## PRACTICE FOR SALE!

Las Vegas Chiropractic practice for sale. Tired of the cold?

In 2017, grossed \$520,000, asking \$650,000. Call 702-771-9723.

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## PRACTICE FOR SALE!

Beautiful office right on the river located north of Green Bay! Only 30 minutes away from Lambeau Field.

Established 30+ years. Gross \$170,000 with very low overhead. Fully equipped. Great cash and insurance mix. Practice open three total days per week and does 80-100 patient visits per week. Sale includes practice and equipment. OPTIONAL: Buy the practice, equipment, and attractive waterfront property. Includes two other rental units full rented. Sale price negotiable.

Contact via email: innovativepropsllc@gmail.com, or call 920-740-1621.

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## CHIROPRACTOR NEEDED

Connor Human Restoration is a chiropractic practice in Crandon, WI. Our clinic offers metabolic therapies such as targeted nutrition, chiropractic adjustments, electromagnetic therapies, cranio-sacral therapies, and deep tissue work to rehabilitate the sick and restore the depleted. We educate patients about their unique biochemical makeup and underlying reasons for ailments, and provide personalized solutions for a full recovery. At Connor Human Restoration, good, personalized treatment is as unique to each person as their fingerprints, and we're hiring a chiropractor who shares this vision.

Schedule/Hours: 4 day work week, Tuesday - Friday, 8:30 am - 5:30 pm • Start Immediately.

Compensation: Salary commensurate with experience • Willing to provide benefits if needed.

Email cover letter & resume to: harmony@connorrestoration.com.

# CLASSIFIEDS

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## CHIROPRACTIC CLINIC FOR LEASE

Located on Main Street in Evansville, WI, a little south of Madison. Dr. Douglas Batty has been in practice for 35 years. 1,450 sq. ft. available with a reception area, 4 exam rooms, 2 offices, and 2 bathrooms. There is a full basement for storage, and laundry hook-up is available.

You may now lease this space. Asking \$500-\$900 depending on how much space you need. Contact: Paul Saevre - 608-921-6174, or email [saevreproperties@gmail.com](mailto:saevreproperties@gmail.com).

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## ASSOCIATE WANTED

Madison Suburb (Cross Plains). Looking for motivated DC who wants to help many people. Subluxation-Based. Must be motivated to grow and learn using our systems. Ethical, referral-based practice. We love our patients. Salary + bonuses, options to become owner. Send resume to [juliefeitdc@gmail.com](mailto:juliefeitdc@gmail.com).

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## ASSOCIATE DOCTOR WANTED

DeLorey Chiropractic, located in Green Bay, seeks associate doctor to join our wonderful team. Our well-established clinic is situated in an excellent location. We have an outstanding building and systems. We are looking for someone who does the Gonstead system. Dr. DeLorey is a Gonstead Diplomat. We are located in an excellent area to live. Starting pay of \$4,000/month. Benefits include malpractice insurance and \$250/year allowance for continuing education. Send resume to [ndelorey@deloreychiropractic.com](mailto:ndelorey@deloreychiropractic.com).

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## PRACTICE FOR SALE: WEST OF MADISON

Located in vibrant small town. Established 34 years. Doctor retiring. Sale includes practice, equipment, and building with apartment upstairs. Contact Loren Martin, Practice Opportunities, Inc., 952-953-9444, [martin@practiceop.com](mailto:martin@practiceop.com).

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## PRACTICE FOR SALE: SHEBOYGAN

Gross \$260,527. Net \$100,042. Established 11 years. Fully equipped, attractive office. Excellent cash/insurance mix. Asking \$138,000 including accounts receivable and seller transition assistance. Contact Loren Martin, Practice Opportunities, Inc., 952-953-9444, [martin@practiceop.com](mailto:martin@practiceop.com).

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## PRACTICE FOR SALE: SOUTH OF EAU CLAIRE

Gross \$258,944. Very low overhead! Diversified/Activator. Seller financing to qualified buyer. Contact Loren Martin, Practice Opportunities, Inc., 952-953-9444, [martin@practiceop.com](mailto:martin@practiceop.com).

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## PRACTICE FOR SALE: BETWEEN EAU CLAIRE - WAUSAU

Sale includes attractive professional building. Solid practice 3 1/2 days/week. 125 patient visits per week. Doctor retiring. Contact Loren Martin, Practice Opportunities, Inc., 952-953-9444, [martin@practiceop.com](mailto:martin@practiceop.com).

---

## CLINIC WANTED FOR PURCHASE

Chiropractic Company is currently looking to purchase a clinic in the Greater Milwaukee area. If you have interest in selling, a merger, or are contemplating retirement and need an exit strategy, please contact Kent McLeod at 414-213-4808 or [drmcLeod@chiropracticco.com](mailto:drmcLeod@chiropracticco.com).

Visit [chiropracticbuyers.com](http://chiropracticbuyers.com) for additional information.

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## PART-TIME CT POSITION AVAILABLE

Busy chiropractic clinic in Franklin, WI looking for a passionate individual to join our team at McAvoy Chiropractic. Must be detail-oriented, able to multi-task, and a team player with good communication skills. Part-time hours Tuesdays, Friday afternoons, and Saturday mornings. Duties include, but are not limited to: chiropractic therapy and rehabilitation, developing X-rays, filing, answering phone calls, and scheduling patients. Send cover letter and resume to [michelle@mcavoychiropractic.com](mailto:michelle@mcavoychiropractic.com), or mail to McAvoy Chiropractic, 7000 S. 76th Street, Franklin, WI 53132.

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## ASSOCIATE WANTED W/PURCHASE OPPORTUNITY

Energetic Associate Member wanted for practice in Antigo, WI. We are seeking someone with great communication skills, outgoing personality, motivation, and willingness to work hard; proven system already in place. Base salary and bonuses are offered. Please email your resume to: [BGoldsworthy1@cfl.rr.com](mailto:BGoldsworthy1@cfl.rr.com), call: 715-573-3222, or mail to Dr. Bruce Goldsworthy, 2969 Canyon Avenue, The Villages, FL 32163.

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## ASSOCIATE DOCTOR WANTED W/PURCHASE OPPORTUNITY

Northwestern Wisconsin offers great fishing, hunting, golf, and is a great place to raise a family. We are looking for a full-time doctor with a goal to have his/her own well-established practice in a couple of years. Don't miss this great opportunity! Email your contact information and resume to WCA Membership & Program Director Brenda Toler, [btoler@wichiro.org](mailto:btoler@wichiro.org).

---

## ASSOCIATE WANTED

Historic 80-year-old practice in Janesville, WI seeking to hire a third doctor. Must be licensed in Wisconsin, with good patient skills and a love for the art of chiropractic. We are looking for someone interested in building a long-term practice. Fully equipped and staffed office. Contract includes commission with guaranteed minimum salary, malpractice insurance, and continuing education. Retirement plan and health insurance available. Please email resume and cover letter to [wagchiro@gmail.com](mailto:wagchiro@gmail.com).

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## UNIQUE TRAVEL OPPORTUNITY JUST FOR DCs TO EXOTIC BRAZIL

Call Wisconsin chiropractor Brent McNabb, DC for information regarding this great travel opportunity for you and your spouse. It is 12-day trip in April 2018 which includes an off-the-beaten path view of Brazil by your host, Brazilian Palmer grad Ian Rocha, DC. Great food, sights, and a chance to treat underserved communities while having an incredible travel experience. Go to website [chiroadventures.com](http://chiroadventures.com) for more info, or call Dr. McNabb at 608-709-6432.

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## ASSOCIATE OPENING

*Bakke Chiropractic Clinic*, with clinics in DeForest, Waunakee, Sun Prairie, and Lodi, has an immediate opening for an associate doctor. We believe this is an exciting and unique opportunity for lifelong personal, professional, and financial reward.

Bakke Clinic has been a practice of over 65 years, with a strong reputation of quality care and patient focus and an excellent relationship with insurance and healthcare entities.

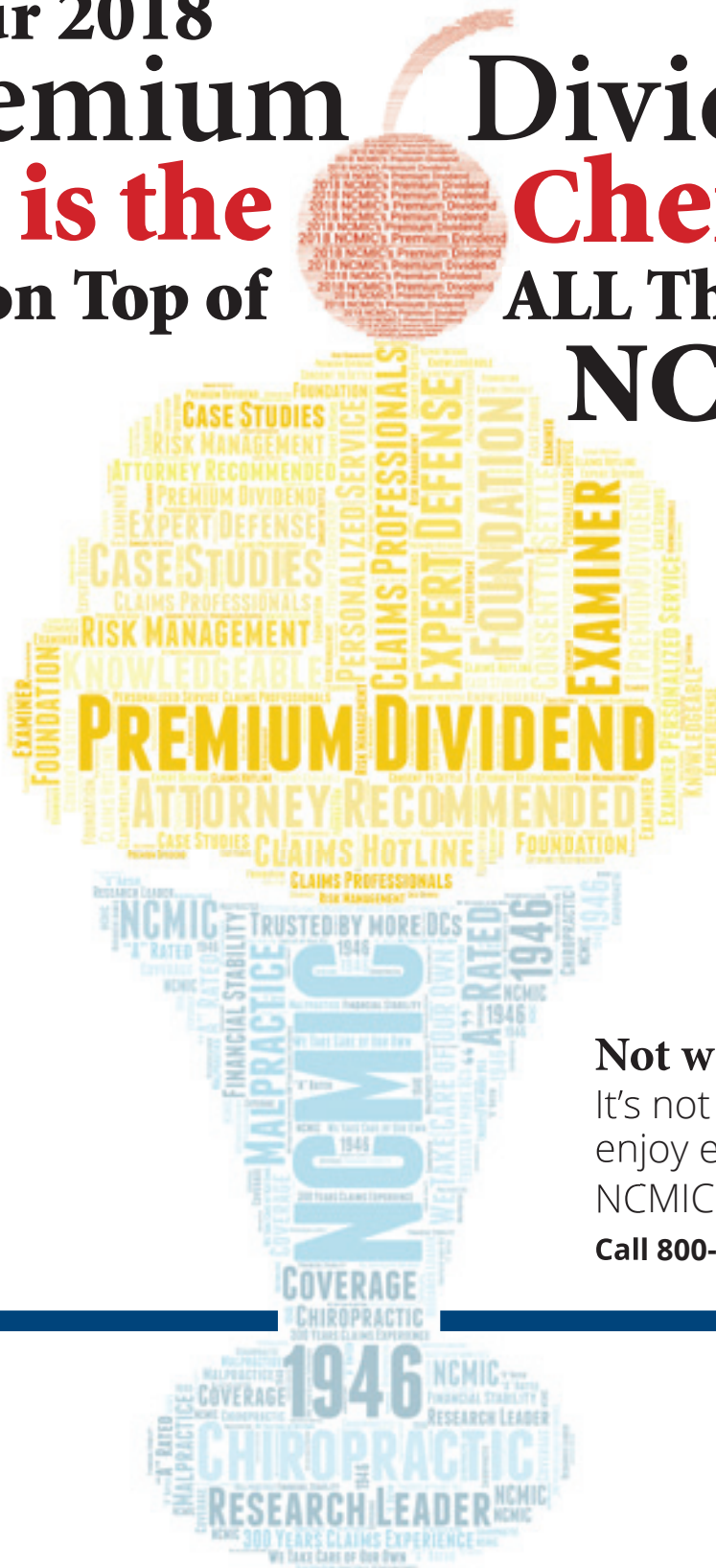
Within our four clinics, we are staffed with 11 doctors, massage therapists, and supportive staff consisting of front desk/chiropractic assistants/chiropractic technicians and a professional business and billing office on-site.

We are searching for qualified doctors interested in establishing a long-term relationship who are motivated to build a strong, patient-centered practice.

Please contact us to offer your letter of interest and your resume. Applications will be reviewed, and an interview will be scheduled with those individuals who meet our criteria.

Contact information: Dr. Meredith Bakke, [bakkeclinic@gmail.com](mailto:bakkeclinic@gmail.com); call or text 608-577-9870.

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- 1) What is your office's ZIP CODE? \_\_\_\_\_
- 2) How many DCs in your office do these prices apply to? \_\_\_\_\_  
*\*\*Please write an actual number – do not write “all”\*\**

3) Please fill in your list price for each service that was in effect **on Dec 31, 2017**. Your list price is the undiscounted price that would usually be charged to a worker's compensation or insurance carrier with whom you do not have a managed care agreement. If you do not utilize a listed code, please indicate “N/A”

Professional Care	
98940	\$ _____
98941	\$ _____
98942	\$ _____
98943	\$ _____

New Patient Exam	
99201	\$ _____
99202	\$ _____
99203	\$ _____
99204	\$ _____

Re-exams	
99211	\$ _____
99212	\$ _____
99213	\$ _____
99214	\$ _____

Procedures and Modalities	
97012 (Traction/Mechanical)	\$ _____
97014/G0283 (Electrical Stimulation)	\$ _____
97035 (Ultrasound)	\$ _____
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97124 (Massage)	\$ _____
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Radiology	
72020	\$ _____
72040	\$ _____
72070	\$ _____
72100	\$ _____

4) Optional: What billing software do you use in your office (ex. Pay DC, Chiro Touch, Eclipse, etc)? \_\_\_\_\_

**\*\*Please fax (608-256-7123), mail or email (aweich@wichiro.org) this survey to the WCA by Friday, April 20, 2018\*\***



## 2017 Chiropractic Staff Salary Survey

**\*\*Please complete one survey for each employee at your office\*\***

1) What is your office ZIP CODE? \_\_\_\_\_

2) What COUNTY is your office located in? \_\_\_\_\_

3) We understand that each employee may have multiple duties. Please check the one title that best describes the work of this employee. Please check only one.

CA     CT     CRT     Front Desk/Receptionist     Insurance/Billing  
 Office Manager     Massage Therapist     Physical Therapist     \*\*\*Associate DC

4) \*\*\*If you employ an Associate DC who is paid on a commission basis, what percentage of collections does he/she receive? \_\_\_\_\_%

5) How many years of experience does the employee have working in a chiropractic office?

< 1 year     1 – 2 years     3 – 5 years     > 5 years

6) This employee works:     full time (30 hrs or more per week)     part time

7) What is the employee's gross hourly pay? \_\_\_\_\_ / hr    *If salaried, please convert to hourly rate*

8) How long has it been since the employee received an increase in their pay?

< 1 year     1 – 2 years     > 2 years

9) What benefits does the employee receive?

Paid Vacation     Paid Sick     Paid Personal Days     Health Insurance  
 Life Insurance     401K/Retirement Plan     Annual Bonus     Profit Sharing

10) If the employee receives health insurance, do they pay for a portion of their premium?     Yes     No

**Please fax (608-256-7123), mail or email ([aweich@wichiro.org](mailto:aweich@wichiro.org)) this survey to the WCA by**

**Friday, April 20, 2018**

**Thank You!**



Save time and money by registering early! Early bird deadline is 4/13

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 April 26-29, 2018  
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<b>FRI 4/27, SAT 4/28 &amp; SAT 5/5</b>		<b>WCA MEMBER RATES</b>		<b>NON-MEMBER RATES</b>		<b>AMOUNT DUE</b>
		<b>(Until 4/13)</b>	<b>(4/14 to 4/20)</b>	<b>(Until 4/13)</b>	<b>(4/14 to 4/20)</b>	
<b>CT Delegation - Packages - 2 Options</b> <i>Dr. Wendy Varish</i>						
<input type="checkbox"/>	<b>Fri 4/27 &amp; Sat 4/28 only 14.5 CE</b> (see below for classes)	<b>\$199</b>	<b>\$219</b>	<b>\$225</b>	<b>\$245</b>	<input type="text"/>
<input type="checkbox"/>	<b>Fri 4/27, Sat 4/28 AND Sat 5/5 22.5 CE</b>	<b>\$284</b>	<b>\$299</b>	<b>\$399</b>	<b>\$414</b>	<input type="text"/>
<b>Advanced CRT</b> <i>Dr. Brenda Holland</i>						
<input type="checkbox"/>	<b>Fri 8:00 am - 5:00 pm</b> <b>Sat 8:00 am - 12:00 pm   12 CE</b>	<b>\$250</b>	<b>\$275</b>	<b>\$275</b>	<b>\$300</b>	<input type="text"/>

## FRIDAY, APRIL 27

<input type="checkbox"/>	<b>Audit Yourself Before Someone Else Does</b> 8:00 am - 12:00 pm   <b>4 CE</b> <i>Dr. Evan Gwilliam</i>	<b>\$85</b>	<b>\$95</b>	<b>\$105</b>	<b>\$115</b>	<input type="text"/>
<input type="checkbox"/>	<b>CT Delegation: Physiological Therapeutics</b> 8:00 am - 12:00 pm   <b>4 CE</b> <i>Dr. Wendy Varish</i>	<b>\$95</b>	<b>\$120</b>	<b>\$135</b>	<b>\$160</b>	<input type="text"/>
<input type="checkbox"/>	<b>CT Delegation: Thermotherapy/Cryotherapy*</b> 1:00 pm - 3:00 pm   <b>2 CE</b> <i>Dr. Wendy Varish</i>	<b>\$70</b>	<b>\$95</b>	<b>\$100</b>	<b>\$125</b>	<input type="text"/>
<input type="checkbox"/>	<b>Expert Coding &amp; Documenting: Top CPT Codes</b> 1:30 pm - 5:30 pm   <b>4 CE</b> <i>Dr. Evan Gwilliam</i>	<b>\$85</b>	<b>\$95</b>	<b>\$105</b>	<b>\$115</b>	<input type="text"/>
<input type="checkbox"/>	<b>CT Delegation: Electrotherapy*</b> 3:00 pm - 5:00 pm   <b>2 CE</b> <i>Dr. Wendy Varish</i>	<b>\$70</b>	<b>\$95</b>	<b>\$100</b>	<b>\$125</b>	<input type="text"/>

## SATURDAY, APRIL 28

<input type="checkbox"/>	<b>CT Delegation: Therapeutic Ultrasound*</b> 8:00 am - 10:00 am   <b>2 CE</b> <i>Dr. Wendy Varish</i>	<b>\$70</b>	<b>\$95</b>	<b>\$100</b>	<b>\$125</b>	<input type="text"/>
<input type="checkbox"/>	<b>CT Delegation: Cold Laser &amp; Light Therapy*</b> 10:00 am - 1:00 pm   <b>3 CE</b> <i>Dr. Wendy Varish</i>	<b>\$70</b>	<b>\$95</b>	<b>\$100</b>	<b>\$125</b>	<input type="text"/>
<input type="checkbox"/>	<b>CT Delegation: Traction/Mechanical Therapy*</b> 1:00 pm - 2:30 pm   <b>1.5 CE</b> <i>Dr. Wendy Varish</i>	<b>\$70</b>	<b>\$95</b>	<b>\$100</b>	<b>\$125</b>	<input type="text"/>

## NEW! SATURDAY MAY 5

<input type="checkbox"/>	<b>CT Del: Patient History</b> 8:00 am - 12:00 pm   <b>4 CE</b>	<b>\$70</b>	<b>\$95</b>	<b>\$100</b>	<b>\$125</b>	<input type="text"/>
<input type="checkbox"/>	<b>CT Del: Prelim. Phys. Exams</b> 1:00 pm - 5:00 pm   <b>4 CE</b>	<b>\$70</b>	<b>\$95</b>	<b>\$100</b>	<b>\$125</b>	<input type="text"/>

## SUNDAY, APRIL 29

<input type="checkbox"/>	<b>Lower Extremity Rehab</b> 8:00 am - 12:00 pm   <b>4 CE</b> <i>Dr. Jeffrey Sergent</i>	<b>\$85</b>	<b>\$95</b>	<b>\$105</b>	<b>\$115</b>	<input type="text"/>
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## AWARDS GALA - FRIDAY

<input type="checkbox"/>	6:00 pm - 8:00 pm   <i>Please indicate if you plan to attend</i>					<input type="text"/>
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\*CT Delegation course requiring the Physiological Therapeutics Overview prerequisite.

**REGISTRATION GUIDELINES:** Pre-Registration is highly recommended. Registrations arriving after 4/20/18 will be held and processed on-site at the convention. You may register on site if space is available.

**CANCELLATION POLICY:** Full refund, less a \$15 admin. fee, up to 7 days before event. 50% refund 2-6 days before event. No refund day before or day of event.

Attendee Name \_\_\_\_\_ Discount Code \_\_\_\_\_

WCA Member: Y / N Circle one: Taking course for initial licensure? / Or renewal? Phone \_\_\_\_\_

Street Address \_\_\_\_\_ Email \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Total Amount Due \$ \_\_\_\_\_

**PAYMENT**  Visa  Mastercard  Check Payable to WCA Name on Card \_\_\_\_\_

Credit Card # \_\_\_\_\_ Expiration \_\_\_\_\_ Sec. Code \_\_\_\_\_

Billing Address of Card \_\_\_\_\_

**RETURN BY MAIL:** WCA Convention Registration, 521 E. Washington Avenue, Madison, WI 53703 | **FAX:** 608.256.7123 | **EMAIL:** btoler@wichiro.org



Save time and money by registering early! Early bird deadline is 4/13

**Spring Convention**  
**April 26-29, 2018**  
**The Osthoff Resort, Elkhart Lake**

ONE ATTENDEE PER FORM—MAKE COPIES AS NEEDED

# DC REGISTRATION

REGISTER ONLINE AT [WWW.WICHIRO.ORG](http://www.wichiro.org)

CONVENTION PASS		WCA MEMBER RATES		NON-MEMBER RATES		AMOUNT DUE
		(Until 4/13)	(4/14 to 4/20)	(Until 4/13)	(4/14 to 4/20)	
<input type="checkbox"/>	Full Convention Unlimited Classes Up to 26 CEs. Thu 4/26 - Sun 4/29 Indicate classes below, do not overlap. Not available for on-site registration	\$269	\$299	not available		
<b>THURSDAY, APRIL 26</b>						
<input type="checkbox"/>	Lyme Disease and Other Tick-Borne Infections 11:00 am - 5:00 pm   6 CE (2 Nutrition Hours) Dr. Onnie Thatcher	\$135	\$155	\$170	\$190	
<b>THURSDAY-FRIDAY 4/26 &amp; 4/27</b>						
<input type="checkbox"/>	Orthopedic Diplomate: Whiplash Associated Disorders Dr. James Lehman & Dr. Todd Cielo Thu 11:00 am - 5:00 pm   Fri 8:00 am - 12:00 pm   10 CE	\$205	\$225	\$270	\$290	
or	<input type="checkbox"/> Thu ONLY (-\$100) <input type="checkbox"/> Fri ONLY (-\$100)	\$105	\$125	\$170	\$190	
<b>FRIDAY, APRIL 27</b>						
<input type="checkbox"/>	Shoulder and Hip Assessment and CMT 8:00 am - 10:00 am   2 CE Dr. Timothy Stark	\$42.50	\$47.50	\$50	\$55	
<input type="checkbox"/>	Kinesiology Taping Redefined for Sports Medicine Physician 8:00 am - 12:00 pm	\$85	\$95	\$105	\$115	
<input type="checkbox"/>	or 1:30 pm - 5:30 pm   4 CE Dr. Thomas Solecki					
<input type="checkbox"/>	Audit Yourself Before Someone Else Does 8:00 am - 12:00 pm   4 CE Dr. Evan Gwilliam	\$85	\$95	\$105	\$115	
<input type="checkbox"/>	Get in the Game! Female Athlete Injury Prevention & Treatment 10:00 am - 12:00 pm   2 CE Dr. Melissa MacDonald	\$42.50	\$47.50	\$50	\$55	
<input type="checkbox"/>	What if We're Wrong About Head Injuries in Sport? 1:30 pm - 3:30 pm   2 CE Dr. Timothy Stark	\$42.50	\$47.50	\$50	\$55	
<input type="checkbox"/>	Expert Coding & Documenting: Top CPT Codes for Chiropractors 1:30 pm - 5:30 pm   4 CE Dr. Evan Gwilliam	\$85	\$95	\$105	\$115	
<input type="checkbox"/>	Sports Chiropractic Education: How is it Changing? 3:30 pm - 5:30 pm   2 CE Dr. Beth Antoine	\$42.50	\$47.50	\$50	\$55	
<b>SATURDAY, APRIL 28</b>						
<input type="checkbox"/>	Imaging the Athlete from the Ground Up Dr. Terry Yochum & Dr. Alicia Yochum Part 1 8 am - 12 pm   Part 2 1 pm - 5 pm   8 CE	\$170	\$190	\$210	\$230	
or	<input type="checkbox"/> Part 1 8 am-12 pm ONLY <input type="checkbox"/> Part 2 1 pm-5 pm ONLY	\$85	\$95	\$105	\$115	
<input type="checkbox"/>	Current Topics in Sports Nutrition 8 am - 12 pm   4 CE (4 Nutrition Hours) Dr. Kyle Steineman	\$85	\$95	\$105	\$115	
<input type="checkbox"/>	Golf Performance through Chiropractic Care & Fitness 8 am - 2 pm with working lunch   6 CE Dr. Jeffrey Poplarski	\$145	\$165	\$190	\$210	
<input type="checkbox"/>	Golf Performance Workshop (space is limited to 20 participants) 3:00 pm - 5:00 pm   2 CE Dr. Jeffrey Poplarski	\$60	\$75	n/a	n/a	
<b>SUNDAY, APRIL 29</b>						
<input type="checkbox"/>	Lower Extremity Rehab 8:00 am - 12:00 pm   4 CE Dr. Jeffrey Sergent	\$85	\$95	\$105	\$115	
<input type="checkbox"/>	Golf Performance through Chiropractic Care & Fitness 8:00 am - 12:00 pm   4 CE Dr. Jeffrey Poplarski	\$85	\$95	\$105	\$115	

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**SPECIAL EVENTS** please indicate if you plan to attend:

- DC Lunch - Friday 12:00 pm to 1:15 pm sponsored by Legally Mine
- Awards Gala - Friday 6:00 pm to 8:00 pm

Attendee Name \_\_\_\_\_  
 WCA Member: Yes / No \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
**PAYMENT**     Visa     Mastercard     Check Payable to WCA  
 Credit Card # \_\_\_\_\_  
 Billing Address of Card \_\_\_\_\_

Date \_\_\_\_\_ Discount Code \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Email \_\_\_\_\_  
 Total Amount Due \$ \_\_\_\_\_  
 Name on Card \_\_\_\_\_  
 Expiration \_\_\_\_\_ Sec. Code \_\_\_\_\_

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