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CONGRESS AND H.R. 3654: MODERNIZING AMERICA'S MEDICAL INFRASTRUCTURE

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The Time to Modernize Medicare is Now

WCA President Dr. Gene Yellen-Shiring



On July 9, 2019, HR 3654, The Chiropractic Medicare Modernization Act of 2019, was introduced in Congress. This legislation, championed by the American Chiropractic Association, ensures that Americans with Medicare have full coverage of all services provided by their chiropractor. Since 1972,

Medicare recipients have only been reimbursed for spinal adjustments/manipulations provided by their chiropractor. History and examination, X-rays, therapies such as interferential, exercise rehabilitation and other services have not been covered. Treatment of extremities has not been covered. This has forced many individuals to either seek care from a medical physician or pay for these services out-of-pocket. The only way to fix this problem is to eliminate the discriminatory language in the Social Security Act which restricts Medicare recipients to reimbursement for spinal manipulation only.

It is time for our profession to carry the fight for Americans receiving Medicare to have full coverage for their chiropractic services. It is time for chiropractors to receive equal treatment in the Social Security statute. It is time for chiropractors to have full physician status without restriction or discrimination in federal law. Not only that, should Congress ever pass a Medicare-for-All universal health care law with the current restrictive chiropractic coverage in place, the consequences for Medicare recipients and for chiropractors would be devastating. Additionally, many private insurance companies look to Medicare to make their own coverage determinations.

After fully considering these and other arguments, the WCA Board of Directors at their August meeting voted unanimously to fully support this federal legislation. Along with 41 other state chiropractic associations and counting, we signed an open letter to Congress urging them to take action on this legislation and to pass it into law. We are also urging you, our members, to take action. There are several things that you can do to help ensure that this legislation becomes law.

First, you, your staff and your families can go to the ACA website (www.acatoday.org) and send a message to your members of Congress urging them to cosponsor and support this legislation. You can Like ACA's Facebook and other social media platforms urging Americans to take action and send a message to Congress that they want Medicare to fully cover chiropractic care.

Secondly, you can provide information to your patients and encourage them to send a message to their members of Congress through the ACA portal. If we all join in, we can send 50,000 messages to our members of Congress from Wisconsin! That is our goal! 50,000 messages. We can accomplish that goal if we work together.

Third, you can make an investment online in ChiroStrong, the WCA political conduit, (www.donorbox.org/chirostrong) and note that a portion of your investment be made available to support Wisconsin's Congressional Representatives. Finally, you can offer to participate in a meeting with your Congressional Representative asking them to sponsor this legislation.

For 47 years, Americans receiving Medicare have been denied full reimbursement for their chiropractic services. The time to end that discriminatory and unequal practice is now. We can lead the charge! We can be the change! Let's send a strong message to members of Congress that this is their opportunity to do the right thing for those Americans receiving Medicare.

Research shows that we are a cost-effective approach to managing musculoskeletal pain, injury and disease. Allowing Medicare recipients full access to the services provided by chiropractors can save the Medicare system \$83.5 million annually based on a study published in 2015 by the *Journal of the American Board of Family Medicine*. A 2018 study by the *Journal of Alternative and Complementary Medicine* showed that people who first consult with a chiropractor for back pain were over 50 percent less likely to fill an opioid prescription. We are part of the solution to the opioid crisis. Americans receiving Medicare deserve the option of a more cost-effective alternative to managing their musculoskeletal conditions. Americans deserve an effective alternative to opioids for their back and other muscle and joint problems.

Let's work together to help Congress see that this is the right decision, the right course of action. Let's help them understand that now is the time to provide full access to chiropractic coverage for Medicare recipients.

TOGETHER WCA
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Chiropractic in Medicare: 1972 - 2019



1972: As part of the Social Security Amendments of 1972 passed by Congress, doctors of chiropractic are defined as “physicians” and a limited benefit for covered services is established under the Medicare program.



1972

1997: President Clinton signs the 1997 Balanced Budget Act (Public Law 105-33), which includes a provision to eliminate the mandatory x-ray requirement for chiropractic services in the Medicare program.

1997

2003: Congress includes in the Medicare Modernization Act of 2003 (MMA, Public Law 108-173) a provision requiring HHS to conduct a two-year chiropractic demonstration project at select sites designed to test expanded access to chiropractic services for America’s seniors.



2001

2001: Tommy Thompson, secretary of the Department of Health and Human Services (HHS), appears at ACA’s National Chiropractic Legislative Conference (NCLC). ACA, together with Wisconsin DCs, lobby Sec. Thomson for full inclusion of chiropractic services in Medicare.



2003

2005: Demonstration of Expanded Coverage of Chiropractic Service Under Medicare commences on April 1 in Maine, New Mexico, 26 counties in Illinois, 17 counties in Virginia, and one county in Iowa. This allows DCs to bill Medicare Part B for medical, radiology, clinical lab, and certain therapy services related to the treatment of neuromusculoskeletal conditions that DCs are legally permitted to provide according to state practice acts, and as allowed within Medicare rules.

2005


Support Medicare Access: acatoday.org/Medicare



Chiropractic in Medicare Timeline



2010: Final Report to Congress on the Evaluation of the Demonstration of Expanded Coverage of Chiropractic Services Under Medicare published on June 1.




2010

2012

2012: ACA meets with HHS to present findings from the Dartmouth/Palmer re-analysis of the demonstration project, with an eye toward estimating what the direct costs of the project might have been under different policy-relevant scenarios.

2009



2009: ACA meets with HHS Secretary Kathleen Sebelius to propose regulatory revisions for coverage of X-rays, evaluation and management services, or other diagnostic or therapeutic services furnished or ordered by a doctor of chiropractic or furnished incident to a chiropractor's professional service if/when authorized under state law.

2008

2008: Brief Report to Congress published on the Evaluation of the Demonstration of Expanded Coverage of Chiropractic Services Under Medicare. Data showed that in four of the five demonstration sites, allowing DCs to perform at their full scope of practice saves money or is budget neutral.

2007: Demonstration of Expanded Coverage of Chiropractic Services Under Medicare concludes on March 31.

2007

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Chiropractic in Medicare: 1972 - 2019

2013

2013: CMS solicits comments in the 2014 Medicare Physician Fee Schedule Proposed Rule regarding DCs billing for Evaluation & Management (E/M) services in order to determine whether there are situations in which E/M services not included in CMT would meet the statutory requirements for chiropractic services. ACA submits comments in response to the request for information.

CMS announces it will increase the value of Chiropractic Manipulative Treatment (CMT) CPT® codes up to 10 percent beginning with the 2014 Physician Fee Schedule. This is the largest increase for any provider group in 2014. Increase in CMT code values is a result of ACA's long campaign to expand and increase the value of chiropractic in Medicare.

2014

2014: Senator Chuck Grassley (R-Iowa) sends letter to CMS administrator Marilyn Tavenner, suggesting that CMS consider the benefits of allowing DCs an expanded role within the Medicare program, as doing so would offer the potential to expand access to cost-effective treatment.



2015

2015: Sen. Grassley sends letter to HHS inquiring as to why CMS has failed to provide any additional information to the chiropractic profession on the expansion of services under the Medicare program.

ACA House of Delegates approves a resolution to make Medicare parity a top legislative and regulatory priority for the association, emphasizing the importance of allowing chiropractic physicians to practice and be reimbursed to the fullest extent of their licensure, training and competencies.

ACA, together with officials of the Wisconsin Chiropractic Association, meets with Congressman Paul Ryan (R-Wis.) to discuss the artificial limitation that restricts DCs to providing a single service, and the burdens beneficiaries experience in their efforts to obtain needed services.

ACA launches the National Medicare Equality Petition, a national grassroots effort to raise awareness of the Medicare system's limits to coverage for medically necessary services delivered to seniors by doctors of chiropractic.



Support Medicare Access: acatoday.org/Medicare

2019

2019: The Chiropractic Medicare Coverage Modernization Act

H.R. 3654, introduced with bipartisan sponsorship:

- Provides patient access to all Medicare-covered benefits under a chiropractor's state licensure.
- Does not add any new services to Medicare.
- Fully defines a Doctor of Chiropractic as a 'physician' in Medicare.



CONGRESS AND H.R. 3654: MODERNIZING AMERICA'S MEDICAL INFRASTRUCTURE

2016

2018

2016: ACA participates in hundreds of meetings on Capitol Hill, educating legislators on the ACA Medicare initiative.



2018: ACA invests significant reserves to bring on additional lobbying resources specific to the industry's Medicare initiative on Capitol Hill.

H.R. 7157 is introduced in the U.S. House of Representatives - the first bill in years aimed at modernizing Medicare coverage.



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WCA is proud to spotlight member DC's and their successes, celebrations and life accomplishments!



Dr. Ruppel

WCA congratulates new (to WCA) member, Dr. Steve Ruppel on his recognition by the Wausau Region Chamber of Commerce.

Ruppel Chiropractic was the recipient of the 2019 Small Business Award for the Business-to-Consumer category. The award recognizes business growth, community involvement and innovative efforts in the Wausau region!



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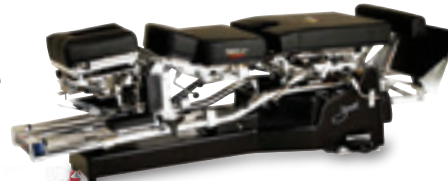
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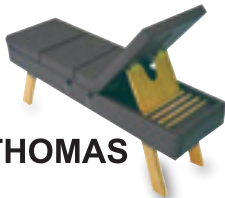
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Q & A with New CEB Member Dr. James Damrow

June 26, 2019

Wisconsin Chiropractor (WC) - Why don't we start with basic information. Where were you born and where did you grow up?

James Damrow (JD) - I was born right here in Janesville where I practice.

WC - Tell me a little bit about your family.

JD - I am blessed to be a third-generation chiropractor. My grandfather opened our office back in 1914. He was sent off to WWI three short years later because he was proficient in the relatively new art of X-ray science, being a chiropractor. They needed people who knew how to take X-rays in WWI and lo and behold here he was this young chiropractor with a new baby at home and he went overseas to serve his country. He came back at the end of the war and reestablished his practice in downtown Janesville. My father joined him back in 1950 and I joined my father in 1992. We worked together for a couple of years before he retired. I am now in my 27th year practicing and still see some patients who actually started with my grandfather who died before I was born. So that is kind of a cool thing for me.

WC - Where did you attend high school?

JD - Janesville Craig High School.

WC - For undergraduate?

JD - UW-Madison. I had a bachelor's in Zoology. From there I went down to Palmer College of Chiropractic. I finished up my Doctor of Chiropractic in 1992 before coming here and passing the state board and joining dad that summer 27 years ago – almost exactly right now.

WC - Do you remember how big your graduating class at Palmer was?

JD - About 150.

WC - And they were on trimesters?

JD - Yes.

WC - Do you remember how many of those students came back to Wisconsin?

JD - Oh gosh, probably at least 30 or so. A pretty good sized Wisconsin contingent from our class.

WC - Starting out in practice, obviously you were coming back to work with your father, think back to some of the challenges that you had being freshly out of chiropractic school. Do you remember any particular challenges?

JD - Yes, well Dad was quite a bit older. He was 68 when I joined him and one of the greatest chiropractors I ever knew. He was so good at his craft, however, he finished school at a time when the business side was so different. He hadn't really brought the practice into modern times in terms of computers. I did not have a computer when I joined him in 1992 so that was one of the first things we did just to modernize the business end of it and marry that with



Dr. Damrow, Dr. Tina Byrnes Pierce and office staff person Chris Vine.

the practice management that he had going. It took a little bit of adjusting there. Of course, he was close to retirement anyway so he stayed with me and we had a great two years together before he retired completely. It was more or less even different than starting from scratch because we had to kinda teach some old docs some new tricks there, and sometimes that's even more difficult than if you are starting fresh.

WC - How many doctors were in the clinic at that time?

JD - It was just he and I. (laugh) He was a solo practitioner. So just the two of us. In a practice where he had been solo for over 40 years, that was a little bit of an adjustment for him too. But again, sometimes teaching old dogs new tricks is sometimes a little more difficult, the advantage of having the large patient base made that more than worth it.

WC - At some point after that, insurance equality happened where the state law essentially required state governed health plans to include a chiropractic benefit. How did that affect the practice?

JD - Well, that had started toward the end of Dad's practice. By the time 1992 rolled around, we were pretty much into insurance equality. As a matter of fact, we were gearing up for national health care, when just two years later the Hillary Clinton plan, in 1994, came on the scene and that was a very stressful, tumultuous time because we were worried that we were going to get completely shut out of it. We saw all these negative chiropractic stories on ABC's 20/20. That was an eyeopener in terms of seeing what we were up against from the public standpoint with people who did not want to necessarily compete with us. So, that was a really interesting time to be starting in practice because insurance equality had taken a foothold and it definitely was a boon to the profession, but a little bit more difficult for older chiropractors like my father who worked for the first 35 years of practice with hardly any insurance coverage – with the exception of workers' compensation, and Wisconsin was the first state in the country to have it. So he was quite used to that. And

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GOVERNOR EVERS VETOES MEDICAID REIMBURSEMENT INCREASE FOR CHIROPRACTORS

As part of his ongoing battle with the Republican-controlled Wisconsin Legislature over accepting additional federal Medicaid funding, Governor Evers vetoed a WCA-backed budget provision that increased reimbursement of chiropractors who treat Medicaid patients.

In his budget veto message, Governor Evers provided the following reasons for vetoing this provision:

I am partially vetoing section 126 [as it relates to s. 20.865 (4) (a)] by lining out the amounts under s. 20.865 (4) (a) and writing in smaller amounts that reduce the appropriation by \$500,000 GPR in each fiscal year. I object to the appropriation of these funds without the infusion of federal tax dollars and resulting state savings from Medicaid expansion that would have allowed us to make investments like this. Expanding Medicaid to individuals up to 138 percent of the poverty line not only ensures access to affordable, quality coverage for Wisconsinites, it would have allowed a robust investment in our providers in Wisconsin. However, in absence of these critical federal dollars and resulting state savings, the limited resources that remain must be invested in expanding patient care first before we can increase payments to health providers. This partial veto is part of a larger write-down of the Joint Committee on Finance GPR supplemental appropriation. I am requesting the Department of Administration secretary not to allot these funds.

“We are disappointed that our hard fought budget provision was vetoed as part of a larger political battle between the Governor and the Legislature but we will keep working toward payment parity for chiropractors within Medicaid,” said WCA Executive Director John Murray.



The Chiropractic Examining Board Meeting in Madison on August 29, 2019.



MEDICAID PARITY BILL BEING DRAFTED

At the request of the Wisconsin Chiropractic Association, Rep. Chuck Wichgers (R-Muskego) is drafting legislation that would allow Wisconsin chiropractors to provide more treatment options to their Medicaid patients and require equal payment for same or similar services.

Modeled after legislation introduced in Ohio at the request of the Ohio State Chiropractic Association, the draft legislation would:

- Require the Wisconsin Department of Health Services (DHS) to cover and provide reimbursement for any services provided by a licensed chiropractor acting within their scope of practice.
- Require DHS to reimburse a chiropractor no less than it reimburses a physician providing the same or similar service covered by Medicaid.
- Require managed care organizations with a Medicaid contract to comply with the requirements of the bill.

“This draft legislation would allow Wisconsin chiropractors to use all of their clinical tools to help Medicaid patients get better and avoid other more expensive and riskier treatments,” said WCA Executive Director John Murray. “We will continue to work with Rep. Wichgers to complete the drafting process and get the bill formally introduced yet this year.”



CEB ELECTS DR. JEFF KING AS CHAIR, CONTINUES WORK ON ONLINE CE RULE

During its August 29, 2019, meeting, the Chiropractic Examining Board elected Dr. Jeff King (pictured left) as its new Chair with the retirement of Dr. Patti Schumacher from the board. “On behalf of the WCA, I would like to thank Dr. Schumacher for her years of service to the people of Wisconsin,” said WCA Executive Director John Murray.

The CEB also continued its work on a draft rule that would allow Wisconsin chiropractors to take a portion of their continuing education credits online. The board is expected to finalize the draft rule later this year with the intent of allowing online CE courses starting in 2021.

WCA Leaders Building Support for Medicare Modernization



(L-R) - WCA President Dr. Gene Yellen Shiring, 2nd district resident Sandi Parks, Congressman Mark Pocan (D-WI-2nd district), 2nd district resident Chris Frankowski, WCA Member and ACA alternate delegate Dr. Ben Mikla and WCA Executive Director John Murray.



(L-R) - Dr. Eric Kirk and Congressman Glenn Grothman (R-WI-5th District).



(L-R) WCA Executive Director John Murray, US Senator Tammy Baldwin (D-WI), WCA President and ACA Delegate Dr. Gene Yellen Shiring.

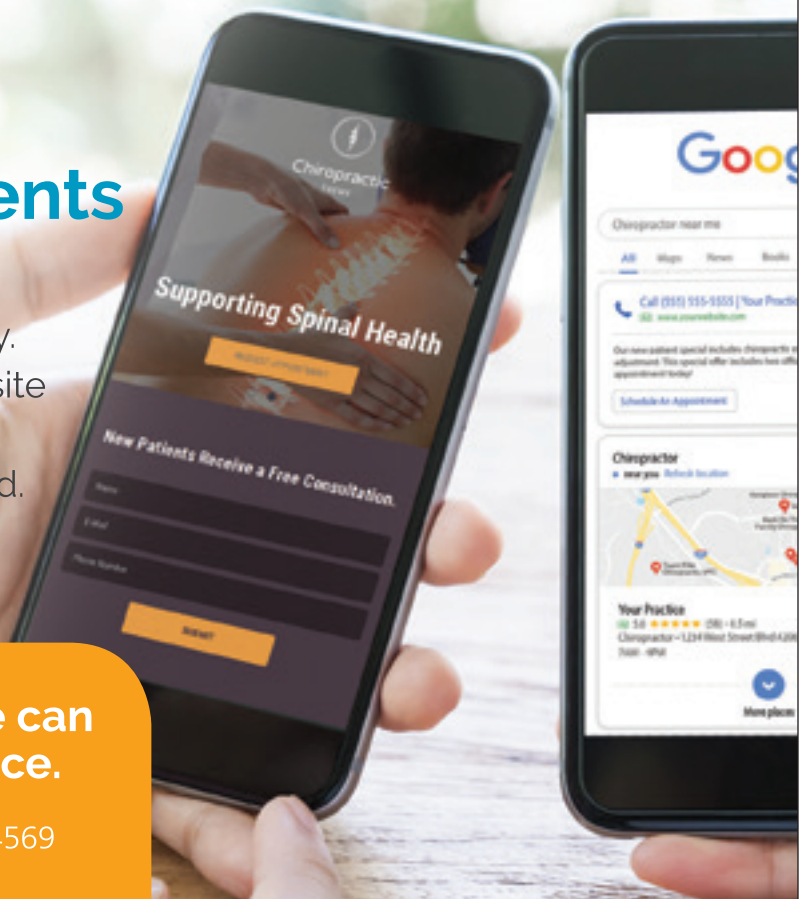


(L-R) - WCA President Dr. Gene Yellen Shiring, Congressman Mark Pocan (D-WI-2nd district) and WCA Executive Director John Murray.



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WCA 2019 FALL CONVENTION

THURSDAY, SEPTEMBER 26
through
SUNDAY, SEPTEMBER 29



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FEATURED FALL 2019 CONVENTION SPEAKER

The Gut-Brain Axis: Determining Physical, Mental Health

Robert Silverman, DC



Originally printed in Chiropractic Economics July 8, 2019. This article has been edited to fit in the allotted space.

The matrix of the microbiome, the gut and the brain – the gut-brain axis – is a new paradigm for understanding health. When the matrix is functioning well, the body and mind function

well. When the matrix is out of balance, physical health issues such as arthritis, diabetes, gut issues such as IBS and IBD, food sensitivities, liver problems, inflammation, musculoskeletal disorders and autoimmune diseases can arise. Mental health suffers, and neurodegenerative disorders can develop.

The vagus nerve (10th cranial nerve) is the longest of the cranial nerves. In Latin, the word “vagus” means wandering, an appropriate way to describe the path of this nerve. It runs from the brain stem to the transverse colon. Along the way, it innervates the larynx, esophagus, lungs, trachea, heart and most of the digestive tract. The brain and gut feedback and feed-forward loops are linked by the vagus nerve.

The long, convoluted pathway means the vagus is the main nerve of the parasympathetic nervous system, often called the “rest and digest” system. This is the autonomic system that helps the body conserve energy by slowing the heart rate (rest). The vagus nerve modulates digestion through the migrating motor complex and relaxes the ileocecal valve and other sphincter muscles in the gut (digest). The messages the vagus nerve transmits to the brain from the gut microbiome also impact the hypothalamus-pituitary axis, which in turn controls the neuroendocrine system, mood and the immune response.

Signals from the gut microbiome and from the gut itself tell the brain what’s going on down there; signals from the brain tell the gut what changes to make in response. The gut tells the brain about the production, expression and turnover of neurotransmitters such as serotonin and GABA, and growth factors such as BDNF (brain-derived neurotrophic factor). The gut also reports on the production of intestinal barrier chemicals and tight junction integrity, the modulation of enteric sensory afferents, bacterial metabolites, and mucosal immune regulation. The brain responds with messages that tell the gut to alter mucus and biofilm production, motility, intestinal permeability and immune function.

For example, when vagus afferent nerve fibers within the gut detect inflammatory cytokines and other indicators, such as tumor necrosis factor, created by the gut bacteria, they pass the message to the brain. The brain responds by stimulating the production of anti-inflammatory neurotransmitters that regulate the immune system.

Recent research confirms the idea that gut health and brain health are tightly linked. Metabolites excreted by gut bacteria are sensed by afferent nerve endings in the gut; their level is reported to the brain via the vagus nerve. Bacterial metabolites include some substances that are very similar to brain neurotransmitters such as dopamine. In other words, microbial metabolites can interact with the brain and influence behavior and feelings.

Gut bacteria metabolites may also be important in a number of neurodegenerative diseases. In autism, for example, gut microbiota appear to alter the immune system and metabolism. People with autism often have higher intestinal permeability and show a higher antigenic load from gut bacteria. Their gut biome bacteria are less diverse, and Candida is twice as abundant, impacting the gut-brain axis. People with autism also have higher than usual levels of LPS (lipopolysaccharides, also known as endotoxin) in their blood. LPS is released from the outer cell walls of gram-negative bacteria when they are destroyed. LPS leads to inflammation that carries over from the digestive tract to the bloodstream.

The gut-brain axis is complex and, in today’s toxic world, easily damaged. A thorough understanding of how the brain and gut are linked gives practitioners the ability to treat the damage with relative ease by guiding patients through the needed changes to diet and lifestyle. The reward? What every practitioner wants: a patient restored to vigorous physical and mental health.

For more detail and specific protocols, see Dr. Silverman’s full article at <https://www.chiroeco.com/the-gut-brain-axis/>

Robert G. Silverman, DC, DACBN, DCBCN, MS, CCN, CNS, CSCS, CIISN, CKTP, CES, HKC, FAKTR, is a chiropractic doctor, clinical nutritionist, international speaker and author.

Dr. Silverman presents at the WCA Fall Convention: Revolutionary Wellness: A Functional Approach to Health on Thursday, September 26, and The Gut-To-Brain Axis in Health on Friday, September 27. Dr. Robert Silverman is a Science Officer for NutriDyn. His seminars at this fall’s convention are sponsored by Erchonia.



FEATURED FALL 2019 CONVENTION SPEAKER

Are You Standing on Your Back Pain?

Mark Charrette, DC



Low Back Pain is Being Improperly Treated with Pain Medication. Custom Orthotics are Clinically Proven to Reduce Low Back Pain.

A recent study in the Lancet Medical Journal found that back pain treatment is being mismanaged across the world. In 2009, a study found that opioids, which kill 35,000 people each year, were prescribed to 60 percent of patients who visit the emergency department due to low back pain. (1) “The burden from low back pain has reached a tipping point where the condition is growing rapidly, is poorly understood and is being mismanaged medically,” said Dr. Rachelle Buchbinder, a professor who helped spearhead the study. With over 93 people per day dying from an opioid overdose, and 70 percent of those people being prescribed opioids for back pain, it is important to realize that there is a research-backed treatment proven to significantly reduce lower back pain. (2)

The Lancet study also states that it’s hard to find a specific cause of low back pain. Unfortunately, the source of the pain is hard to pinpoint because most doctors do not look to the feet as the origin of pain and fail to assess the body’s entire biomechanical structure.

Most chronic low back pain is due to some form of musculoskeletal weakness or structural imbalance. The root cause is often an imbalance in one or both of the feet that eventually contribute to health concerns farther up the kinetic chain, especially back pain conditions. When we stand, walk, or run, the lumbar spine and pelvis balance on the lower extremities. This means that normal foot mechanics can adversely influence the normal functions of the ankle, knee, hip, and even the back. (3) Dr. George Sheehan states that structural imbalance of even minor degrees can result in incapacitating injuries and persistent disabilities. (4)

There is hope. A 2017 study published in the Archives of Physical Medicine and Rehabilitation proved that custom-made foot orthotics reduce low back pain. This study included 225 adults with symptomatic low back pain. At six weeks, patients who received custom-made orthotics realized a 34.5 percent decrease in low back pain.

Treatment of musculoskeletal conditions is the number one cost in U.S. healthcare today. “Low back pain is one of the most common reasons cited for missed work and the NIH study confirms more than one-quarter of adults reported low back pain during the past three months. Most alarming is the link between low back pain and the deadly opioid epidemic, a challenge that is effectively addressed when custom orthotics and drug-free chiropractic care are the first-line approach for low back pain management,” said Manuel Duarte, DC, MSAc, DABCO, and DACBSP, Chair of Clinical Practice at National University (Lombard, Illinois), and one of the study’s lead researchers.

According to Lancet, in 2015, it was calculated that 540 million people are affected by low back pain at any one time. For many, low back pain is a reoccurring problem. Action is needed to address this global epidemic. It’s time providers stop turning to ineffective and useless treatments of the symptoms and start looking to solve the true causes of chronic lower back pain. Clinical research shows that Foot Levelers custom orthotics are proven to be a safe and cost-effective treatment of low back pain. Dr. Charrette will present research findings paired with ample time for hands-on practice at the WCA Fall Convention on Friday, September 27 and Saturday, September 28. Generously sponsored by Foot Levelers.

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Mitochondrial Biogenesis



Mitochondrial dysfunction represents a primary cause of age-related decline, leading to muscle wasting and neurodegeneration. In contrast, mitochondrial biogenesis is the process by which cells increase mitochondrial mass, facilitating greater energy production and organ health. While interventions like aerobic exercise and calorie restriction are known to stimulate mitochondrial biogenesis, growing research supports the role of various nutritional substances in this process.

Mito-Detox III includes **Pyroloquinoline quinone (PQQ)**, a redox-active o-quinone found in various foods and mammalian tissues. PQQ continues to receive increasing recognition based on documented health benefits involving the stimulation of mitochondrial biogenesis.*

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If You Have Hypothyroidism, You HAVE TO Address Adrenal Function

Dr. Chad Oler, ND



We see a lot of people who suffer from one or more symptoms attributed to an under-functioning thyroid. Many of these people are on medications to boost thyroid hormone (T4 and/or T3), but find that their underlying symptoms – including fatigue, hair loss/thinning, dry skin or constipation – don't improve. The reason could be that they

are not actually addressing the underlying cause(s) of the thyroid dysfunction; one of those underlying causes is likely adrenal fatigue.

How the Adrenals Affect Thyroid Function

Most people think of the adrenals solely in regards to stress and the “fight-or-flight” response that is so often discussed.

<http://naturalsolutionsforahealthyyou.com/what-happens-to-your-body-when-you-encounter-stress/>

But the effects of ongoing adrenal stimulation reach far beyond how we react to stress. In fact, continual adrenal stimulation, due to prolonged stress, can have a major impact on almost all organs and tissues in the body. In particular, several hormones involved with adrenal stimulation can directly and indirectly inhibit proper thyroid function.

When our body encounters a stress – whether it be physical (like an injury), psychological (like worry or fear), or physiological (like an illness or disease), the adrenal glands help us prepare to deal with the stress. In order to understand how this relates to thyroid function, we have to delve into the biochemistry of the stress response.

On a biochemical level, a stress is first recognized by a gland in your brain called the hypothalamus that secretes a hormone called “corticotropin releasing hormone” (CRH) that instructs another gland – called the pituitary – to send a signal to the adrenals to make chemicals that will prepare us to deal with whatever the stress is. One of these chemicals is called cortisol, which helps us mobilize our physical and mental reserves to deal with the stress at hand. These responses are designed to be short-lived, which means our bodies are designed to deal with stress and then return to a normal, relaxed state.

However, in our modern world, stressors come at us from all angles, all the time. When this happens, the hypothalamus continues to send out more CRH, ultimately telling the adrenals to produce more cortisol. In addition to helping us deal with stress, these two chemicals – CRH and cortisol – also impact thyroid function.

CRH causes indirect inhibition of thyroid stimulating hormone (TSH) at the level of the pituitary. This means that CRH secretion, over time, inhibits the thyroid from working properly. In addition, research indicates that high levels of cortisol have an inhibitory effect on the enzyme that converts T4 to T3 (called 5-deiodinase); T3 is the more active thyroid hormone, which is responsible for most of

the effects that we attribute to thyroid function. Once more, research shows that cortisol favors the conversion of T4 to rT3, which is a storage form of the hormone. This means that cortisol decreases the amount of T3 that is available to promote a healthy metabolism, and may help explain why people who take thyroid medications like Synthroid or levothyroxine (which contain only T4) often find minimal or no relief of symptoms; if they have not properly addressed adrenal fatigue, the T4 from the medication is not being converted into T3 efficiently, which is why their symptoms persist. Once more, excess cortisol has also been shown to inhibit TSH production by the pituitary.

There are a couple key takeaways from this. First, anyone who has a hypothyroid issue MUST address and properly support adrenal function in order to have any chance of reestablishing proper thyroid function. This may involve dietary and lifestyle changes as well as supplemental support. Second, anyone taking medication for hypothyroidism that is not getting relief from symptoms should also turn to proper adrenal support as a possible solution. Adrenal fatigue is notoriously hard to correct, so working with a skilled provider will certainly help. Even with proper adrenal support, it is not uncommon for it to take 3-9 months until you begin to see a change in thyroid function. Lastly, if you suffer from an under-functioning thyroid, make sure that you get more tests done than just a TSH. We recommend the following at a minimum: TSH, Free T3 and Free T4 (it would be ideal to add reverse T3 (rT3) as well); Adrenocortex Profile (<https://gdx.net/product/adrenocortex-stress-hormone-test-saliva>) and 25-hydroxy vitamin D. This data will help your provider determine how to proceed to help you correct any underlying dysfunction as quickly as possible.

Dr. Chad Oler, ND, presents a 12-hour course on Addressing the Fundamental Causes of Fatigue at the Fall Convention, Friday, September 27, and Saturday, September 28. Generously sponsored by NutriDyn.

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FEATURED FALL 2019 CONVENTION SPEAKER

Auditing Chiropractic Services

Evan M. Gwilliam, DC, MBA, BS, CPC, CCPC, CPC-I, QCC, MCS-P, CPMA, CMHP, AAPC Fellow



Chiropractic is unique from other types of health care and auditors need to be aware of the nuances of this alternative field. While few services are performed and billed, the rules are very specific. This is due in part to the fact that chiropractic is typically delivered in an episode of care.

This episode is often documented as an initial evaluation with a care plan, then a series of visits where the care plan is carried out, often over several stages of care delivered in four-week intervals. Then, ideally, the care ends when the patient reaches maximum therapeutic benefit as measured by the goals established when care began.

Chiropractic has become the focus of more and more audits as doctors seem to struggle to create records that properly support the care provided to the patient throughout the entire episode. The Office of the Inspector General (OIG) released a dozen reports focusing on chiropractic since 2005, and three of them came out just last year. Most of them indicated error rates of more than 90 percent and refund demands of several hundred thousand dollars.

The most common CPT codes used (and the only ones payable from Medicare to chiropractors) are spinal chiropractic manipulative treatment (CMT) services. There are three CPT codes:

98940 spinal, 1-2 regions

98941 spinal, 3-4 regions

98942 spinal, 5 regions

One common issue identified in the OIG reports was overutilization of 98942, spinal chiropractic manipulative treatment of 5 regions. 98942 has a higher reimbursement rate than the other CMT codes (the Relative Value Unit or RVU is 1.5 for 98942, 1.16 for 98941, and 0.8 for 98940), therefore the financial incentive is there to bill for the higher-level code. Based on claims submission data provided by Infinedi, an electronic clearinghouse, from 2019, 98942 was billed less than 3 percent of the time, with the remainder of the CMT codes coming from 98941 and 98940. Therefore, if a clinic appears to bill 98942 much more often than the other CMT codes, it may be a red flag.

The challenge with 98942 is that it includes five spinal regions. These regions include the cervical spine, the thoracic spine, lumbar spine, the pelvis, and the sacrum. For Medicare, and most other payers, that means that each region must meet certain criteria in order to establish medical necessity. When auditing a chiropractic record and looking for documentation to support manipulative treatment, look for the following (in each region):

1. Mechanism of onset
2. Subjective complaint
3. Objective findings
4. Diagnosis
5. Treatment plan
6. Progress

For example, for the cervical region a record with medical necessity might include the following:

1. Slip and fall while working in the yard over the weekend.
2. Neck pain with radiculopathy to the right arm.
3. Painful, limited cervical range of motion (passive), palpatory tenderness in suboccipital muscles, mild edema in cervical region.
4. S13.4XXA - Sprain of ligaments of cervical spine, initial encounter M99.01 - Segmental and somatic dysfunction of cervical region
5. Cervical manipulation two times per week for four weeks to improve range of motion 50 percent and reduce pain reporting 50 percent.
6. After four weeks range of motion is 50 percent improved and pain is 50 percent improved.

In other words, you would want to find all six of these elements in the other four spinal regions if 98942 was billed. While some of the six elements may overlap regions, such as the mechanism of onset, many of these must be uniquely noted in the record. For example, all five regions must have a complaint, objective findings, and a distinct diagnosis.

If you review your own records, learn to use the six criteria outlined here and become familiar with Medicare LCDs and private payer policies. They can help one to become proficient with chiropractic's unique audit challenges. To find out more, come to Dr. Gwilliam's courses at the WCA convention on Saturday, September 28, at 8AM, and 1PM, generously sponsored by Infinedi and ChiroHealthUSA. Or check out some of his other recorded training for free at <https://paydc.com/chiropractic-compliance-videos/recorded-webinars/>.

Dr. Evan M. Gwilliam is the Clinical Director for PayDC Chiropractic EHR Software. He can be reached at evan.gwilliam@paydc.com.



FEATURED FALL 2019 CONVENTION SPEAKER

Evaluating Patients for Femoro-Acetabular Impingement (FAI)

Michelle Mick, DC, DACBR, DipMED



I was originally introduced to the profession of chiropractic via my maternal grandmother, who, with pain in her hip, consulted a DC in the UK, and had me accompany her. (I recall taking the train with her, which at the time seemed pretty exciting!) The DC took the clinical history, examined her, and then suggested radiographs, and I was so impressed by him being able to not only listen to Granny's history, examine her, X-ray her, but also treat her, that I fell in love with the profession right then.

Since this experience, I have been lucky enough to practice in the UK, go through radiology residency there, and a fellowship in musculoskeletal imaging at the VA in San Diego. In France, where I taught at IFEC (the French chiropractic school) for 12 years, I continued my interest in the hip, and encountered Dr. Alexis Nogier. Dr. Nogier is an orthopedic surgeon who was one of a few specializing in femoro-acetabular impingement, at that time in Europe.

Femoro-acetabular impingement (FAI) has since become popular both clinically and with imaging, and whilst there are specific MR findings, it is the radiographic findings in combination with the clinical findings that initially key us into the diagnosis. Clinically, the patient is often between 20 and 40 years old, with groin pain with

hip rotation (external or internal rotation, or both). Of the views that are frequently encountered in practice, it is the AP pelvis view that can provide useful information. Whilst FAI has been subdivided into CAM and Pincer, often both are seen at the involved hip. Over-coverage, using the center edge angle (the normal range being 20-40) in FAI may be increased. Irregularity along the lateral femoral-head junction may be seen. An os acetabulum, of varying size may be noted, a small osseous density adjacent to the acetabulum. A frequently encountered imaging finding on AP pelvis views, is a synovial herniation pit, a radiolucent region in the femoral neck, surrounded by a sclerotic rim. Synovial herniation pits are considered a risk factor for the development of FAI, and may not always be symptomatic.

Whilst there are a multitude of angles/measurements available for FAI assessment, a well-positioned AP view of the pelvis can aid the clinician in evaluating a patient for FAI.

Dr. Michelle Mick has lectured extensively throughout Europe and North America on all aspects of imaging, and co-authored *Essential Musculoskeletal MRI*, which is designed to assist clinicians in imaging utilization. Dr. Mick's Diagnostic Imaging course, which includes many case studies, takes place at the WCA Fall Convention on Saturday, September 28, and is generously sponsored by CDI.



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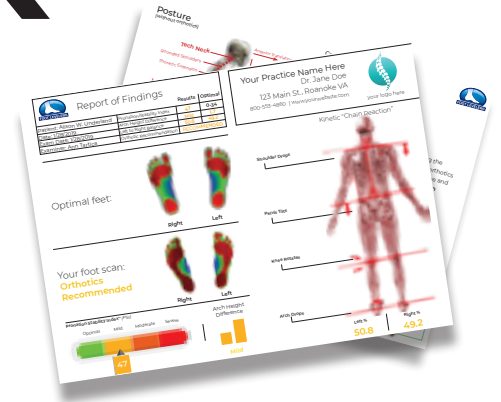
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FEATURED FALL 2019 CONVENTION SPEAKER

Bill Gallagher & American Academy of Motor Vehicle Injuries

From an Interview by Jeff Woolston, DC, CMVI



The venue was the Phoenix Art Museum, and the sharply dressed, articulate attorney, had just introduced Dr. Bill Gallagher. He looked more like a roadie for the Grateful Dead than a doctor, with his long white ponytail. As he talked, I could tell he was knowledgeable, but his voice faded in and out; a result of multiple car crashes damaging

his vocal cords. He was starting a new lecture series, teaching doctors and attorneys the ins and outs of motor vehicle collision cases.

Little did I know it would benefit me in so many ways. I have become a better doctor, made friends with other chiropractors, attorneys, and medical specialists from Arizona and around the country, and it has served as a gateway to becoming involved with the Arizona Association of Chiropractic.

I am not alone. Dr. Gallagher is responsible for improving the professionalism of chiropractic and bringing more cohesiveness than anyone I know. I recently called him the Godfather of Personal Injury and he laughed.

Bill said, "Right now every lawyer will tell you that you need an MD on your case. I want in the next five years that the lawyers will ask the MD, 'Where's your chiropractor on this case?'" When I do rebuttals on IME doctors, the first thing I state is I do not question their credentials to evaluate the need for surgery at this point, but they have no standing to evaluate injuries of two years ago.

I asked Bill about the 300-hour diploma program on personal injury he is trying to create with the ACA. It will also have sub-specialties that you can study and be the expert to testify on subjects like concussions or pediatric personal injury. To date the

American Academy of Motor Vehicle Injuries program has taught over 700 DCs, 500 attorneys, and 100 MDs. Bill also writes for *Attorney at Law* magazine, which has improved his stature and chiropractic's stature with the legal community.

We ended the interview with this mutual understanding. We need more fellow chiropractors educated to the level of experts in personal injury. We need to educate the medical doctors that they need to work with these experts. We need the legal community to seek out these doctors because we will add value to their cases. Most importantly, the PI patients need these doctors as they only have one chance to be made complete again, and AAMVI certified doctors give them their best chance.

As you can see, Dr. Bill Gallagher is such a busy man, he needs his own roadies. From seeing patients, to lectures all over the country, to time served in the state association, to writing, Bill is a man of action.

Dr. Bill Gallagher will present a 12-hour seminar titled *ABCs of Personal Injury*, on Thursday and Friday, September 26 and 27, at the WCA Fall Convention. If you have a pure subluxation-based practice, this class will give you what you need to help your patients when they are injured in a collision. If you want to build a PI practice and be the one attorneys refer to, this is the class you have been looking for.



Doctor's CORNER

WCA is proud to spotlight member DC's and their successes, celebrations and life accomplishments!



Dr. Reid

Congratulations to Dr. Lisa Reid from Chiropractic Care Center-Franklin as she celebrates 20 years in practice!

They opened on August 9, 1999 in Franklin. Dr. Reid and her team have a family-focused practice and enjoy taking care of their awesome patients from Franklin and the surrounding communities!

FEATURED FALL 2019 CONVENTION SPEAKER

Ransomware: The Newest HIPAA Compliance Nightmare

Dr. Ty Talcott, DC, CHPSE



According to officials at the Washington, D.C. Cybersecurity and HIPAA Compliance Symposium, “So far, this year, every doctor hit by ransomware or a HIPAA breach related fine, has stated the same thing: ‘I never thought it would happen to me!’” Due to this erroneous belief, doctors lack initiative to keep up with the

almost monthly changes in the cybersecurity protection requirements and thus risk government enforcement fines, civil lawsuits and cyberattacks.

Let’s look at the newest HIPAA compliance nightmare.

Chiropractors across the country are being hit by ransomware. A new government report reveals the average cost to an office hit by ransomware is \$133,000, and the more costly attacks can reach well over a million dollars. With new information almost daily, the chances are extremely high that you are not compliant... no matter what you might think or what someone has told you in the past!

You seldom see a chiropractor practicing with no malpractice insurance, yet the typical chiropractor is more likely to suffer a significant financial loss from a government fine than a malpractice action. Remember, peers seldom talk with others about government investigations as it can cause licensure problems, PPO contract issues, injure public reputations, etc., so doctors are caught by surprise when it happens to them.

Failure to take steps to be compliant not only leaves you at risk, you are also putting ALL chiropractors at risk. When the government investigates and collects fines, they continue the investigations and that puts others at risk! This is all preventable, and you can help.

One place to start is to inventory assets that contain Private Health Information, such as a laptop computer:

- Draw up a list of threats and vulnerabilities, such as lack of adequate policies and procedures for who uses the computer and for what purposes. Is the laptop at risk of theft while being transported? Is the data not encrypted?
- Identify present controls that are in place, such as a policy to limit unauthorized utilization of the internet.
- Next comes the gap analysis. Do you need anti-virus software, or maybe a system for “checking out” the computer if it’s taken off premises?
- Lastly, identify potential solutions, create a plan and identify who on your team will follow up to ensure that all components of the mitigation process are in place and functioning by an established date.

This is just one of 18 steps that Dr. Ty recommends for a HIPAA Regulatory Compliance Manual. If you’d like to learn more, consider signing up for Dr. Ty’s HIPAA Compliance course, generously sponsored by ChiroHealthUSA, scheduled for Friday, September 27, at the WCA Fall Convention, or visit www.hipaacomplianceservices.com.

Compliance does not happen by accident. Get safe now!

Dr. Ty Talcott, DC, CHPSE, is dedicated to protecting healthcare professionals by producing simplified, step-by-step training materials and procedures to assist doctors and clinic support personnel with establishing, maintaining and updating their HIPAA compliance program.



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Q & A with Dr. James Damrow - Cont. from page 10

he was used to Medicare. But the whole insurance claim was pretty foreign to him so we had to learn that together as I started in '92.

WC - How many times have you moved clinics since then?

JD - Once. We moved our office back in 2006 as I hired my first associate after 14 years of being by myself with the exception of those first couple of years with Dad. We hired an associate in 2006 and we were in a building that wasn't really meant for two full-time chiropractors. So it was time for us to make a move.

WC - Having been in practice this long now and very established, what are the challenges you're facing for your clinic and for chiropractic in general?

JD - I think the biggest challenge is navigating the current health care system. Working with insurance companies in terms of utilization, reimbursement and maintaining our value to them by showing them that these are the results we're getting using outcome measures that, again, were completely foreign when I first started practice. I didn't know what an Oswestry was or different outcome measures. Those are things you have to use now, it's proper documentation, it's what you have to do and it's what you use to show your value to the people who are paying the bills. Having said that, the change in the insurance industry even in just the relatively short time I've been in practice, it's mind-boggling how much it changes from year to year. When I first started out, kinda circling back to one of your earlier questions about insurance equality, you had patients who had 100 percent coverage with no responsibility whatsoever. And sometimes those weren't your best patients because they didn't have anything personally invested into it other than their time to come here. They had zero copay or anything like that. And it just wasn't as much of a value to them. You really saw that in some of those patients. They would just keep coming back, they wouldn't necessarily listen to your recommendations about exercise or things that they could do to improve their health. They just wanted to get their treatment and go on their way because it wasn't costing them anything. Well now, after a certain number of years, copayments started to get so high and deductibles, that kind of thing, I have very few patients who have 100 percent. I have a few, but not many. Most of them now, even though they have good insurance coverage, so to speak, they're paying almost the full bill here because between copayment and deductibles it's pretty much coming out of their pocket. So, I'm actually seeing better compliance overall from my insurance patients, especially the ones who have their own personal wealth invested in it. That is something that I wish we could get across to politicians and industry that free care doesn't necessarily translate into better care for the patient. That having even a small copayment of \$5 dollars as opposed to the \$1 that Medicaid patients pay right now, I think would make a big difference. And I realize that \$5 is a big deal to some people, but at least they would have more of their own personal wealth at stake and they probably would get more out of the visit and out of the treatment.

WC - So for the patients who are making the decision to, as you say, put their personal resources into it and seek care from you, you're saying you get better results, they follow the care plan. Do think though that because some of the copayments may be higher than say primary care, that this is causing some people to not seek chiropractic care?



JD - Yes.

WC - So there is a tradeoff.

JD - There is a tradeoff and there is a drop in utilization. We have tried to keep our prices affordable so that a person who doesn't necessarily have the best coverage or no coverage at all can still come here and still have it within their price range to get treatment. That's another fine line we are walking because you can't have dual fee schedules, you have to charge everyone the same. So you have to be very careful how you navigate that. That is another challenge we are facing that is so different than when we started.

WC - So, let's shift gears. You were just unanimously confirmed by the Wisconsin State Senate to be one of the professional members of the Chiropractic Examining Board. Looking ahead, what are some of the things that you want to take a look at as a board member to maybe improve the standards within chiropractic?

JD - I am looking forward to learning more about how the process works in terms of scope of practice and what the board does to shape that. What policy changes are proposed and how the board deals with that. Continuing education is ever-changing. When I first started, we needed 24 hours every two years. And that went up to 40 not too many years after I started. I know there is a lot of push to have some online continuing education and I think it's important that the board oversees that pretty closely because you want to maintain the quality first of all. To have everything go online would be a mistake, I think, because the nature of our work requires hands-on education and we need to be in person. I think it's important that the examining board oversees that carefully and moves forward with a lot of thought and deliberation.

WC - So look forward five, 10 years. Where do you see chiropractic going?

JD - I see it continuing to grow in both utilization and acceptance—both from the public and from our peers in the medical world. I have seen great cooperation in my time of practice. I know when I was very young, my dad had a couple of MDs in town who respected him and would refer him a patient, but not a whole lot. And now it is very common to get referrals medically. And it's also easy for me to pick up the phone and refer a difficult case that I need someone else to look at. I really like that inter cooperation. I think that will continue to grow when you see people like Dr. Jeff King and what



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*By opening a Metagenics direct account, you'll receive 25% on your first order and 10% off all subsequent practitioner orders through January 1, 2020. To place your first order or to open a new account, please log on to Metagenics.com and choose "Create Account" in the top right-hand corner. Please call 800.692.9400, Option 1 if you need additional support. 25% discount applies to orders up to \$5,000. 10% discount has no order limits. Neither promotion can be combined with any other offers. Offer available only for practitioners practicing in the following states: North Dakota, South Dakota, Iowa, Wisconsin, Minnesota, and Montana.

*These statements have not been evaluated by the Food and Drug Administration. This products are not intended to diagnose, treat, cure, or prevent any disease.





MILLION DOLLAR PRACTICE FOR SALE!

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CHAMPION CHIROPRACTIC MEDICAL FACILITY, FORERUNNER IN THE MILWAUKEE DISTRICT, NEWLY RENOVATED AND NOW UP FOR SALE

2016 Income - \$1,031,235.00
2017 Income - \$1,707,231.00
2018 Income - \$1,788,033.00
2019 Income - \$2 Million Projected

Appraised at \$1,576,468.00
Net Cash Flow (After Ad Backs)
\$1,087,183.00

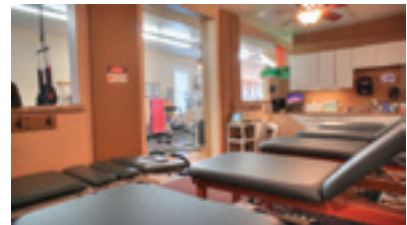
This is a beautiful clinic with the possibility of making double what the income has been recorded to be! An impressive reputation in the community that cannot have a price tag put on it. Step into a clinic that will not overwork you and will gross you almost 2 million in a year w/o blinking. We will teach you all the secrets to the trade after purchase.



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Partial Rehab Area



Back Office Therapy Bay

SALE PRICE - \$1,198,000.00



CONTACT US NOW

If interested, please email MillionDollarPractice4Sale@gmail.com.

SALE OF PRACTICE IS HANDLED BY INTERNATIONAL BROKER

Clinic From Outside



WCA Members Supporting Their Communities

Congratulations to Dr. Tom Terbilcox

WCA and Standard Process are proud to congratulate Dr. Tom Terbilcox from Sauk Prairie Chiropractic, as the quarter three Community Involvement winner!

Dr. Terbilcox is very active in his community year-round. In the spring and summer, he is a referee for youth, high school boys, and collegiate lacrosse. He notes that it is a great form of exercise just trying to keep up with the players on the field!

Additionally, he works with the National Ski Patrol for the majority of the year. In the summer months he provides Outdoor Emergency Care instruction to patrollers, which is similar to that of an EMT-basic training. In the winter months, he provides service, or care, to visiting skiers who may suffer any injury or become ill. He is also an "ambassador on the hill," working closely with customers.



WCA and Standard Process are honored to highlight Dr Terbilcox's dedication to his community!

Thank you to the following DCs who shared their community involvement:

Dr. Tera Pfarr, Racine

Brown Family Chiropractic hosts an annual "KIDS DAY" event which includes games, activities, and chiropractic evaluations and adjustments



for kids. Donations were collected to provide police officers with holiday gifts to keep in their squad cars to give to foster children during the holidays. The event is sponsored by Healthy Spines Initiative of Wisconsin, which provides chiropractic and health education to the community.

Boots Chiropractic & Wellness Center, Kimberly

Over 30 years ago, Dr. Jim Boots started a nonprofit, free admission festival in the Fox Cities called Pa-



perfest. Together, he and Dr. Matt plan and organize this festival featuring live music, carnival rides, and sporting events. All proceeds are donated back into the community. In the past 30 years, Paperfest has raised over \$850,000 for the community!

Submit your community involvement stories for quarter 4. Visit us at www.wichiro.org/CommunityInvolvement

Thank you to our Community Involvement Campaign Corporate Sponsor:



Standard Process, headquartered in Palmyra Wisconsin, has been dedicated to the field of nutritional supplements and the whole food philosophy since 1929. We admire their dedication to ensuring high quality products, promoting healthy lifestyles, and their commitment to strengthening the chiropractic profession.



Wisconsin Chiropractic Association

Doctor's CORNER

WCA is proud to spotlight member DC's and their successes, celebrations and life accomplishments!



Dr. Brad Wiegand

Congratulations to Dr. Brad Wiegand and Dr. Rachel A. Wiegand who are expecting their second child on January 1, 2020!

We wish them all the best as they plan to *ring in the new year* with a little one!

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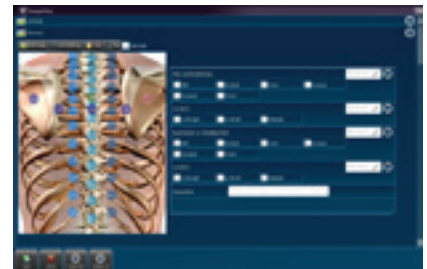
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Q & A with Dr. James Damrow - Cont. from page 25

he's done at the Medical College of Wisconsin. I love seeing examples like him and Dr. Bill Moreau at the United States Olympic Committee. Getting more and more people like that in positions of influence is just going to help the profession continue in acceptance. I just think it's our job to keep the standards up so that we are delivering the best possible care every day and at the highest standard possible.

WC - What advice would you give a new graduate from chiropractic school coming into practice in Wisconsin?

JD - Just be prepared to work hard. You're going to have to be available to people when they can be here. It's not going to be banker's hours. Especially early on. Be prepared to work some Saturdays. I still, after 27 years, work Saturdays. I actually enjoy Saturday mornings. I don't work every Saturday, but most, and I think back over the years at the number of people who have called on a Saturday morning and are so grateful to be able to see a chiropractor. It helped me build up my patient base so much. I think that's something if you're looking to build your practice you just have to be here when people can come in. And that might include a couple evenings a week or Saturdays as I said. Don't get discouraged if the day you open your practice you do not get overrun with patients. It takes a little bit of time to gain people's trust and to build up your reputation, but it will come as long as you work as hard as you can and keep your standards up to the highest possible level.

WC - You talked about referrals and collaboration with other health care providers. What advice would you give to young chiropractors in terms of how to build those types of relationships?

JD - Don't be afraid to reach out and introduce yourself. And give any pertinent information you might have for example, if you are a CCSP or have taken extra training in a certain field. Let them know that you are comfortable seeing this type of patient and that you would be happy to be available for any type of questions or any referral you are willing to take. I think you'll find some in the medical field are happy to know someone they are comfortable with calling up and seeing. We do a soft tissue treatment called Graston and there was a local sports medicine doctor in town and it happened that none of the PTs in her clinic were doing Graston and that is what she wanted. So, I got a ton of referrals from her for a long time. Eventually the PTs in her clinic starting using that, so I don't see as many now, but that's just a small example of how she kinda heard through the grapevine that I was doing this treatment and lo and behold I had a couple dozen referrals from her within a couple of years, and that was really something for me.

WC - So it really comes down to building personal relations?

JD - Absolutely!

WELCOME

new WCA members!

Jeffrey Grosskopf

Dylan Hendrickson

Emily J Johnson

Brandon M Langerude

Brian Miller

Paul F Morovits

Grant Williams



it pays to be a member!

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AAA of Wisconsin
Special member only discounts

www.wichiro.org/discounts

CLASSIFIEDS

EQUIPMENT FOR SALE – SHOREWOOD, WI

All items listed are priced to move. Best offer is accepted. Must be cash and carry.

1. Spinal massage table - \$400 OBO
2. Lyold table - \$300 OBO
3. Flexion distraction table – \$500 OBO
4. G-5 percussion machines - \$500 OBO
5. Amrex model MS322 stimulator - \$200 OBO
6. LSI ultrasonic active model 410 - \$200 OBO
7. All assorted weight training machines - \$500 OBO

Pictures available upon request. Interested persons can contact Rik by voice call or text message at 414-750-4171.

ESTABLISHED PRACTICE FOR SALE – SHEBOYGAN, WI

One hour north of Milwaukee on the beautiful shores of Lake Michigan in Sheboygan, WI, is an established (12-year-old) practice priced to sell. Last year, this practice grossed \$267,000. Our mission is to provide specific chiropractic neurology adjusting to deliver the most effective spina rehabilitation possible. This clinic also stresses rehabilitative fitness in conjunction with guided diet, nutrition, and detoxification. The office is a turnkey, state-of-the-art facility that is move in ready. It includes electronic health record software, ChiroTouch, enabling efficient digital record certification. Other notable features of this practice include: X-ray services, MC, MA, and other major insurances are common. Space lease is transferable. All chiropractic equipment, computers, and our great staff will stay. Motivated seller. Priced to sell. Please email: drendru@yahoo.com or call 920-917-8227.

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Dr. Amber Horsley, DC
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CLASSIFIEDS

EQUIPMENT FOR SALE – WEST ALLIS, WI

- Elevation Ergostyle ES2000 Chattanooga chiropractic table - \$3,200
 - Forest green – updated vinyl
 - Cervical/Lumbar drop with a lowest height of 20"
 - Tilting headrest with adjustable width
 - Pregnancy breakaway section with matching stool
- Leander flexion/distraction chiropractic table fixed height - \$800
 - Light brown with stool
 - Table is 26 ½" in height
- Red vinyl stationary bench - \$220
- Hydrocollator with four standard hot packs and insulation wrap - \$190
- 2 Framed chiropractic educational artwork, nice - \$120
- Tall leather office chair - \$70
- Bowflex Max Trainer M7 - 3 months old - like new! Bowflex - \$1,825
- Anderson Hickey 4-drawer lateral file cabinet - \$290
 - 36" wide x 52" tall x 18 deep
- Medical exam table & 2 office desks – free
- White metal display rack - \$35

Pictures can be sent upon request. For more information, please call Dr. Brian: 414-774-2222.

ASSOCIATE WANTED – MILWAUKEE AREA

Chiropractic Company is a rapidly expanding group of clinics in the greater Milwaukee area and we are currently looking for associate doctors. We are unique in the profession in that doctors can advance from associate, clinic director, to shareholder in the corporation all based on their personal performance. In addition to this unique salary and bonus structure, we also offer health insurance, short-term and long-term disability insurance, and a matching 401k plan. Continuing education, chiropractic coaching, 50 percent off a gym membership, license, CPR training, and malpractice insurance are also covered benefits of working with the Chiropractic Company.

For more information, go to: chiropracticcompany.com or email: drmcleod@chiropracticco.com.

DC WANTED – HARTLAND, WI AREA

Well-established clinic in the heart of Lake Country is looking to add another doctor. Salaried position comes with a personal coach, marketing, and staff to ensure success! We have a wide patient base ranging from insurance, personal injury,

work comp, maternity, pediatric, and wellness care. If you are looking to join an in-network clinic that has a growing wellness practice, apply here!

Please email your resume and cover letter to: hartlandchiro@gmail.com or feel free to visit our website at: hartlandchiro.com.

ASSOCIATE DOCTOR WANTED – BRILLION, WI

One of our doctors is retiring, so a great opportunity awaits you with an established patient base. Earn a strong salary plus paid malpractice insurance and continuing education. Buy-in opportunities and additional benefits available. Work in a beautiful 3,000+ square foot facility which will provide you with all the tools to succeed and grow as a chiropractor! Our care model utilizes the latest in chiropractic, physical therapy, nutrition, and rehab. Our patient base includes families, PI, athletes, insurance, work comp, and lifestyle care. Brillion, located 20 minutes from the Fox Cities, Manitowoc, and Green Bay, is a growing city with a strong community, great school district, and three flourishing industries.

Send your resume to davemeyercd@gmail.com or call 920-574-4025 with questions.

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 OR visit chiropracticbuyers.com for additional information.

ARE YOU LOOKING TO BUY INTO A PROFITABLE PRACTICE?

Located in Stevens Point, this successful practice has been serving patients for over 42 years and offers an established patient base and an award-winning facility located on one of the busiest city streets in a growing city with a state university. The building offers 3,200 sq. ft. of clinic space on the 1st floor and a finished lower level with rental space. Recent facility updates include new HVAC units, computers, copies, laser therapy and interior and exterior decorations. Sizable revenue is generated from the existing chiropractic practice as well as rental income from multiple tenants. Owner will consider multiple options for purchase, rent or land contract with or without the building. Owner will also stay on in practice for a smooth transition with patients and established insurance contracts. Call 715-340-7122 if interested. Serious offers only.

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CLASSIFIEDS

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Do you like helping people feel better, get better, and live better? Are you interested in working in the healthcare field? We are seeking a CHIROPRACTIC ASSISTANT to join our team!

Responsibilities:

- Assist with patient care including laser therapy, traction, and chiropractic
- Assist in the exam room for patient exams
- Keep an organized and efficient workplace that will ensure patients get the care they need in a timely manner

Qualifications:

- Ability to prioritize and multitask
- Strong attention to detail
- Strong organizational skills
- Must be able to handle a very fast-paced environment
- Very energetic and excited to greet patients

*We will pay for any and all training required for state certification needed for these jobs.

Compensation range: \$13-\$16/hour, Benefits: 401k, medical insurance, life insurance.

Please email resumes to: relief@newberlinchiro.com or call 262-785-5515 with inquiries. Thank you!

CHIROPRACTOR – PARTNER OPPORTUNITY

Established 30-year-old multidisciplinary practice in Pewaukee (Chiro-Med, S.C.) seeks chiropractor partner with ownership shares earned annually. Must have excellent manual adjusting skills (Diversified/Palmer) and mental/physical ability to treat 10 patients per hour with fully trained staff and dictation HER. Chiro-Med would merge your existing practice to cut your overhead as an option. Base salary, bonus plan, benefits included on a 24-hour work week schedule. Owner plans to retire in five years. Diverse cases: PI/Auto, MM, WC, MC, sports. 3,000 sq. ft., six PT bays, full rehab, medical suites, affiliated Regenerative Medicine.

Email CV to doctor@chiro-medsc.com.

MEDICAL OR OFFICE SPACE FOR RENT – GREENFIELD, WI 53227

Beautifully furnished space available in Greenfield, WI, right off highway 894/I-43. Perfect for a new provider or a growing practice ready to relocate. 200-1,800 sq. ft. available with flexible lease terms. Furnishings available upon request. Pictures and more information can be found at millerswc.com/room-rental. Call 262-366-3655 or email: drtmiller@millerswc.com for details.

PERFECT LOCATION! OFFICE SPACE FOR SALE: NECEDAH, WI

Amazing office space located in Necedah at the intersection of two major highways. Just minutes from multiple interstates, this space serves a wide area. Beautiful view located across from river. 1,500 sq. ft., with seven offices/exam rooms and parking space. For more information, view MLS 1855964, call Bobbi Brandt, 608-377-1227, or email bobbi@bobbisells.com.

MILLION DOLLAR PRACTICE FOR SALE - MILWAUKEE

2016 INCOME - \$1,031,235

2017 INCOME - \$1,707,231

2018 INCOME - \$1,788,023

2019 INCOME – 2 MILLION PROJECTED!!

Champion Chiropractic/Medical facility, forerunner in the Milwaukee District, now newly renovated and up for sale! Appraised for \$1,576,468 (w/o AR). Asking price is \$1,198,000 (EXCLUDING AR); “With” AR, \$1,521,500!! (AR PRICING MAY CHANGE AS TIME MOVES FORWARD.) NET CASH FLOW - \$1,087,183 (very low overhead). Work week M-F, 9-1 and 2-6 with SAT/SUN CLOSED. If interested, please email MillionDollarPractice4Sale@gmail.com and summarize your intent. This is a very rare opportunity to own a clinic that allows weekends off, low overhead, net cash flow of over 1 million per year, and in a location that is perfect! To the motivated individual, you could easily take this clinic and double the income. Sale of practice is handled by international broker.

ASSOCIATE WANTED – GREEN BAY – DE PERE, WI AREA

Green Bay/De Pere Chiropractic Clinic is currently looking for an associate chiropractor to join our practice. A new doctor will provide chiropractic care to our active patient base consisting of athletes and families of all ages. This opportunity provides clinical support from a group practice with patient management and in-office marketing technique training. This position is full time with long-term growth potential for successful doctors. Professional compensation to be discussed with individuals applying. Experienced doctors also welcome to apply.

Contact the doctor’s cell phone at: 920-562-3691 or reach out to the clinic directly at: 920-337-0103, ask for Jill.

WCA Members from Around the State



Baraboo – Drs. Ronald & Melanie Burkhalter.



Beaver Dam – Beaver Dam Chiropractic – Staff of Dr. Ben Shier.



Fond du Lac – Dr. Kay Miller, WCA Ambassador.



Kenosha – Kenosha Chiropractic Group – Dr. Paul Schissler [pictured] & Dr. Jeffrey Malone.



Sister Bay – Northern Door County Chiropractic – Dr. Robert Morley and his wife.



Platteville – Spinal Institute of Health – Dr. Clark Benson with staff.



Green Bay – Precision Chiropractic – Dr. Daniel Lyons.



Kewaunee – Steele Chiropractic – Dr. Marcus Steele – Pictured: Dr. Kari Cornelissen-Wied, Brenda Toler, WCA Membership & Program Director and staff.



Ft. Atkinson – Wilson Chiropractic Clinic – Dr. Zach Wilson and Dr. Stephanie Wilson [not pictured]. New members to WCA



Milton – Hammer Chiropractic – WCA Board Member Dr. Bill Spontak, Dr. Chris Hammer and WCA Membership & Program Director Brenda Toler.



WCA Executive Director John Murray, Nicole Immel, Sonya Prelipp, Dr. Clint Dorn, Cheryl Letter and Jill Dorn.



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