



The Wisconsin Chiropractor

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The Future of Chiropractic

ChiroCongress Takes the Lead on Building a Strategic Plan for the Profession



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“The World is Run by Those Who Show Up,” ~ Robert Johnson

Executive Director’s Message | John Murray, WCA Executive Director and CEO

Most of you have likely heard of and/or are members of the American Chiropractic Association (ACA) or the International Chiropractors Association (ICA). The Wisconsin Chiropractic Association is a member of ChiroCongress (formally known as the Congress of Chiropractic State Associations or COCSA). ChiroCongress is the national association of state chiropractic associations (seems obvious). ChiroCongress’ mission is to provide service to member state associations through an open, nonpartisan forum that allows collaboration to further advancement of the chiropractic profession.

When I arrived at the WCA in 2013, the WCA had very little involvement in ChiroCongress. This changed in 2014 when then WCA President Dr. Rod Lefler, WCA Vice President Dr. Brenda Holland and I traveled to the annual ChiroCongress convention in New Orleans. It was at that meeting that Dr. Brenda Holland was elected to the ChiroCongress Board of Directors. I got more involved in the ChiroCongress legislative committee and as they say, the rest is history. Since then, Dr. Brenda Holland has moved up in the ChiroCongress leadership and at the annual meeting last year (held virtually) she was elected President. This in and of itself would be a tremendous honor, but it is even more noteworthy because she practices full time and still serves as district board member for the WCA SE district and is the Vice President of the WCA Board of Directors. Dr. Brenda Holland is a doer.

The Future of Chiropractic Forum

In 2019, Dr. Holland and I traveled to San Diego to attend the ChiroCongress annual convention. It was at this event that ChiroCongress took the lead on organizing a meeting called the Future of Chiropractic Forum. Here is how ChiroCongress characterized the event:

On November 9, 2019, in conjunction with the ChiroCongress annual convention in San Diego, CA, the Future of Chiropractic Forum was held and stakeholders from across the country were invited to participate in this historic event. Representatives from state association leadership, colleges, national organizations, corporate partners, individual practitioners, and more joined together to share their viewpoints through a facilitated discussion focused on what the future of chiropractic looks like in the next 50 years with a goal of identifying a specific effort that a diverse group of individuals and organizations could support.

Dr. Holland, as a member of the ChiroCongress board of directors, participated in this forum. I was privileged to have been invited to participate as Executive Director of



(L-R) - ChiroCongress Board Member Dr. Thomas Wetzen, ChiroCongress Executive Director Lizz Klein, Congressional Medal of Honor Recipient Sergeant Leroy Petry, ChiroCongress Past President Dr. Dan Spencer and ChiroCongress President Dr. Brenda Holland.

the WCA. Now anyone who knows anything about the history of chiropractic knows that getting all of the various stakeholders to work together in a coordinated fashion can be challenging. The profession is filled with bright, hardworking and opinionated people. That is a good thing, until you try to get them all to agree on a course of action. This is where ChiroCongress was uniquely positioned to bring all of the groups together to start a conversation about the future of the profession and building a strategic plan. This forum was the genesis of the current Future of Chiropractic strategic planning process.

Wisconsin Chiropractors Responded Positively

This edition of the Wisconsin Chiropractor magazine includes some highlights of the strategic planning process to date. Wisconsin chiropractors responded positively to this project - 76 of them participated in the stakeholder survey and dozens of WCA members participated in the breakout sessions, discussion boards and topic work-groups. As you can see on [page 8](#), the project is at the half way point with great work already completed but much work yet to be done. [Page 11](#) acknowledges the members of the Strategic Planning task force.

Please take a few minutes to review the highlights of the strategic planning process included in this edition. The ChiroCongress website has more information including the full phase one project report.

[View Strategic Plan Phase 1 Report](#)

continued on page 5

Show Up - Cont. from page 4

It would be easy to be skeptical about a project of this scale. I was skeptical based on my experience as WCA Executive Director. What makes chiropractors so unique is their independent mindedness and willful personalities. This is also what makes it so challenging to get them to agree on a course of action. Throw on top of that the competing interests of various national and state associations, and you have a recipe for nothing getting done (*sound familiar?*).

This is why it was so critical to have strong leadership from ChiroCongress to gain buy-in from the leaders of the various national stakeholder groups. This started in San Diego and the momentum for this critically important effort has built ever since.

Two final takeaways

1. **The chiropractic profession needs a strategic plan and the WCA is committed to seeing this project through.** We have to have a plan and it will not happen if we do not have people driving the process.
1. **Opportunities to shape the future of the profession through a strategic plan require resources and people who are doers.** The WCA is fortunate to have people on our Board like Dr. Brenda Holland who are willing to put the work in at the state and national level to drive a bright future for the profession. I am blessed that the WCA Board of Directors gives me the time and resources to be part of ChiroCongress and the Strategic Planning Project. This is just one more reason that having strong, unified state and national associations like the Wisconsin Chiropractic Association and the ChiroCongress are critical to your future as a practicing chiropractor.

Visiting Member Clinics



WCA Executive Director John Murray visited Dr. William Spontak at his clinic in Monroe.

WELCOME new WCA members!

Robin Beatty	Jeremy Higdon	Madeline Meyer
Kevin Brusky	Andrew Holzli	Kendra Minick
Alexandra Buhler	Kayla Hopkins	Fred Schofield
Caleb Fedewa	Kramer Lewis	Darren Werner
Brianna Froseth	Kathleen Linaker	Charles Younger
Jesse Glaub	Andrew Ludeman	

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1.0 INTRODUCTION

This report represents the culmination and summary of Phase One of the three-phase Future of Chiropractic Strategic Visioning Planning project. The overall project aims to produce an executable strategic plan, which will guide chiropractic priorities for the next five years. Phase One was designed to gather significant and relevant data, leading to the discovery and confirmation of widely supported priorities, for the future state of the profession. Each step of Phase One built upon the preceding steps, ultimately and objectively defining commonalities, priorities, and motivations for change. The project kicked-off on October 16, 2020, with Phase One wrapping-up on March 5, 2021.

The following provides descriptions each deliverable completed through Phase One:

- **Virtual Project Launch** – Sharity and Future IQ collaborated to provide an online overview of the project scope and launched the Future Perceptions Stakeholder Survey. The launch coincided with the first meeting of the Strategic Planning Committee.
- **Future Perceptions and Priorities Stakeholder Survey** – A collaboratively developed survey was distributed as broadly as possible, via state and national associations, to members of the chiropractic profession, and key stakeholders. The survey was made available via an online portal and was live from November 2 through December 4, 2020 and 3,415 individuals participated in the survey. A second Strategic Planning Committee report-out meeting was held on November 23, 2020.
- **Discussion Board Topics** – The project discussion board invited input and discussion on 16 key topics identified through the survey as key drivers pertaining to the chiropractic profession. The discussion board on the project portal remained open from January through the close of Phase One of the project on March 5, 2021.
- **Cohort Focus Groups** – Five specific cohort groups were identified as particularly relevant to this project. Members of each cohort were convened, through five separate focus group sessions, to explore the commonalities identified by the survey, discuss the primary mission of the chiropractic profession, and review widely embraced core values. The cohort focus groups began December 21, 2020 and concluded January 14, 2021.
- **Key Driver Workshop** – The Strategic Planning Committee was convened to explore key drivers of the chiropractic profession and to provide input on the main themes used to create the scenario matrix for the Think-Tank. The Key Driver Workshop took place on January 8, 2021.
- **Future of Chiropractic Think-Tank** – The scenario-based planning Think-Tank held on January 29, 2021, provided an important opportunity to engage chiropractic stakeholders in a critical dialogue about the future and to discuss the impacts of changing dynamics in the profession. The third virtual Strategic Planning Committee meeting took place immediately following the Think-Tank.
- **Strategic Vision Workshops and Strategic Vision Survey** – a series of five online workshops were held in February to offer additional industry input into the future scenarios. The Future of Chiropractic Vision Survey was conducted from immediately following the Think-Tank and into March to collect additional input on a preferred future of the chiropractic profession.
- **Key-Influencer Interviews:** Ten 1 to 1 key-influencer interviews were conducted between February 8 and February 23, 2021. Each elicited what makes the preferred future state critical to act on now; who must be involved to move initiatives forward with success; how getting there might be supported financially; and confirm where the starting points for strategic planning must be.

The Future of Chiropractic Phase 1 process has allowed industry stakeholders to take a 'deep-dive' into strategic visioning through a scenario-planning process.



The Phase One timeline allowed multiple opportunities for industry stakeholders to be involved and add their perspective. In total, over 3,500 industry members has significant input.

2.0 KEY STEPS – PHASE ONE

The overall goal of this project was to identify widely accepted priorities to be developed into an actionable strategic plan for accomplishing identified goals. This project involves three phases:

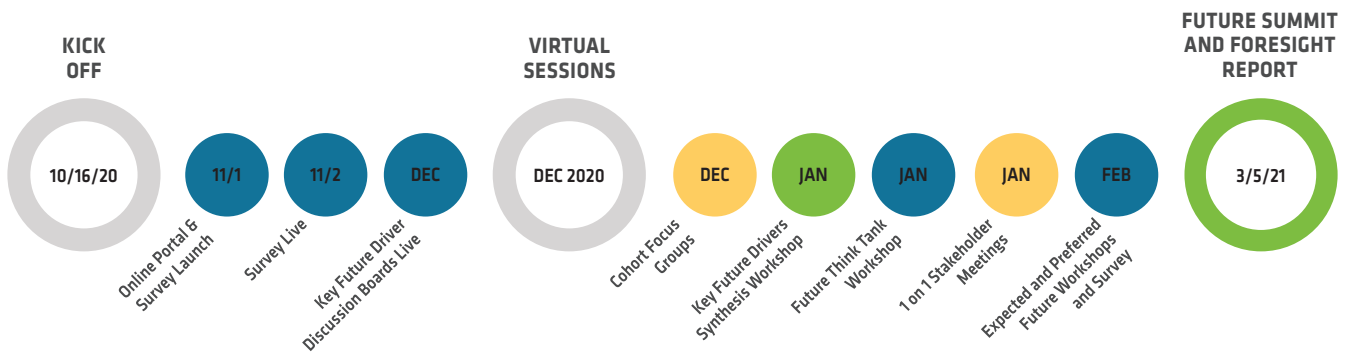
- Phase One included data gathering, visioning, and consensus building.
- Phase Two is actionable strategic planning.
- Phase Three is implementation of the plan.

The following sections detail Phase One activity of this project.

2.1 PROJECT LAUNCH

This project began with an online launch and a virtual meeting between the consultant teams of Future iQ, Sharity and the Strategic Planning Committee. At the launch, the project process plan was introduced and explained, as well as the project portal and the Future Perceptions and Priorities Stakeholder Survey. The team began the process for determining cohort groups, and a Q & A period was held. As the project unfolded, stakeholders from all facets of the profession were encouraged to participate in the strategic visioning process. Below is the outline of the visioning Phase One of this project.

Phase One Project Plan





Data collection from the survey provided a comprehensive understanding of stakeholder views about key drivers shaping the future of the industry and initial identification of priorities.

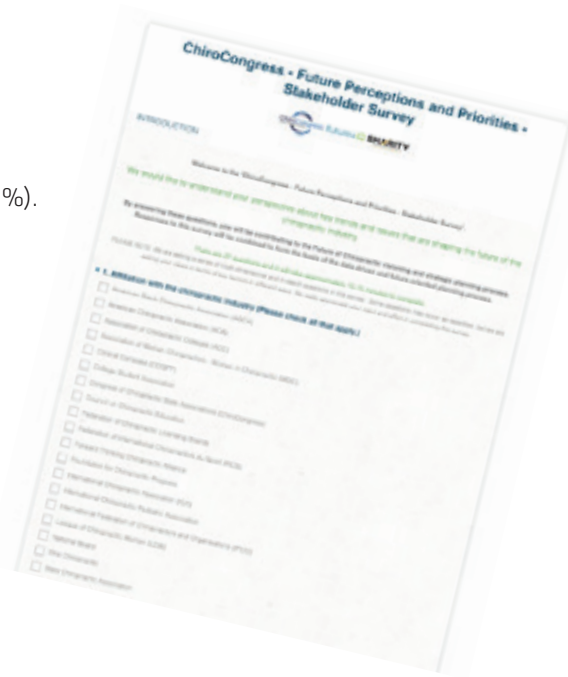
2.2 FUTURE PERCEPTIONS AND PRIORITIES STAKEHOLDER SURVEY

The first major industry engagement was the Future Perceptions and Priorities Stakeholder Survey. This was designed to explore stakeholder insights on trends and factors influencing the future of the chiropractic profession. With input from the Strategic Planning Committee, lists of critical questions and key industry drivers were created to explore in the survey. Open-ended questions were also included to capture any additional key drivers considered important by stakeholders. The survey ran from November 2 through December 4, 2020 and was distributed via national and state associations, and throughout the chiropractic professional ecosystem. The survey was also made available on the project’s online lab portal.

Key data on survey responses includes:

- 3,415 stakeholders responded to the survey, representing chiropractic stakeholders from across the United States.
- The majority of respondents (81%) were chiropractors practicing 5+ years, followed by chiropractors practicing less than 5 years (9%) and students (2%).
- The majority of respondents were solo practitioners (57%), followed by group member practitioners in a single location (19%), integrated/multidisciplinary facility (10%) and multi-location practices (7%).
- Over 62% of respondents affiliated with State Associations, followed by 32% American Chiropractic Association (ACA), 15% International Chiropractic Association (ICA), 15% State Licensing Boards, and 11% International Chiropractic Pediatric Association.

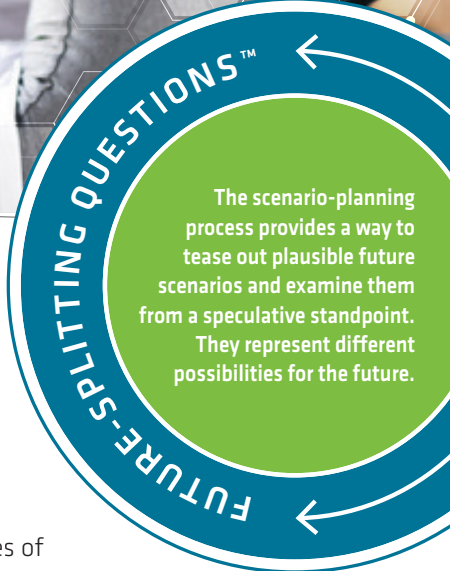
Complete survey results may be found on the project portal at: <https://lab2.future-iq.com/future-of-chiropractic-strategic-visioning-and-planning-project/data-visualization/future-perceptions-survey/>



DataInsight

DATA INSIGHT:

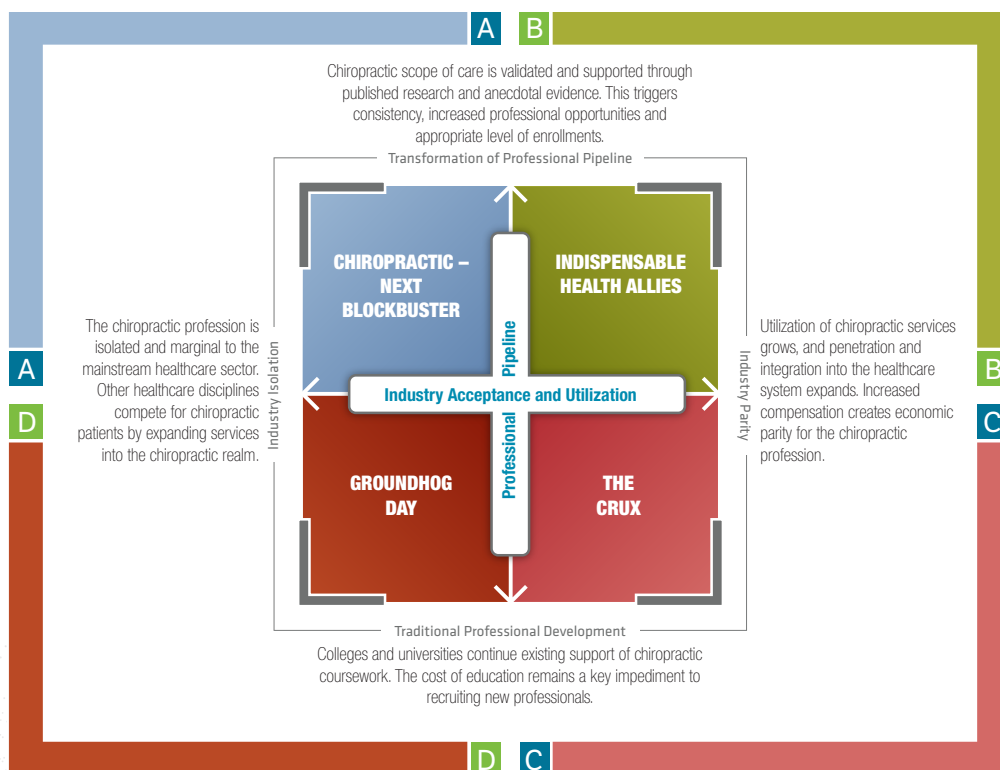
- The Future Perceptions and Priorities Stakeholder Survey contained 27 questions and took approximately 20 minutes to complete. That 3,415 individuals took the time to respond to this survey is a testament to the dedication of chiropractic stakeholders to this strategic planning project.
- The Future Perceptions and Priorities Stakeholder Survey probed sensitivities around 19 key driver topics, and asked respondents to identify any topics that may have been missing. Respondents identified 10 additional topic areas that were incorporated into the visioning process.



4.0 CREATING THE FUTURE SCENARIOS

Data was collected through the Future Perceptions and Priorities Stakeholder Survey, cohort focus group discussions, and from the Strategic Planning Committee. This helped identify themes that became the two main axes on the scenario matrix. The two axes identified were Industry Acceptance and Utilization and Professional Pipeline.

Think-Tank participants were presented with the scenario matrix, defined by the two major axes of 'Industry Acceptance and Utilization' and 'Professional Pipeline' (see diagram). Brief descriptions were also attached to the end points of each axis. Participants were randomly divided into four groups to develop a narrative for each scenario. Each group was asked to describe the characteristics of the chiropractic profession in 2030 under the conditions of the scenario quadrant that they had been given. After the characteristics were established, Think-Tank participants were asked to devise major events or headlines of how the scenario occurred using the years 2022, 2025, and 2030, and to give their scenario a descriptive name. Narratives and descriptions of each scenario, as developed by the workshop participants, are included in the following sections.





The dedication, professionalism and collaboration of the Strategic Planning Committee was an invaluable support to this phase of the strategic planning project.

9.0 ACKNOWLEDGEMENTS

In addition to the Strategic Planning Committee Members, Think-Tank, Cohort Focus Group and Key Influencer interview participants, our special thanks to Lizz Klein, Dr. Brenda Holland, and Dr. Dan Spencer for weekly project calls, advice, and support during the strategic visioning process.

Strategic Planning Committee Members

This dedicated group of individuals agreed to represent the chiropractic profession for the duration of this strategic visioning and planning initiative. The group has attended numerous scheduled meetings and has served as overall advisors for the project. Our sincere thanks to them all for the time and dedication they have committed to the strategic visioning process.

Elizabeth (Lizz) Klein (OR)

Dr. Brenda Holland (WI)

Dr. Thomas Wetzen (VA)

Dr. Brian Stenzler (CA)

Dr. Dan Spencer (MI)

Dr. Julie Bird (IL)

Dr. Rachel Wendt (CO)

Kristine Dowell (MI)

Dr. Gerald Stevens (NY)

Marc Abila (IL)

Tiffany Stevens (TN)

Dr. Chad Carpenter (TX)

Dr. Garry Baldwin (WA)

Dr. Ray Foxworth (MS)

John Murray (WI)

Dr. Don Cross (FL)

Barbara Contessa (NY)



We would like to acknowledge the contribution made to the Steering Committee by Dr. Tom Klapp (MI), who passed away during this Phase One work.

Ashwagandha: A Versatile Herb with a Rich History

Ashwagandha (*Withania somnifera*) has been in use for over three thousand years as an ancient medicinal herb native to India and Africa with connections to African, Ayurvedic, Unani, and indigenous medicine.¹ It comes from a small shrub with yellow flowers, the roots of which have been traditionally used for a variety of medicinal purposes; the plant is known as “Indian Ginseng,” a reference to similar rejuvenating properties found in other Ginseng species.

Withanolides & Physiological Effects

Many studies applying a variety of biological models have brought to light the signaling pathways linked to Ashwagandha and its potential mechanisms of action. Research has isolated and reported more than 50 withanolides and 12 alkaloids as well as other important flavonoids. The plant’s root specifically is considered to be richest in steroidal compounds (i.e., withanolides), which are often regarded as key markers of both quality and therapeutic benefit.^{1,2}

Though the precise mechanism of action has yet to be fully elucidated, *in vitro* studies using root extracts demonstrate withanolide activity linked to positive effects on general anxiety disorders, sleep disturbances, and muscle spasms. It is likely that significant tonic and adaptogenic effects may result from the many steroidal withanolides found in the root, “pre-conditioning” the adaptive stress response and impacting multiple mediators of the neuroendocrine-immune system including growth factors, antioxidants, and proteins involved in stress-induced responses and the body’s innate and adaptive defense mechanisms.³



Therapeutic Applications

Traditionally, Ashwagandha is used in many different ways due to its ability to increase the body’s resistance to stress and its overall rejuvenating effects, acting as an aphrodisiac, anti-inflammatory, and anti-rheumatic, and improving conditions related to insomnia, nervousness/anxiety, indigestion, and various types of infection.⁴ Over the past few decades, many studies confirmed these traditional uses while revealing novel applications ideal for addressing conditions more relevant to the present day, such as chronic stress, cancer, infertility, and metabolic syndrome.

Anti-inflammatory and immunomodulatory

Ashwagandha has exhibited marked anti-inflammatory effects in various disease models (e.g. arthritis) and, like other adaptogens, is considered an immune modulator which can alter immune function through the dynamic regulation of inflammatory cytokines.⁵⁻⁷

Cardiometabolic support

Ashwagandha can help address the cluster of conditions that occur together in metabolic syndrome (e.g. high blood sugar/cholesterol and excess body fat), thus improving risk factors for cardiovascular disease and aiding with weight management, particularly in adults under chronic stress.^{8,9}

Sleep, stress, and anxiety

Ashwagandha is a well-recognized adaptogen known for helping to reduce stress and anxiety. Under chronic stress it has been shown to reduce perceived stress, anxiety, and serum cortisol levels, and significantly improve well-being.¹⁰ Its species name “*somnifera*” is a Latin word meaning “sleep-inducer,” indicating its reputation for relaxing effects observed over centuries of use.

Neuroprotective and cognitive support

Many studies have documented the neuroprotective effects of Ashwagandha, in particular its potential role in neurodegenerative diseases such as Parkinson’s and Alzheimer’s.^{11,12} There is also evidence to suggest that it may



have efficacy in the treatment of psychiatric disorders, including schizophrenia, particularly when associated with symptoms of depression and anxiety.¹³

Ashwagandha is an herb with extensive clinical applications and a rich history of great therapeutic value to the modern clinician.

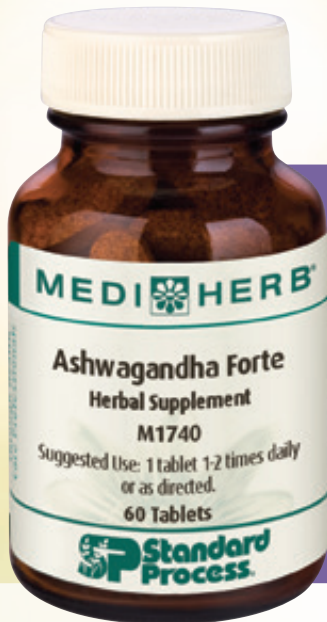
Therapeutic dosing between three and eight grams per day standardized to its withanolide content (approximately 30 mg withanolides per day), are considered safe and well tolerated, with few adverse effects expected. Most clinical trials show beneficial effects when taken over two to three months and up to one year, indicating a particular benefit when taken long-term.

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WCA News: Government Affairs



The Wisconsin Legislature is Back in Session.

The 2021-2022 session of the Wisconsin Legislature gavelled to order in January. Governor Evers has introduced his biennial budget and the Joint Finance Committee (the Legislature's budget writing committee) is beginning its budget work with public hearings around the state. Republicans control both houses of the Legislature and with a Democratic Governor in the East wing of the State Capitol, the state budget process will be anything but smooth. Republicans have already announced that they will reject Governor Evers' budget proposal and draft their own budget that may include some of the Governor's budget proposals. Stay tuned for more state budget and legislative updates as they develop.

WCA creates Policy Steering Committee.

Wisconsin Chiropractic Association President Dr. Chris Resch officially approved the creation of the WCA Policy Steering Committee with the following goals: *This committee researches and formulates recommendations on public policy issues affecting chiropractic for consideration by the WCA Board of Directors.*

Dr. Resch appointed the following WCA Members to serve on the committee:

Chair - Dr. Alex Kocken represents the NE district on the WCA Board and practices in De Pere.

Dr. Dean Willhite practices in Manitowoc

WCA Board member Dr. Tom Edwards represents the SC District and practices in Waukesha.

Dr. Kay Miller, WCA member and instructor practices in Fond du Lac.

Former WCA President Dr. Jeff Wilder lives in Waunakee.

WCA President Dr. Chris Resch represents the NE District and practices in Neenah.

WCA Vice President Dr. Brenda Holland represents the SE District and practices in Germantown.

Amber Franklin provides policy and administrative support.

WCA Executive Director John Murray provides policy and political counsel.

WCA proposes expanded access and payment parity within State Medicaid program.

The WCA is working on a Medicaid budget initiative that would expand access to chiropractic care for Medicaid patients, pay chiropractors the same as other providers for same or similar services and increase the reimbursement for spinal manipulation. The WCA has been working with State Senator Andre Jacque (R-De Pere) to develop the proposal for inclusion in the 2021-2022 biennial state budget. The biennial state budget has been introduced by Governor Evers and

is now in the Joint Committee on Finance (the Legislature's budget-writing committee). WCA Executive Director John Murray has been meeting with members of the Joint Finance Committee (JFC) and legislative leadership to build support for the WCA Medicaid initiative. Stay tuned for updates as this initiative moves through the state budget process.

WCA asks Senator Baldwin to sponsor Medicare modernization legislation.

The Wisconsin Chiropractic Association has **sent a letter to Wisconsin Senator Tammy Baldwin** (D-Wisconsin) asking her to be the Senate sponsor of Medicare modernization legislation this congressional session. Last session, the WCA supported HR 3654 - bipartisan legislation to remove the antiquated barriers patients face in Medicare. From the WCA letter to Senator Baldwin:

*"This is an issue that also needs to be addressed in the Senate and we urge you to introduce companion legislation that will allow all seniors the right to choose their licensed care provider under Medicare. With Medicare currently serving more than 60 million Americans, with over one million in Wisconsin, and projections for that number to grow by a third over the next ten years, we believe Congress should ensure patients have access to all forms of care to prevent high-cost interventions and prescriptive opioids. **Such legislation would not need to add new services under Medicare; it simply allows patients to choose a chiropractor when they wish to do so.**"*

"The WCA will continue its advocacy work with members of the Wisconsin Congressional delegation to build support for Medicare modernization," said WCA Executive Director and CEO John Murray.

Online Continuing Education Rule Advances

During its April 1, 2021 meeting, the Chiropractic Examining Board (CEB) approved a preliminary rule draft that would allow Wisconsin chiropractors and their staff to take some of their required CE via online courses. The preliminary rule - CR 20-085 (CR stands for clearinghouse rule) was approved unanimously by the board and would allow chiropractors and staff to take 20% of their required biennial credits through synchronous online programs. The rule also creates a process whereby any sponsor of continuing education programs who offered at least 20 programs during the previous biennium could use an expedited review process for their program applicants. According to board discussions, the rationale for creating the expedited review is to provide a more efficient process for the board to review and approve program applications. With the expected influx of additional online program applications, the board felt they needed a more efficient process to approve them. The next step is for the CEB staff to format the preliminary rule into a permanent proposed rule and schedule it for a public hearing and board vote at their next meeting in June 2021. If CR 20-085 is approved by the CEB at the June meeting, it still would require final approval by the Governor, passive review by the Legislature and publishing in the Wisconsin Administrative Code. **This process could take from 6-9 months, so the earliest online CE would be allowed in Wisconsin would be the end of 2021.**

“The WCA fully supports online continuing education in Wisconsin and thanks the CEB for their work on this issue,”

said WCA Executive Director John Murray. “We will continue to support this rule through the rest of the administrative rules approval process and look forward to Wisconsin chiropractors being able to take online CE yet this year.”

CEB Approves Motion Related to Covid Vaccinations

The Wisconsin Chiropractic Examining Board passed a motion during its April 1, 2021 meeting relating to vaccinations as follows:

The Wisconsin Chiropractic Examining Board supports the important work of public health in promoting the health and safety of our communities during the Covid-19 pandemic. While we encourage chiropractors to received the Covid-19 vaccination, we support the principle of informed consent and State law with regard to exemptions for medical, personal and religious reasons.

WCA Request to Address Delays in Licensure

At the request of the Wisconsin Chiropractic Association ([see letter on page 51](#)), the CEB discussed the issue of Covid-19 related delays in approving license applications from chiropractors, chiropractic radiological technicians (CRTs) and chiropractic technicians (CTs). The board directed DSPS credentialing staff to gather data that will show the average time license applicants waited for their license in 2020 as compared to the previous year to determine if the delays were excessive. The Board further directed CEB legal and policy staff to look at options for granting license applicants a temporary license that would allow them to work in clinics (with oversight) until their final license is approved. “Licensure delays are affecting patient care and disrupting the business and clinical operations of our member clinics,” said WCA Executive Director and CEO John Murray. “We ask the CEB and DSPS to look at all options available to address the issues causing excessive delays in granting licenses and fix them as soon as practicable.”

WCA Supports Legislation Expanding List of Continuing Education Sponsors.

The WCA Board of Directors, during its quarterly board meeting in February 2021, voted to support legislation that would allow the Wisconsin Chiropractic Examining Board (CEB) to approve additional sponsors of continuing education programs in Wisconsin through administrative rule. Currently, Wisconsin Statute 446.028 outlines the groups who can directly sponsor continuing education programs for Wisconsin chiropractors and staff.

It reads: *In this section, “program sponsor” means the Wisconsin Chiropractic Association, the International Chiropractors Association, a college of chiropractic approved by the examining board, and a college of medicine or osteopathy accredited by an accrediting body listed as nationally recognized by the secretary of the federal department of education.*

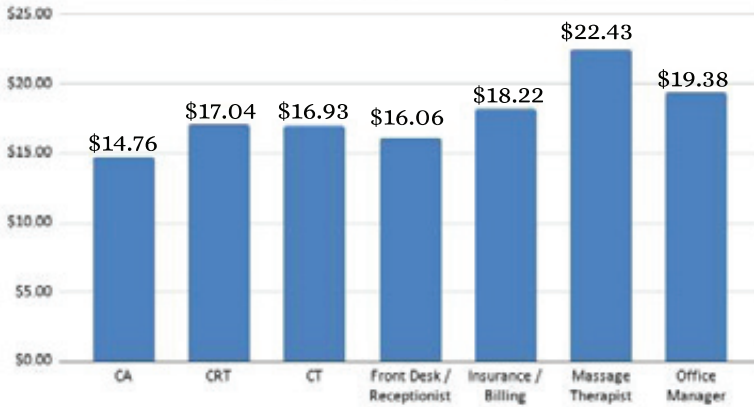
Legislation has been introduced this session at the request of the Chiropractic Society of Wisconsin to allow them to directly sponsor continuing education programs by adding their name to Wisconsin Statute 446. The WCA is taking a more expansive approach by drafting legislation that would allow ANY qualified group to sponsor CE through a process set out by the Wisconsin Chiropractic Examining Board.

“If the goal is to give Wisconsin chiropractors more options when it comes to continuing education, the best approach is to let the CEB develop a rule that allows any qualified group to sponsor CE in Wisconsin,” said WCA Executive Director and CEO John Murray.

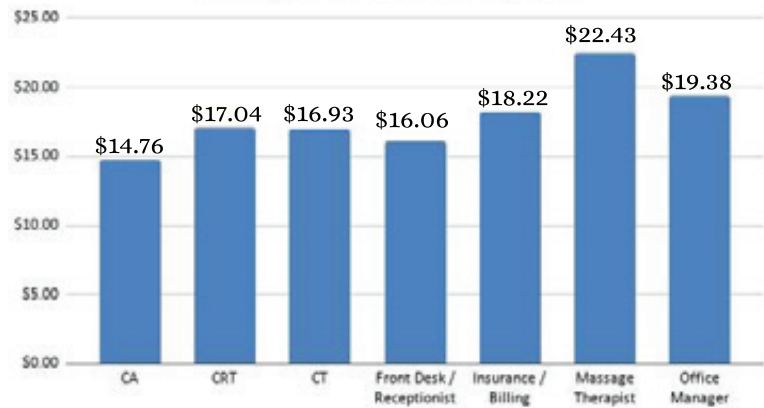
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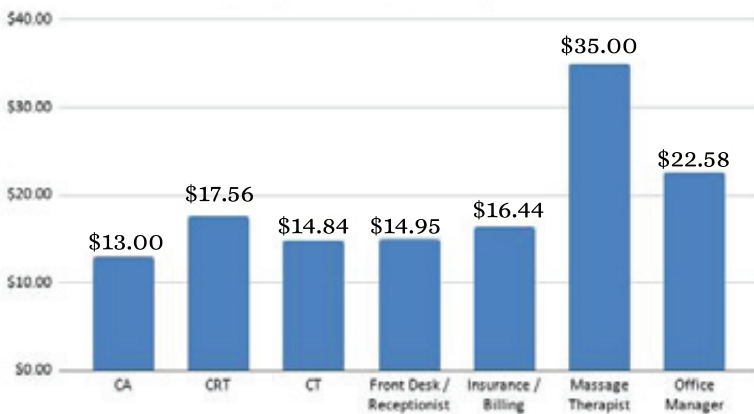
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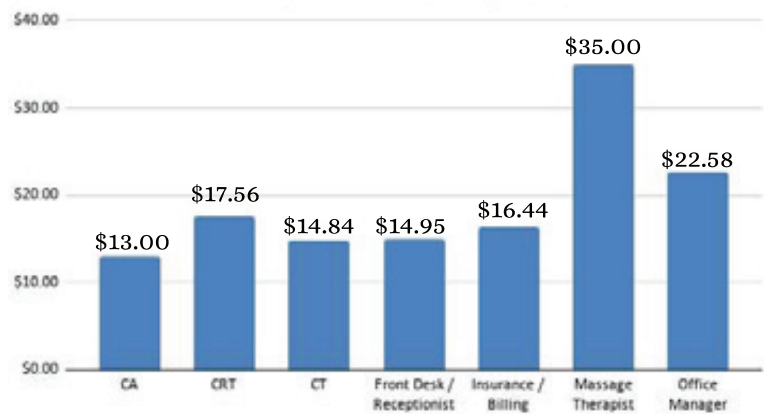
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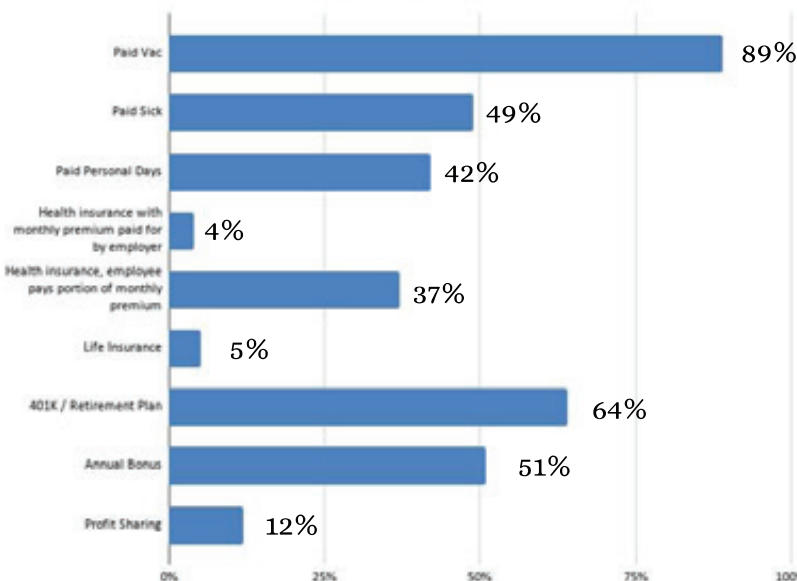
Average Part Time Hourly Rate



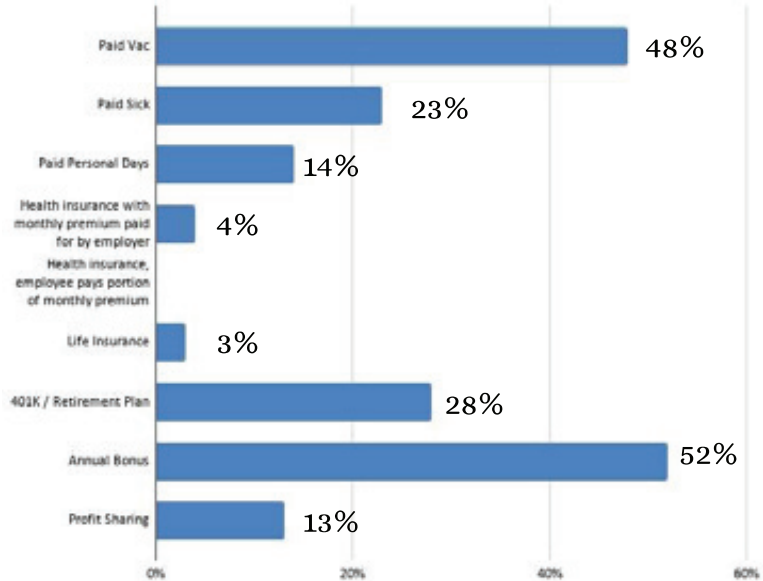
Average Part Time Hourly Rate



Full Time Benefits



Part Time Benefits



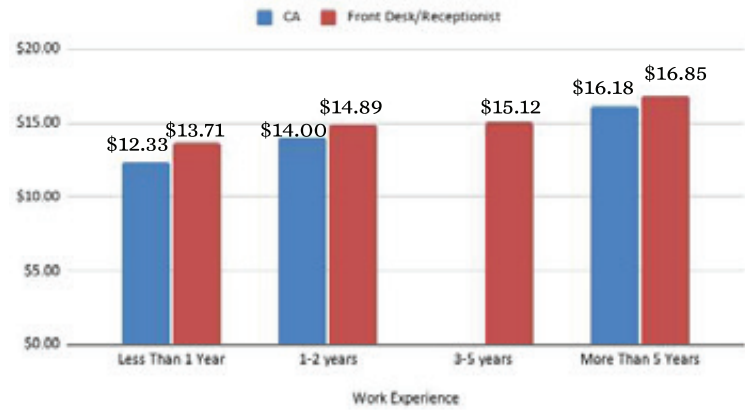
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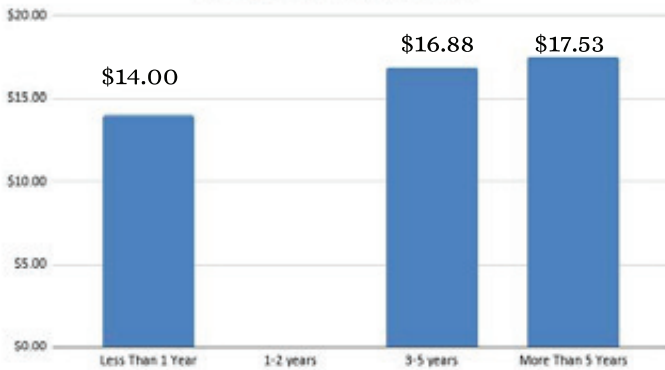
CT Avg Hourly Rate by Experience



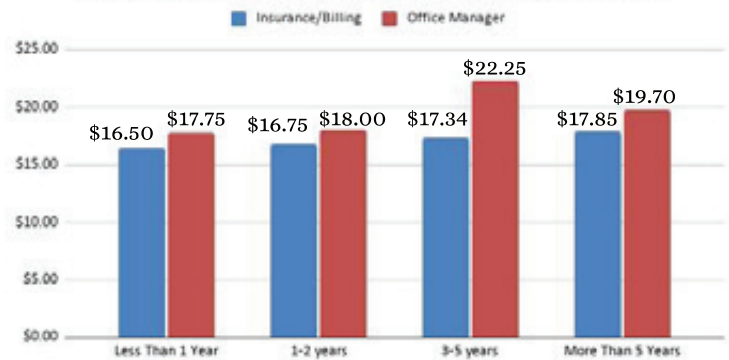
CA & Front Desk/Reception Avg. Hourly Rate by Experience



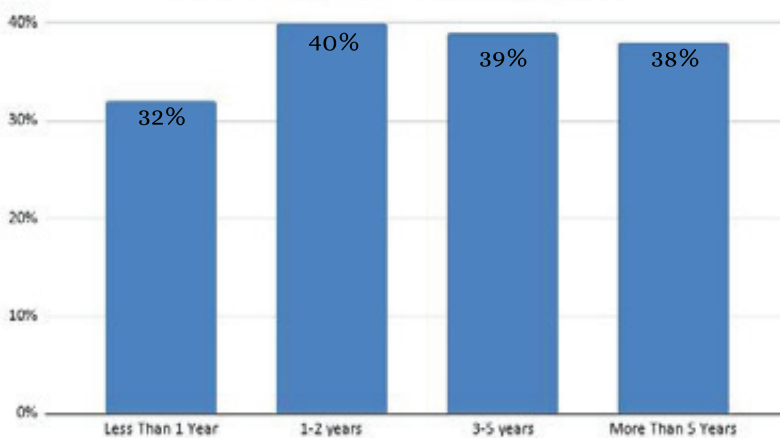
CRT Avg Hourly Rate by Experience



Insurance/Billing & Office Manager Avg. Hourly Rate by Experience



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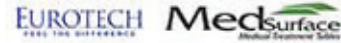
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Empowering Patients with Their Health Record in a Modern Health IT Economy

Mario P. Fucinari DC, CPCO, CPPM, CIC

The following frequently asked questions were organized as a service by Mario Fucinari DC, CPCO, CPPM. The laws, rules and regulations regarding the establishment and operation of a healthcare facility vary greatly from state to state and are constantly changing. Dr. Mario Fucinari does not engage in providing legal services. If legal services are required, the services of a healthcare attorney should be attained. The information in this document has been verified for accuracy, however, the information is for educational purposes and should not be construed as written policy for any federal agency.

Introduction

The patient is at the center of the 21st Century Cures Act. Putting patients in charge of their health records is a crucial piece of patient control in health care, and patient control is at the center of HHS' work toward a value-based health care system.

The ONC Cures Act Final Rule implements interoperability requirements outlined in the Cures Act. Patients need more power in their health care, and access to information is key to making that happen.

Putting the patient first in health technology enables the health care system to deliver:

- Transparency into the cost and outcomes of their care
- Competitive options in getting medical care
- Modern smartphone apps to provide them convenient access to their records
- An app economy that provides patients, physicians, hospitals, payers, and employers with innovation and choice

Frequently Asked Questions

Q: What or who are defined in the three categories of actors regulated by the information blocking section of the ONC cures act final rule?

A: The three categories of "actors" are defined as:

- **Health Care Provider** - A health care provider is a: hospital; skilled nursing facility; nursing facility; home health entity or other long term care facility; health care clinic; community mental health center; renal dialysis facility; blood center; ambulatory surgical center; emergency medical services provider; federally qualified health center; group practice; pharmacist; pharmacy; laboratory; physician; practitioner; provider operated by or under contract with the Indian Health Service or by an Indian tribe, tribal organization, or urban Indian organization; rural health clinic; covered entity under 42 U.S.C. 256b; ambulatory surgical center; therapist; and any other category of healthcare facility, entity, practitioner, or clinician determined appropriate by the HHS Secretary.*
- **Health Information Network or Health Information Exchange** - Health information network or health information exchange means an individual or entity that determines, controls, or has the discretion to administer any requirement, policy, or agreement that permits,

enables, or requires the use of any technology or services for access, exchange, or use of electronic health information:

- Among more than two unaffiliated individuals or entities (other than the individual or entity to which this definition might apply) that are enabled to exchange with each other; and
- That is for a treatment, payment, or health care operations purpose, as such terms are defined in 45 CFR 164.501 regardless of whether such individuals or entities are subject to the requirements of 45 CFR parts 160 and 164.
- **Health IT Developer of Certified Health IT** - Health IT developer of certified health IT means an individual or entity, other than a health care provider that self-develops health IT for its own use, that develops or offers health information technology (as that term is defined in 42 U.S.C. 300jj(5)) and which has, at the time it engages in a practice that is the subject of an information blocking claim, one or more Health IT Modules certified under a program for the voluntary certification of health information technology that is kept or recognized by the National Coordinator pursuant to 42 U.S.C. 300jj-11(c)(5) (ONC Health IT Certification Program).

continued on page 22

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Q: Do the information blocking regulations require actors to have or use certified health IT, or upgrade the certified health IT software they already have, in order to fulfill a request to access, exchange, or use electronic health information?

A: No. The information blocking regulations do not require actors to have or use health IT certified under the ONC Health IT Certification Program. Actors subject to the information blocking regulations are not required to immediately upgrade their certified health IT (as of the applicability date (i.e., April 5, 2021)) if they also happen to participate in a separate regulatory program that requires the use of certified health IT, such as CMS' Promoting Interoperability Programs. However, the law applies to the access, exchange, and use of EHI no matter what technology is used by actors.

Q: What are the timeframes for implementation of the information blocking regulations?

A: The Interim Final Rule revised the information blocking definition in 45 CFR 171.103 to adjust the timeframe for the "USCDI limitation." Information Blocking regulations require an actor to give assurances that it will not take any action that constitutes information blocking or actions that inhibit access, exchange, and use of electronic health information (EHI). Before October 6, 2022, electronic health information (EHI) for the purposes of the information blocking definition is limited to the EHI identified by the data elements represented in the United States Core Data for Interoperability (USCDI) standard.

Enforcement of the information blocking regulations depends upon the individual or entity that is subject of an enforcement action or "actor." For health IT developers and health information networks/HIEs, the HHS Office of the Inspector General is currently engaged in rulemaking to establish enforcement dates. For health care providers, HHS must engage in future rulemaking to establish appropriate disincentives as directed by the 21st Century Cures Act.

Q: If my state law differs from the Federal law, which one takes precedent?

A: If an actor is prohibited under state law from sharing certain electronic health information (EHI), they are not caught in a catch-22. The state law applies and, therefore, the actor does not need to also meet a regulatory exception to information blocking for the EHI that the state law prohibits sharing.

Q: Will my current health information software be required to be certified?

A: Any health IT developer with one or more Health IT Modules certified under the ONC Health IT Certification Program is covered by the information blocking law. In addition, someone who does not initially develop but does offer one or more certified Health IT Modules to others, such as by resale or other arrangement potentially including donation of software or services, is also a "health IT developer of certified health IT.

In the information blocking law, Congress established that health IT developers of certified health IT and HINs/HIEs would be subject to penalties of up to \$1M per violation for engaging in information blocking. It's also worth noting that health IT developers of certified health IT are subject to an "information blocking" Condition of Certification under the ONC Health IT Certification Program.

Q: What are the consequences if I, as a health care provider, do not offer access to health information?

A: A health care provider who engages in information blocking may be subject to "appropriate disincentives," as set forth by the HHS Secretary. Regulations (not yet issued) are required to implement HHS' approach to these disincentives.

Q: When would a delay in fulfilling a request for access, exchange, or use EHI be considered an interference under the information blocking regulation?

A: A determination as to whether a delay would be an interference that implicates the information blocking regulation would require a fact-based, case-by-case assessment of the circumstances. That assessment would also determine whether the interference is with the legally permissible access, exchange, or use of EHI; whether the actor engaged in the practice with the requisite intent; and whether the practice satisfied the conditions of an exception. Please see 45 CFR 171.103 regarding the elements of information blocking. It would most likely be interpreted unlikely to be an Interference if the delay is necessary to enable the access, exchange, or use of EHI.

Q: If a person has not requested access to their electronic health information, must I be proactive to make the information available through patient portals?

A: No. There is no requirement under the information blocking regulations to proactively make available any EHI to patients or others who have not requested the EHI. We note, however, that a delay in the release or availability of EHI in response to a request for legally permissible access, exchange, or use of EHI may be an interference under the information blocking regulations.

Q: Are actors expected to release test results to patients through a patient portal or application programming interface (API) as soon as the results are available to the ordering clinician?

A: While the information blocking regulations do not require actors to proactively make electronic health information (EHI) available, once a request to access, exchange or use EHI is made, actors must timely respond to the request (for example, from a patient for their test results). Delays or other unnecessary impediments could implicate the information blocking provisions.

Q: If a state or federal law or regulation, such as the HIPAA privacy rule, require EHI to be released no later than a certain time frame after the request is made, is it safe to assume that any practice that meets the release of the information within that required timeframe will never be considered information blocking?

A: No. The information blocking regulations (45 CFR Part 171) have their own standalone provisions (see 42 U.S.C. 300jj-52). The fact that an actor covered by the information blocking regulations meets its obligations under another law applicable to them or its circumstances (such as the maximum allowed time an actor has under that law to respond to a patient's request) will not automatically demonstrate that the actor's practice does not implicate the information blocking definition.

If an actor who could more promptly fulfill requests for legally permissible access, exchange, or use of EHI chooses instead to engage in a practice that delays fulfilling those requests, that practice could constitute an interference under the information blocking regulation, even if requests affected by the practice are fulfilled within a time period specified by a different applicable law.

Q: Will educating patients about the privacy and security risks posed by health information delivery methods such as third-party apps or email that the patient chooses be considered interference?

A: It will not be considered an "interference" with the access, exchange, or use of EHI if:

- Foremost, the information provided by actors focuses on any current privacy and/or security risks posed by the technology or the third-party developer of the technology;
- Second, this information is factually accurate, unbiased, objective, and not unfair or deceptive; and
- Finally, the information is provided in a non-discriminatory manner.

Q: Does the electronic health information definitions exclusion of cycle therapy notes apply to notes of sessions conducted by a type of mental health professional other than the psychiatrist?

A: It depends. To the extent the content of any particular note meets the definition of "psychotherapy notes" in the HIPAA Rules (see 45 CFR 164.501), that note would be considered a psychotherapy note for purposes of information blocking. The information blocking regulations do not specify types of health care providers to be mental health professionals for purposes of applying the "psychotherapy notes" definition under the information blocking regulations. Thus, all notes that are "psychotherapy notes" for purposes of the HIPAA Rules are also "psychotherapy notes" for purposes of the information blocking regulations in 45 CFR part 171, and are

therefore excluded from the definition of EHI for purposes of the information blocking regulations.

Q: Is draft clinical information, such as clinical notes or incomplete test results that are pending confirmation or edit, included in the definition of electronic health information for purposes of the information blocking regulations?

A: Draft clinical notes and laboratory results pending confirmation are examples of data points that may not be appropriate to disclose or exchange until they are finalized. However, if such data are used to make health care decisions about an individual then that data would fall within the definition of "designated record set" (see 45 CFR § 164.501), and therefore within the definition of EHI. To the extent a data point falls within the definition of EHI, practices likely to interfere with legally permissible access, exchange or use of that EHI could implicate the information blocking definition.

From April 5, 2021 through October 5, 2022, EHI's scope for purposes of the information blocking definition is limited to the EHI that is represented by data classes and elements within the United States Core Data for Interoperability (USCDI). Therefore, during this period, interference with a request for legally permissible access, exchange, or use of non-final data points would potentially implicate the information blocking regulations only to the extent noted in the above paragraph and only to the extent that the data are within both the definition of EHI and the data classes and elements represented within the USCDI.

Q: For the period of time when information blocking is "limited to the United States core data for interoperability (USCDI)," how is an actor expected to fulfill a request for the USCDI if they do not yet have certified health IT and place that includes an API with the USCD standard?

A: An actor is not automatically required to fulfill a request using the specific content and vocabulary standards identified in the United States Core Data for Interoperability (USCDI) standard for the representation of data classes and data elements, nor are they required to use certified technology or any specific functionality. The information blocking definition (45 CFR 171.103) provides that before October 6, 2022, electronic health information (EHI) is limited to the subset of EHI represented by the data elements identified by the USCDI standard. This limitation of EHI for purposes of the information blocking definition is not contingent on whether those data elements are recorded or represented using specific content and vocabulary standards in the USCDI standard in 45 CFR 171.213. On and after October 6, 2022, the information blocking regulation in 45 CFR part 171 pertain to all EHI as defined in 45 CFR 171.102.

Again, the information blocking regulations do not require the use of any specific standard or functionality. Instead, the "Content and Manner" exception (45 CFR 171.301) outlines a process by

FAQs - Cont. from page 23

which an actor may prioritize the use of standards in fulfilling a request for EHI in a manner that supports and prioritizes the interoperability of the data. This means that, for the purposes of information blocking, before October 6, 2022, an actor may fulfill a request with the EHI identified by the data elements represented in the USCDI standard, first in the manner requested and, if not, in an alternate manner agreed upon with the requestor, following the order of priority specified in the exception.

Note: Due to this fact, one should consider using methods described in "HIPAA for the Chiropractic Profession" (www.Askmario.com) such as encryption and email with pdf software.

Q: What are the applicability dates & enforcement dates for the information blocking regulations?

A: The applicability date for the information blocking regulations in 45 CFR part 171 was established in the ONC Cures Act Final Rule and was subsequently adjusted in the ONC Interim Final Rule. The applicability is April 5, 2021.

The Interim Final Rule also revised the information blocking definition in 45 CFR 171.103 to adjust the timeframe for the "USCDI limitation." Before October 6, 2022, electronic health information (EHI) for the purposes of the information blocking definition is limited to the EHI identified by the data elements represented in the United States Core Data for Interoperability (USCDI) standard.

Enforcement of the information blocking regulations

depends upon the individual or entity ("actor") that is subject of an enforcement action. For health IT developers and health information networks/HIEs, the HHS Office of the Inspector General is currently engaged in rulemaking to establish enforcement dates. For health care providers, HHS must engage in future rulemaking to establish appropriate disincentives as directed by the 21st Century Cures Act.

Sources:

1. <https://www.healthit.gov/curesrule/resources/information-blocking-faqs>
2. <https://www.healthit.gov/buzz-blog/category/21st-century-cures-act>
3. <https://www.healthit.gov/cures/sites/default/files/cures/2020-03/InformationBlockingActors.pdf>
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FAQs on Hemp-Based CBD Product Sales for Wisconsin Chiropractors

WCA Help Desk | Barbara J. Zabawa, JD, MPH

On January 28, 2021, the Wisconsin Chiropractic Examining Board (CEB) approved a motion to allow Wisconsin chiropractors to use or sell hemp-based cannabidiol (CBD) products.

Hemp means “the plant *Cannabis sativa* L. and any part of that plant, including the seeds thereof and all derivatives, extracts, cannabinoids, isomers, acids, salts, and salts of isomers, whether growing or not, with a THC concentration of not more than 0.3 percent on a dry weight basis or the maximum concentration allowed under federal law up to 1 percent, whichever is greater.” Hemp does not include a prescription drug product approved by the US Food and Drug Administration (FDA). See Wis. Stat. § 94.55(1).

This article provides some questions and answers regarding the CEB’s action to help Wisconsin chiropractors stay in legal compliance when it comes to selling or using hemp-based products such as CBD oil.

What is the difference between hemp seed oil and hemp oil?

Hemp seed oil does not contain cannabinoids such as CBD and THC, chemical agents in the hemp plant that cause effects on the body. While high levels of THC produce a “high” feeling, CBD does not produce a high and is researched for therapeutic effects. Hemp seed oil is made by cold pressing the seeds from the hemp plant and is rich in essential amino acids and vitamin E. It is FDA-approved as a dietary supplement. According to the CEB’s motion, Wisconsin chiropractors can use or sell hemp seed oil.

Hemp oil contains cannabinoids, often including CBD and THC (at low levels). Hemp oil is made from the stalks and stems of the hemp plant, not the seed. It is not approved by the FDA as a dietary supplement. According to the CEB’s motion, Wisconsin chiropractors can use or sell hemp oil which contains less than 0.3 percent THC.

Does this mean Wisconsin Chiropractors can use or sell CBD oil?

Wis. Stat. § 446.01(2) already includes, in the definition of chiropractic practice, the use of hemp as defined above. CBD oil can be a product from the *Cannabis sativa* L. plant. So, if the CBD oil comes from the *Cannabis sativa* L. plant and not a marijuana plant (which is a different plant), and if the CBD oil does not contain more than 0.3 percent of THC on a dry weight basis, then Wisconsin chiropractors could incorporate CBD oil into their practices with one significant caveat, discussed in the next question.

Does the CEB’s action allow use and sale of marijuana products?

No. Although marijuana and hemp are from the same species of plant, *Cannabis sativa*, they are different plants. The marijuana plant has been cultivated for medicinal and recreational use, and typically has much higher concentrations of THC. In contrast, hemp has been cultivated for use in the production of a wide range of products, including foods and beverages, personal care products, nutritional supplements, fabrics and textiles, paper, construction materials, and other manufactured goods.

See “Hemp As An Agricultural Commodity.”

The CEB’s action relates to the hemp plant, not the marijuana plant. To be compliant, chiropractors should ensure that any hemp-based CBD products that they use or sell in their practice, including CBD oil, derive from the hemp plant and not the marijuana plant.

What other legal risks exist for Wisconsin chiropractors who use or sell CBD oil as part of their practice?

The action by the CEB does NOT remove the risk that the U.S. Food and Drug Administration (FDA) and/or Federal Trade Commission (FTC) will monitor and take action against promoters of CBD or other hemp-based CBD products who claim that those products can cure or treat medical conditions. The FDA still classifies CBD oil as a drug, and even though Wisconsin law carves out an exception for hemp from the word “drug,” Wisconsin law has no effect on FDA or FTC regulation. The FDA has approved one prescription drug product containing CBD, Epidolex, to treat seizures associated with certain syndromes.

See “What You Need to Know (And What We’re Working to Find Out) About Products Containing Cannabis or Cannabis-derived Compounds, Including CBD.”

All other products and uses of CBD oil are unapproved by the FDA. These unapproved products can include cosmetics, foods, and products marketed as dietary supplements.

Anyone who sells or uses these unapproved products and makes therapeutic claims about them is at risk of FDA or FTC action. The FDA has warned companies to stop selling CBD products they claim are intended to prevent, diagnose, treat, mitigate, or cure serious diseases such as cancer, Alzheimer’s disease, psychiatric disorders, and diabetes.

Can THC or CBD products be sold as dietary supplements?

No. Based on available evidence, FDA has concluded that THC and CBD products are excluded from the dietary supplement definition under section 201(ff)(3)(B) of the FD&C Act [21 U.S.C. § 321(ff)(3)(B)]. Under that provision, if a substance (such as THC or CBD) is an active ingredient in a drug product that has been approved under section 505 of the FD&C Act [21 U.S.C. § 355], or has been authorized for investigation as a new drug for which substantial clinical investigations have been instituted and for which the existence of such investigations has been made public, then products containing that substance are excluded from the definition of a dietary supplement. FDA considers a substance to be "authorized for investigation as a new drug" if it is the subject of an Investigational New Drug application (IND) that has gone into effect. Under FDA's regulations (21 CFR 312.2),

unless a clinical investigation meets the limited criteria in that regulation, an IND is required for all clinical investigations of products that are subject to section 505 of the FD&C Act.

In addition, the FDA has said it is illegal to introduce an unapproved substance like CBD into food or dietary supplements.

See ["FDA Regulation of Cannabis and Cannabis-Derived Products, Including Cannabidiol \(CBD\)."](#)

However, the FDA does allow the use of hemp seed, hemp seed protein powder, and hemp seed oil to be used in human food. The use of CBD oil in cosmetics also poses less compliance risk, according to the FDA, if the substance being used as part of the cosmetic is safe for consumers. Cosmetics cannot be used to affect the structure or function of the body or to diagnose, cure, mitigate, treat, or prevent disease. If promoted to do any of those things, it is a drug.

Watch: "Hemp-Based CBD Product Sales for WI DCs" (Member Only Webinar)

WHAT CAN WISCONSIN CHIROPRACTORS DO regarding hemp-based CBD products, to mitigate legal risk?

To mitigate legal risk, Wisconsin chiropractors should follow these guidelines:

- Do not use CBD oil from the marijuana plant.
- Make sure any hemp-based CBD product has less than 0.3 percent THC based on dry weight.
- Do not make any claims about the hemp-based CBD product as being able to treat, cure, mitigate, prevent, or diagnose medical conditions.
- Do not describe CBD as a dietary supplement.
- Do not incorporate CBD oil into foods or dietary supplements.
- Keep use and sales of CBD oil local; avoid interstate use and sales.
- Ask your CBD vendor/supplier, "Does your product comply with Wisconsin state law?"
- Do not make any claims that any hemp-based products can prevent, diagnose, treat, mitigate, or cure conditions such as epilepsy, pain and inflammation, anxiety and depression, inflammatory skin conditions, and/or neurological disorders/neurodegenerative conditions.
- Do not make any claims that any hemp-based products can help with heart health/high blood pressure, addiction management, and/or mental health issues/disorders.
- Do not make any claims that any hemp-based products can prevent, diagnose, treat, mitigate, or cure serious diseases such as cancer, Alzheimer's disease, tumors, psychiatric disorders, and diabetes.



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Chronic and Centralized Pain Management: Do We Have Non-pharmaceutical Options?

Nelson Marquina, MSc, PhD, DC

What is pain?

The International Association for the Study of Pain (IASP) defines pain as “an unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage.” The definition does not help us develop treatment approaches. We need to delve a bit deeper to understand the different mechanisms behind acute and chronic pain types. In this short article, we will skip neuropathic types of pain and pain due to disease such as visceral and cancer pain. After reviewing chronic and centralized pain, we will briefly discuss therapeutic options that can assist doctors in helping patients with chronic pain, even chronic pain medically classified as recalcitrant or intractable.

For now, we need to artificially separate chronic from neuropathic pain. Neuropathic pain is caused by nerve injury whereas chronic pain (somatic) is caused by tissue injury or disease to non-neuronal cells. In clinical practice, there is overlap between these 2 types of pain causing mixed pain conditions and syndromes. In fact, prolonged chronic pain conditions may induce neuroinflammation and the environment for the development of neuropathic pain.

Chronic pain starts as acute pain.

Acute pain is the normal reaction to an insult (mechanical, thermal or chemical) that causes tissue injury. These injuries cause inflammation, which promote the production of chemical mediators (e.g., glutamatergic) that irritate certain nerve endings (nociceptors) and then convey the pain signals to the sensory cortex. Inflammatory mediators such as glutamate, bradykinin and substance p irritate the nerve endings of nociceptors to the point of creating nerve impulses that the brain interprets as painful. Some nociceptors focus on sending fast pain signals to the brain, the A-delta fibers, and others on slow, but sustained pain signals, the C fibers. Pain signals travel from the tissue injury site, plus its surroundings, to the dorsal horn in the spinal cord. After a complex process in the dorsal horn, signals reach the sensory cortex after modulatory effects by the thalamus and other CNS structures. The human physiology is designed so that pain signals would stop reaching the sensory cortex once the tissue injury initiating the inflammation is healed and therefore it ceases to produce inflammatory mediators. But things are not so neatly cut and dried as we will see next.

So that was a brief, jargon-less description of acute pain, but why does it develop into chronic pain?

What is chronic pain anyway? To partially answer the question, we need to enter the complex and important world of the dorsal horn. The dorsal horn is composed of layers or lamina. Fast signal A-delta nerve fibers (myelinated) typically enter in the superficial laminae 1 and slow signal C nerve

fibers (unmyelinated) enter in lamina 2 and 3 (the substantia gelatinosa). Normally, the nerve endings between these 2 types of nociceptors do not interact. Most references such as the IASP define chronic pain based on chronological parameters,

“...typically pain with an onset of 3 months or more is considered chronic.”

It doesn't take into account the severity of the tissue injury associated with the pain perception. Other factors also play a role on pain chronicity such as genetic, social and emotional.

Unfortunately, nociceptors do not adapt to continuous stimuli. In fact, it is just the opposite, nociceptors get facilitated with continuous and increased noxious stimuli to the point that the nociceptors can depolarized at a lower stimuli threshold. This sensitization occurs in the dorsal horn and in higher CNS centers, including the thalamus. Nociceptor sensitization is the cause of primary hyperalgesia and is important because central sensitization is the trigger for initiation of an increase in excitability of central neurons in the nociceptive pathway, including sudden and ectopic pain attacks (e.g., CRPS).

Why is this the case and how can we intervene to reduce or stop this central sensitization?

During lengthy chronic pain conditions, a mild form of inflammation occurs in the spinal cord and brain as a result of continuous neuronal activity during the processing of pain signals. The inflammatory mediators can cause maladaptive environments causing glial cells from the immune system to release pro-inflammatory substances. The transition from acute to chronic pain involves this neuroinflammatory process. By extending the neuroinflammation process further to the point of causing injury to CNS structures, then we see a form of neuropathic pain developing over time. This neuroinflammatory process creates a vicious cycle in the CNS that needs to be modulated or stopped for the centralized pain to subside.

Fortunately, there are several therapeutic (non-surgical, non-pharmaceutical) interventions, including therapeutic lasers, that assist in reducing or stopping inflammation in the local tissue that initiated the pain condition and in the affected CNS structures undergoing neuroinflammation.

At the WCA Spring Convention April 17-18, Dr. Marquina will present the mechanisms of chronic, neuropathic and centralized pain, and the use of lasers, e-stim and vibration therapies for effective pain management. Attendees will obtain a clear understanding of pain conditions commonly found in a chiropractic office and the information on how to integrate light, electrical and vibrational therapeutic protocols.

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Dr. Brett Winchester lectures throughout the world, teaching his functional approach to patient care. Combining manual therapy, including joint manipulation and neuromuscular stabilization, with therapeutic exercise, Dr. Winchester effectively treats functional pathologies and acts as a catalyst for patients working to enhance their performance. Currently, Dr. Winchester is in private practice outside St. Louis, Missouri. His clinic, Winchester Spine and Sport, has established its reputation on evidence-based care for professional and amateur athletes, pediatrics, and geriatrics. Dr. Winchester also teaches modules for the chiropractic rehabilitation diplomate. He has been trained to instruct Dynamic Neuromuscular Stabilization according to Dr. Pavel Kolar.



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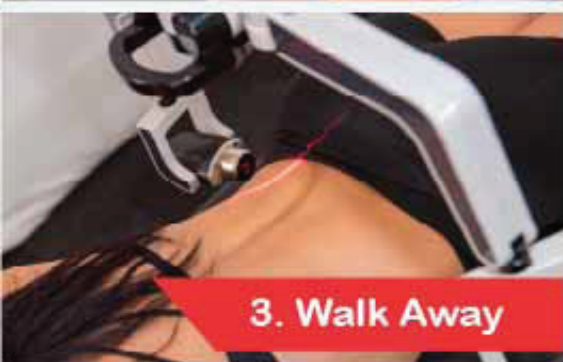
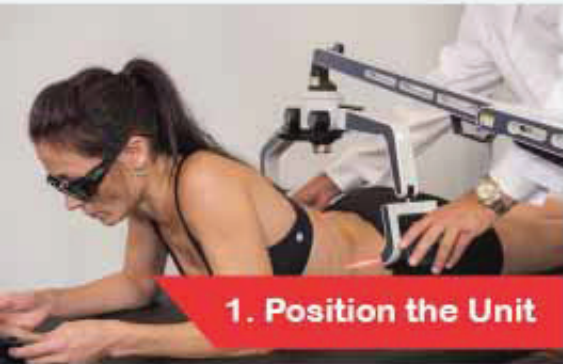
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Optimizing Posture for Optimum Performance

Dennis Buckley, DC

The system of the body that controls and coordinates all the other systems is the nervous system.

The system that provides the framework for the body systems to resist gravity and function is the posture system. They work together, so every musculoskeletal problem has a neurological component and every neurological problem can alter form and function of the postural system. By looking at the posture presentation of the body you can recognize compensation patterns and with your exam of palpation, orthopedic and neurological test and diagnostics, you can identify the cause of the problem which will help to address the crisis and correct the problem.

When it comes to posture, postural evaluations can show two things; One, the effects of postural imbalances on the function of the nervous system and two the effects of an altered nervous system on body presentation and function or posture.

So the brain and body through the nervous system are in constant communication and are constantly modifying posture to meet the demands of the body and work the most efficiently. Performing a postural exam can provide valuable information as to the function of the nervous system. A simple posture exam would involve looking at structure statically and dynamically to assess alignment and motion

If you look at a structure, say a house; if the foundation is uneven this can affect the integrity of the walls and roof as nothing fits quite right. The body is the same. If you look at someone standing in front of you barefoot, you can see postural markers that give you clues to what is causing the problem and how it is affecting the nervous system.

Knowing this presentation along with subjective symptoms, objective findings, job description and physical activity levels can create a narrative of why they are in crisis and seeking help.

With a thorough history that can provide many postural clues as to the cause of the problems they present with. You can create a narrative of the progressive process that led to today's visit.

Along with the physical exam you can use x-rays, neurological, orthopedic, lab and advanced imaging to rule in or out your differential diagnosis and give you landmarks to check and re-check with follow up exams to document progress.

One of the most influential findings on posture is over pronation of the feet due to collapsed arches (transverse, lateral and medial) causing internal knee rotation on the most collapsed

side, hip level lower on that side, contra-lateral low shoulder and flexion antalgia of the cervical spine. This creates abnormal tissue tension and stress on muscles, tendons, ligaments, disc and bone altering the most balanced and efficient movement patterns so the body must compensate. Muscles are forced to work in ways they were not designed to do. This creates abnormal strain on structures causing scarring, triggers points, hypertonicity and accelerates the degenerative process.

In your day to day practice, pay more attention to posture.

It only takes a few moments to see how the patient is presenting as well as how they feel and function. Look at them standing, sitting and laying down. Use pictures to document how they are presenting and how they improved. Using adjustments to restore proper spinal motion to improve brain and body communication can help to restore proper posture. The use of strengthening and stretching exercises along with CORE exercises can keep the posture system stable and dynamic to meet the demands of the day to day postural stresses we experience. If there is over-pronation of the feet with collapsed arches then orthotics are essential to provide a level platform for the body to function.

You as the posture and palpation expert can help restore proper form and function addressing the causes of pain and dysfunction by looking at the whole person and how it may be affecting the presenting signs and symptoms. Posture affects neurology and impaired neurology creates bad posture. Address them both for better clinical outcomes and build a better practice.

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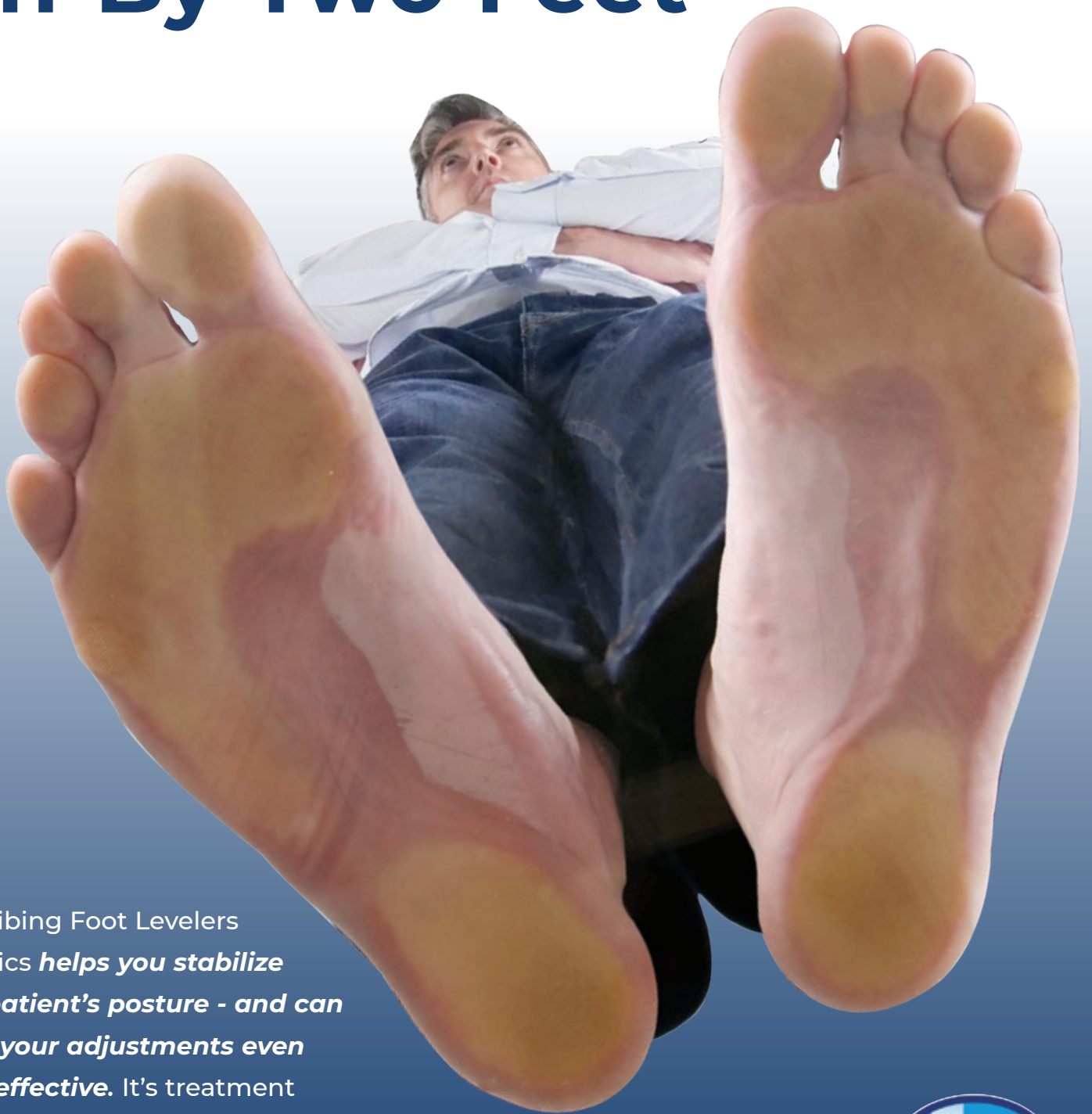
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Textbook of Clinical Neurology, 1999 by Christine G. Goetz
Orthopedic Notes; The Foot/Spine Connection Volume 3, 2018

DENNIS BUCKLEY, DC, is a 1993 Magna Cum Laude graduate of Los Angeles College of Chiropractic in Whittier California. He presents at chiropractic colleges and for state associations on a variety of subjects. His presentations are applicable the moment the seminar ends and when the attendee enters the office. He has practiced in Pasadena, California the past 25 years and has taught at Southern California University of Health Sciences (SCUHS) and has been a clinician in their clinic system. He is the co-owner of Health Advantage Physical Medicine, an integrated practice providing safe, effective and affordable care to his community.

Dr. Buckley will present his course Optimizing Posture for Optimum Performance on Friday, April 16 at the WCA Spring Convention.

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You Can't Control the Virus, But You Can Control the Host

Robert G. Silverman, DC, DACBN, DCBCN, MS, CCN, CNS, CSCS, CIISN, CKTP, CES, HKC, FAKTR

As the COVID-19 pandemic continues, a strong immune system continues to be crucial for avoiding infection or fighting it off efficiently should it occur. Unfortunately, many Americans entered the pandemic with immune systems that were already weakened—combined with the failure to implement necessary infection prevention measures consistently. This population group is at high risk for infection, severe possible illness, and long-term impacts.

The Immunity Issue

Healthy people have robust immune systems. In our society, 72 percent of the population is overweight or obese—an epidemic within the pandemic. These Americans are more vulnerable to COVID-19 infection because a primary pathway for the virus to enter the body is through the angiotensin-converting enzyme 2 (ACE2) receptors on the surface of cells in the lungs, heart, blood vessels, kidneys, liver, gastrointestinal tract, brain, epithelial cells, and fat cells. The primary role of ACE2 in the body is to break down angiotensin II (ANG II), a protein that increases blood pressure and inflammation. The SARS-CoV-2 virus binds to ACE2 receptors like a key into a lock. When the virus occupies the receptors, the effect of the enzyme on ANG II is blunted, leading to tissue injury, including damage to the epithelial cells that line blood vessels.

Because fat cells have even more ACE2 receptors than lung cells, those with high adipose tissue levels are more likely to be infected. Once they are infected, they are more likely to need hospitalization, intensive care, and possible intubation. They also have a higher risk of becoming “long-haulers,” people who have persistent ongoing symptoms from COVID-19. Although older adults, in general, are more likely to become severely ill with COVID-19, obese younger adults are just as much at risk.¹

Why is obesity at any age such a severe risk? Obese people may already have compromised respiratory function before infection. At the same time, abdominal obesity can compress the diaphragm, lungs, and chest capacity, reducing the lungs' ability to mobilize. Most significantly, obesity causes chronic low-grade inflammation and an increase in circulating proinflammatory cytokines. Preexisting inflammation plays a significant role in the worst COVID-19 outcomes.²

In addition to the widespread prevalence of overweight and obesity, roughly six out of ten Americans have an underlying chronic illness, such as metabolic syndrome or type 2 diabetes, that causes chronic low-grade inflammation. Chronic conditions related to excess weight are so common that only about 12 percent of adult Americans are metabolically healthy. The impact of metabolic syndrome and type 2 diabetes on COVID-19 is apparent.³ Inadequately

controlled blood sugar is a significant risk for more severe illness, increased need for medical interventions, and possible death.⁴

Neurological Symptoms

Those who need hospitalization for COVID-19 are very likely to suffer neurological complications during their illness. In one recent study of 509 patients hospitalized at the Chicago-based Northwestern Medicine health system, 82 percent developed neurologic symptoms, including muscle pain, headaches, dizziness, encephalopathy, and brain fog. Altered brain function and encephalopathy affected 30 percent of the patients. The death rate in patients with encephalopathy was about 22 percent.⁵ The neurological impacts in COVID-19 have several potential causes. It's possible that the exaggerated cytokine response triggered by COVID-19 is to blame. Also possible, or in addition, is how the virus begins hypercoagulability and blood clots in blood vessels throughout the body and the brain. And because ACE2 receptors are found abundantly in the brain, including in the cerebral cortex, they may play a role in the cognitive deficits many patients develop.

As the long-term neurologic and cognitive impacts of COVID-19 become more apparent, we're learning that brain fog doesn't only affect hospitalized patients. Whether or not they were hospitalized or were even seriously ill, any COVID-19 patient may experience a similar range of neurological problems, notably brain fog.

Chiropractic Care for COVID-19

Chiropractic care is incredibly valuable for supporting the immune system and the central nervous system while attenuating the neurological manifestations of COVID-19.

In the long run, weight loss and glycemic control are essential for reducing chronic inflammation and improving immunity. Amid a pandemic, however, at-risk patients need immediate, actionable steps to build immunity. A good starting point is immune-boosting supplements.

Based on recent studies, patients who have been exposed to COVID-19 or have active infections should begin dosing with vitamin D3 or increase their dose to achieve a blood level of at least 30 ng/mL. A recent JAMA study looked at nearly 500 patients who had their vitamin D level measured in the year before taking a COVID-19 test. The relative risk of testing positive for COVID-19 was 1.77 times greater for patients with likely low vitamin D status than patients with possible, sufficient vitamin D status.⁶ Another recent study showed that of 191,000 patients positive for COVID-19, being deficient in vitamin D raised the risk of infection by 54.5 percent.⁷

Another potent antiviral supplement that may be particularly helpful against the SARS-CoV-2 virus is the polyphenol epigallocatechin-3-gallate (EGCG), found most abundantly in green tea. EGCG has been shown to bind to molecular docking sites on the virus and inactivate it.⁸

The hormone melatonin, often used as a sleep aid, also has powerful antiviral effects. A recent study showed that people who took melatonin supplements were 28 percent less likely to test positive for COVID-19. Other studies suggest that melatonin limits virus-related diseases and could be beneficial in COVID-19 patients, particularly for obese patients with type 2 diabetes, who are at high risk of severe illness and death.⁹

Curcumin, one of the polyphenolic compounds found in the spice turmeric, may help prevent and treat viral infection. Turmeric has long been used in Ayurvedic medicine as an antibiotic and antiviral. Recent research suggests that curcumin may prevent the SARS-CoV-2 virus from binding to the ACE2 receptor. This may be particularly helpful for avoiding organ damage to the kidneys and heart. Curcumin may also help prevent lung inflammation and damage by inhibiting inflammatory cytokines.¹⁰

Pro-resolving mediators, or PRMs, represent a portion of the omega-3 fatty acid spectrum that significantly reduces inflammation. PRMs down-regulate inflammation without suppressing it. This helps the body maintain an effective immune response while potentially warding off the dangerous cytokine storm response that can be fatal in COVID-19 infection. PRMs have been shown to help reduce inflammation in the alveoli of the lungs caused by SARS-CoV-2.¹¹

Brain fog, memory problems, and headaches from COVID-19 neurological impacts can often be helped with lifestyle changes similar to the usual recommendations for chronic fatigue syndrome conditions.¹²

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My recommendations include:

- A brain-healthy diet rich in leafy greens and omega-3 fatty acids
- Regular mild to moderate physical activity
- Stress reduction
- Sufficient or improved sleep
- Prebiotics and probiotics for improved gut health

While you can't control the virus, you can control the host.

Lifestyle improvements should be strongly encouraged, including a healthy, anti-inflammatory diet that is mostly plant-based. Those with metabolic issues should be helped to learn ways to control their glycemic load.

In addition to all its other benefits, regular exercise has been shown to raise the production of the natural antioxidant extracellular superoxide dismutase (EcsOD), which helps prevent or reduce the severity of acute respiratory distress syndrome (ARDS).¹³ According to the CDC, between 20 and 42 percent of patients hospitalized for COVID-19 will develop ARDS; approximately 45 percent of patients who develop severe ARDS will die.¹⁴

The disruption and stress of the pandemic have led to sleep problems for many. Because insufficient sleep disrupts the immune system by reducing the production of virus-fighting immune cells and proteins, adequate sleep is crucial for immune support. Patients should be aware of the importance of good sleep, and issues should be addressed with natural treatments.

As chiropractors, we are best-suited to teach, coach, and support our patient base towards these significant health-improving modifications.

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NE	\$49.69	\$49.75
NC	\$43.13	\$40.00
NW	\$39.48	\$44.00
SE	\$44.97	\$45.00
SC	\$48.87	\$49.00
SW	\$41.27	\$43.00

98941

District	Mean	Median
NE	\$74.09	\$73.00
NC	\$65.53	\$69.00
NW	\$61.54	\$65.00
SE	\$67.54	\$65.00
SC	\$74.97	\$73.50
SW	\$62.82	\$62.74

98942

District	Mean	Median
NE	\$93.90	\$90.00
NC	\$76.76	\$76.00
NW	\$77.45	\$70.00
SE	\$82.50	\$82.00
SC	\$88.92	\$86.00
SW	\$-	\$-

E/M

Evaluation & Management Services, New Patient

E/M

Evaluation & Management Services, Established Patient

99202

District	Mean	Median
NE	\$94.01	\$87.50
NC	\$94.95	\$90.00
NW	\$81.04	\$77.00
SE	\$99.50	\$95.00
SC	\$87.71	\$87.00
SW	\$64.51	\$62.00

99203

District	Mean	Median
NE	\$132.43	\$120.00
NC	\$130.26	\$115.00
NW	\$118.75	\$110.00
SE	\$138.18	\$125.00
SC	\$126.80	\$127.00
SW	\$89.05	\$90.00

99212

District	Mean	Median
NE	\$66.51	\$65.00
NC	\$68.00	\$67.00
NW	\$60.46	\$51.00
SE	\$63.23	\$61.00
SC	\$64.48	\$63.00
SW	\$52.46	\$46.50

99213

District	Mean	Median
NE	\$97.62	\$93.00
NC	\$92.32	\$82.00
NW	\$85.54	\$75.00
SE	\$93.29	\$84.00
SC	\$95.50	\$93.75
SW	\$78.16	\$65.00

99204

District	Mean	Median
NE	\$187.42	\$180.00
NC	\$187.93	\$150.00
NW	\$174.32	\$179.00
SE	\$187.05	\$175.00
SC	\$167.48	\$175.00
SW	\$132.97	\$132.97

99205

District	Mean	Median
NE	\$249.26	\$230.00
NC	\$206.33	\$185.00
NW	\$218.83	\$202.00
SE	\$249.93	\$217.00
SC	\$190.66	\$195.00
SW	\$205.54	\$205.54

99214

District	Mean	Median
NE	\$134.32	\$123.63
NC	\$141.29	\$121.00
NW	\$125.98	\$111.00
SE	\$136.22	\$120.00
SC	\$129.77	\$133.65
SW	\$74.80	\$71.00

99215

District	Mean	Median
NE	\$177.43	\$163.25
NC	\$177.71	\$157.00
NW	\$153.42	\$151.50
SE	\$191.18	\$180.00
SC	\$155.42	\$160.00
SW	\$162.75	\$162.75

2020 WCA “PRICING” SURVEY RESULTS (continued)

Click here to download a Print Ready copy of the results

Physical Medicine

Radiology

97012

District	Mean	Median
NE	\$35.84	\$35.00
NC	\$29.00	\$27.50
NW	\$34.38	\$31.00
SE	\$28.54	\$27.93
SC	\$45.03	\$47.50
SW	\$22.50	\$22.50

97014/G0283

District	Mean	Median
NE	\$33.12	\$35.00
NC	\$34.00	\$32.00
NW	\$28.85	\$30.00
SE	\$31.15	\$30.91
SC	\$32.48	\$32.00
SW	\$29.98	\$30.29

72020

District	Mean	Median
NE	\$61.70	\$54.40
NC	\$82.08	\$70.00
NW	\$54.31	\$60.00
SE	\$56.21	\$49.50
SC	\$67.96	\$50.00
SW	\$45.42	\$45.42

97035

District	Mean	Median
NE	\$34.98	\$35.00
NC	\$34.63	\$36.00
NW	\$30.73	\$31.00
SE	\$36.03	\$35.00
SC	\$38.50	\$38.25
SW	\$30.31	\$30.29

97110

District	Mean	Median
NE	\$46.26	\$47.50
NC	\$37.69	\$40.00
NW	\$35.66	\$35.00
SE	\$42.86	\$40.00
SC	\$45.30	\$40.00
SW	\$36.00	\$34.49

72040

District	Mean	Median
NE	\$112.58	\$115.00
NC	\$103.17	\$95.00
NW	\$94.77	\$80.00
SE	\$106.61	\$100.00
SC	\$108.48	\$98.50
SW	\$103.61	\$103.61

72050

District	Mean	Median
NE	\$177.08	\$162.75
NC	\$159.50	\$157.50
NW	\$159.74	\$150.00
SE	\$168.52	\$160.00
SC	\$162.96	\$165.00
SW	\$147.63	\$147.63

97112

District	Mean	Median
NE	\$46.34	\$47.50
NC	\$38.45	\$37.00
NW	\$36.75	\$38.00
SE	\$40.02	\$36.00
SC	\$45.74	\$45.00
SW	\$26.73	\$26.73

97124

District	Mean	Median
NE	\$55.05	\$47.75
NC	\$44.75	\$40.00
NW	\$35.00	\$33.00
SE	\$40.22	\$25.00
SC	\$47.05	\$39.25
SW	\$35.00	\$35.00

72070

District	Mean	Median
NE	\$115.57	\$115.00
NC	\$111.83	\$120.00
NW	\$95.00	\$90.00
SE	\$102.26	\$100.00
SC	\$116.88	\$120.00
SW	\$112.62	\$112.62

72100

District	Mean	Median
NE	\$123.22	\$110.00
NC	\$109.00	\$117.50
NW	\$94.30	\$85.00
SE	\$111.97	\$102.00
SC	\$123.87	\$125.00
SW	\$112.62	\$112.62

97140

District	Mean	Median
NE	\$43.71	\$47.50
NC	\$40.07	\$40.00
NW	\$38.06	\$35.00
SE	\$42.82	\$39.00
SC	\$47.74	\$45.00
SW	\$25.00	\$25.00

S8948

District	Mean	Median
NE	\$41.04	\$39.50
NC	\$38.40	\$40.00
NW	\$49.19	\$33.00
SE	\$28.23	\$25.00
SC	\$32.92	\$28.75
SW	\$31.00	\$31.00

S9090

District	Mean	Median
NE	\$-	\$-
NC	\$41.75	\$39.75
NW	\$30.00	\$30.00
SE	\$-	\$-
SC	\$74.17	\$42.50
SW	\$-	\$-

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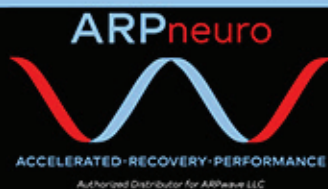
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Aging Vibrantly

Paul Ling Tai, DPM, FACFS, ABPS, ABAARM

America is Getting Older

Never before has the population included as many older adults as it does today. **Throughout the world, the number of people over the age of 65 has TRIPLED from 4.1% to 12.9% in the last century¹.**

This has made for a rapidly aging population. Where life expectancy used to be shorter, we are now living until our seventies, eighties and even nineties. In fact, by 2030 it is estimated that 20% of Americans will be 65 or older. Of these, 63% will need long-term care².

What can we do about our Aging Population?

Well, what's so bad about aging? When did we collectively wake up and decide 'aging' was a dirty word? Aging is inevitable! Everybody's doing it! Yet, HOW you age is entirely up to you! Aging poorly is a product of our environment, genetics, hormones and lifestyle choices. HOWEVER! It's never too late to reverse the damage and begin living a healthier and longer life! **I would like to introduce you to a NEW possibility: Aging Vibrantly**

As you grow, your body produces hormones that lay the foundation for how you develop³. Up until your twenties, you are full of these chemical messengers that determine your mood, characteristics and help in physiological processes. After your twenties, you begin to produce less of these hormones – that's right, you start Aging. Slowly, the energy and vibrancy of your youth begins to fade away. Those who are affected by rapid aging will feel this change the hardest as healthy levels of hormones plummet and are unable to keep up with your body's demand. When this happens, diseases take hold and death follows all too soon.

Who's to say who gets to grow old and whose clock sadly stops ticking? For those who do reach old age, who gets to have a healthy, active life while others spend their remaining days in an old-folk's home – waiting to play bingo and be fed medicine?

The power is in your hands

I am happy to share the secrets that I have discovered while studying anti-aging for the last two decades. It isn't a coincidence that some people look younger, feel stronger and live longer. It's the direct result of people taking ACTION!

Aging Vibrantly is achievable through All-Natural, Plant-Based Supplementation

Aging doesn't have to mean impending doom. By replenishing your body with Natural, Plant-Based Hormones, you can support your organs and vital systems of the body, STOPPING poor aging in its tracks. Afterall, hormones are the pacemakers

of life. Without optimal levels, you will experience the fatigue and stereotypical characteristics of aging. The wrinkled skin, aching joints, sexual dysfunction and other debilitating conditions that make you question if life is worth living? They can all be avoided and even reversed with Early Diagnosis and preventative Plant-Based Natural Treatment!

Treatment starts with testing

You won't know the deficiencies of the body without starting here! Saliva Hormone Testing is an effective, non-invasive and simple technology to accurately measure the level of hormones. It is the first step to detect and balance the essential hormones: Cortisol, Testosterone, Progesterone, Estrone, Estradiol, Estriol and DHEA.

After testing, you will discover the parameter for All-Natural Treatment! I'm honored to have helped thousands of Doctors, Chiropractors and their patients to Age Vibrantly using Specialized Technologies that help deliver unique active ingredients to the body. These powerful ingredients help to support Hormones, Weight, Thyroid and overall function to increase your Quality of Life.

- Liposomes Technology for enhanced sublingual and transdermal delivery.
- Unique formulations to help Mitochondrial Dysfunction, Chronic Fatigue, Stress, Pain, Inflammation, Poor Circulation, and Daily Health.
- U.S. Patented technology for a Slim and Fit body.
- Plant-Based Anti-Aging Skincare Products with Advanced Delivery Technology for a younger, more radiant look.

As Chiropractors, you have the ability to reach patients in a special way, opening new frontiers and optimizing their hormones to ensure longevity. The patented, innovative technologies and All-Natural Ingredients used in my approach are supported by published, scientific medical journals! The principles of Early Diagnosis, Prevention and Plant Based Natural Treatment Protocols have been Proven Effective to help chronic and new instances of Muscle Pain, Osteoporosis, Fatigue, Libido, Stress, Insomnia, Autoimmune Diseases, Brain Fog, Dementia & Aging related pathologies. The solutions are at your fingertips.

References

1. US Department of Health and Human Services A Profile of Older Americans: 2010. Available at: http://www.aoa.gov/aoaroot/aging_statistics/Profile/2010/docs/2010profile.pdf. Accessed November 17, 2011
2. Rogers, S., & H. Komisar. *Who needs long-term care? Fact Sheet, Long-Term Care Financing Project*. Washington, DC: Georgetown University Press, 2003
3. Shuster M (2014-03-14). *Biology for a changing world, with physiology (Second ed.)*. New York, NY. ISBN 9781464151132. OCLC 8

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2020 WCA “BUSINESS & ECONOMIC TRENDS” SURVEY RESULTS

[Click here to download a Print Ready copy of the results](#)

For our 2020 Business & Economic Trends survey, we asked WCA members a number of demographic questions such as the area of the state they practice in, gender, years of experience, school attended as well as techniques used and services offered. We then asked for the annual revenue earned after subtracting all practice expenses plus the value of benefits they had. Thank you to everyone who participated in the survey.

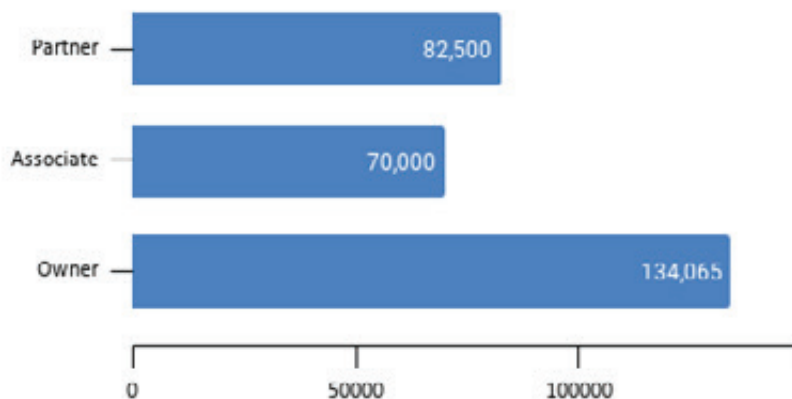
Average Annual Income of Wisconsin DCs, 2008-2020



Respondent Profile: 35% of those who responded to the survey are female, while 65% are male. 21% of survey respondents have been in practice for 15 years or less. 79% of survey respondents have been in practice for 16 years or more. For practice type, 88% are owners, 7% are associates, 4% are partners and 1% are independent contractors. 16% of those who completed the survey possess a diplomate.

Among the entire group who completed the survey, the average 2020 income was \$127,346. 19% of DCs who completed the survey reported that their income in 2020 increased compared to their income in 2019. 51% of DCs reported that their income in 2020 decreased compared to 2019 income. 30% of DCs reported that their income stayed about the same from 2019 to 2020.

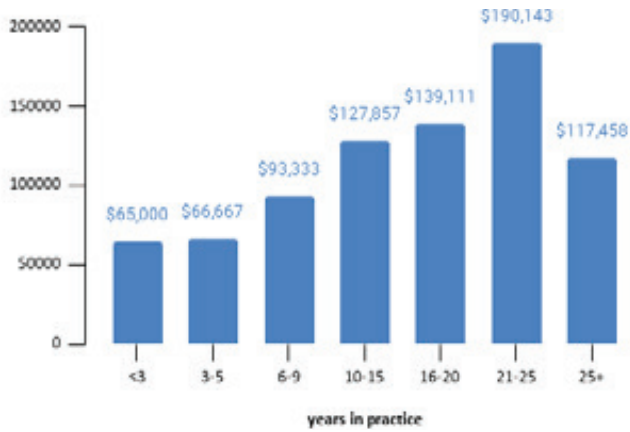
Average Income by Practice Type



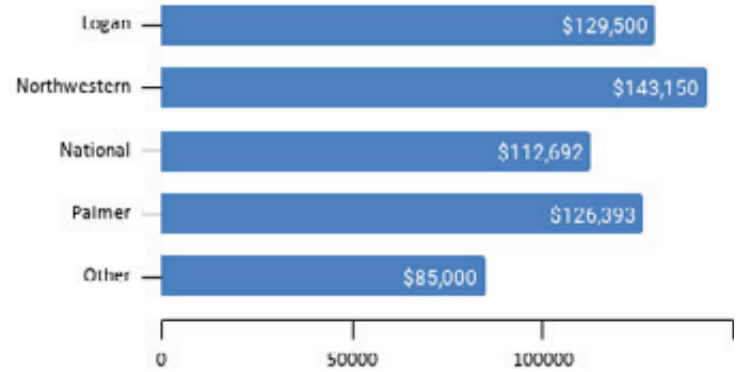
2020 WCA “BUSINESS & ECONOMIC TRENDS” SURVEY RESULTS

[Click here to download a Print Ready copy of the results](#)

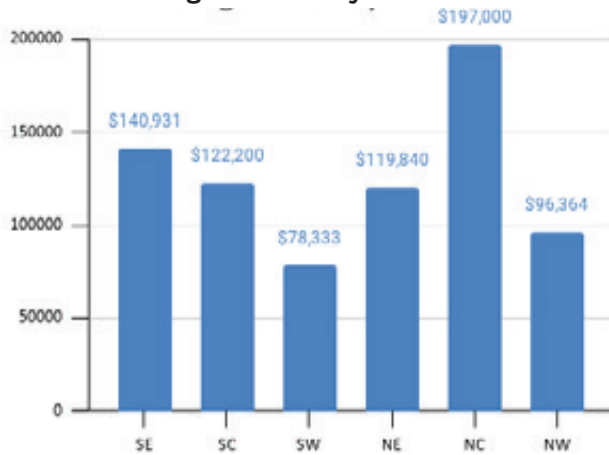
Average Income by Experience



Average Income by School



Average Income by WCA District



Multidisciplinary Practices:

16% of chiropractors who completed the survey have a specialist on staff, such as a Licensed Massage Therapist. Those chiropractors working as part of a team that employs a complementary specialist such as a LMT reported an average income of \$124,412 versus the average income of DCs who employ no specialists, which was \$127,346. The most common specialists employed were LMT's (65%), acupuncturists (18%), physical therapists (12%), physical therapy assistants (12%), nurse practitioners (6%) and occupational therapists (6%).

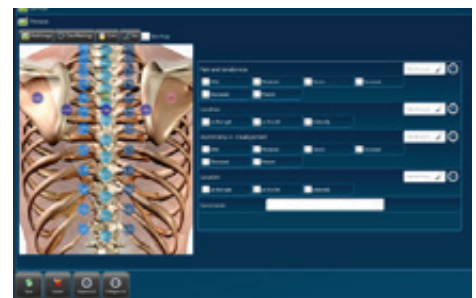
Modalities Offered:

- Nutrition: 74% of respondents offer
- PT services: 41% of respondents offer
- Laser: 47% of respondents offer
- Massage Therapy: 13% of respondents offer
- Exercise Rehab: 55% of respondents offer
- Functional Medicine: 13% of respondents offer
- Kinesiology Taping: 52% of respondents offer

Adjusting Techniques:

- Thompson: 64% of respondents perform
- Gonstead: 56% of respondents perform
- Flexion-Distraction: 38% of respondents perform
- Soft Tissue: 56% of respondents perform
- Diversified: 82% of respondents perform
- Gaston: 18% of respondents perform
- Activator: 63% of respondents perform
- CranialSacral/SOT: 19% of respondents perform

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March 18th, 2021

The Honorable Tammy Baldwin
709 Hart Senate Office Building
Washington, DC 20510

Dear Senator Baldwin:

I am writing on behalf of the Wisconsin Chiropractic Association (WCA) regarding the limitations that chiropractic beneficiaries currently face in Medicare. The chiropractic benefit's inclusion in Medicare, which dates back to 1972, is both written, and interpreted by CMS regulators, in such a way as to impose an "arbitrary" limitation of the services doctors of chiropractic (DCs) are allowed to provide (or order) for their patients. There is no scientific or valid policy basis for this purely arbitrary limitation that exists within Medicare as it relates to chiropractic services.

Medicare beneficiaries in Wisconsin who require covered services that are "attendant to" the spinal manipulation service provided by doctors of chiropractic must obtain those services from another provider in order to have them covered by Medicare. This requires the beneficiary to experience delays, inconveniences, and the added expense (time, travel, etc.) of seeing a second provider when such visits are unnecessary. If a DC determines that the beneficiary needs an x-ray, laboratory test or other diagnostic procedure, current policy does not even allow DCs to "order" those covered services, and thus, in those instances, further unnecessary visits and beneficiary expenses are required in order to obtain the needed "order" from a second Medicare provider who will often turn around (especially in the case of X-rays, for example) and order the service from a third Medicare provider.

Doctors of chiropractic are licensed in all 50 states as portal-of-entry providers who treat the "whole body" and whose scope of practice as defined by state law in every state, allows for the provisioning of a broader range of services other than allowed by Medicare. A typical state scope recognizes the ability and training of DCs to examine, diagnose, treat, and refer. As it relates to chiropractic services in Medicare, there is no legitimate reason that coverage for existing covered services in Medicare does not reflect the relevant scope of practice determined appropriate by state authority, in the same manner that it does for other providers such as MDs and DOs.

In addition, allowing Medicare beneficiaries greater access to chiropractors can help alleviate the scourge of opioid abuse. The chiropractic profession offers a non-drug, noninvasive approach to chronic low back pain management that is supported by research. This conservative approach may

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2401 American Lane, Madison, WI 53704
Ph. 608-256-7023 | Fax 608-256-7123 | www.wichiro.org

include trying spinal manipulation combined with exercise and stretching prior to moving on to procedures involving higher risk. Active self-care and complementary and integrative strategies may provide a solution for many chronic pain sufferers, especially in our senior population. In 2017, the American College of Physicians (ACP) updated its clinical guidelines for acute and chronic low back pain to promote the use of conservative treatments such as heat, massage, acupuncture, and spinal manipulation before moving on to over the counter and prescription painkillers. It should be noted that all of these services are commonly offered by chiropractors, who are acknowledged experts in the use of spinal manipulation.

Last session, Reps. Brian Higgins (D-N.Y.) and Tom Reed (R-N.Y.) introduced bipartisan legislation in the House of Representatives to remove the antiquated barriers patients face in Medicare. The Chiropractic Medicare Coverage Modernization Act, HR 3654, garnered 91 cosponsors. We look forward to this bill being re-introduced this session and receiving even more support.

This is an issue that also needs to be addressed in the Senate and we urge you to introduce companion legislation that will allow all seniors the right to choose their licensed care provider under Medicare. With Medicare currently serving more than 60 million Americans, with over one million in Wisconsin, and projections for that number to grow by a third over the next ten years, we believe Congress should ensure patients have access to all forms of care to prevent high-cost interventions and prescriptive opioids. Such legislation would not need to add new services under Medicare; it simply allows patients to choose a chiropractor when they wish to do so.

I urge you to strongly consider this request and work with the Wisconsin Chiropractic Association and the American Chiropractic Association to introduce, what we believe, to be a “technical correction” bill. If you would like further information on this issue, or pertinent data or research, please feel free to contact me.

Kindest regards,

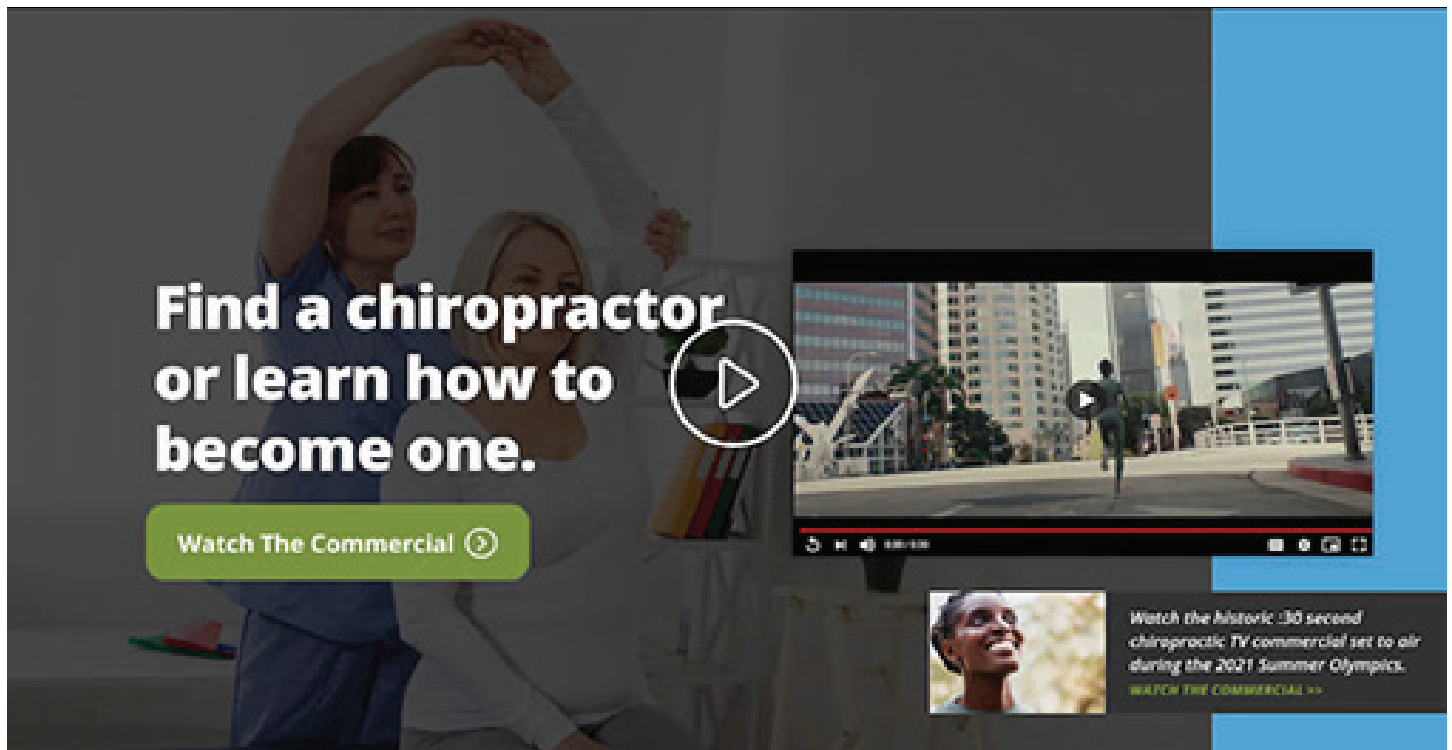
A handwritten signature in blue ink that reads "John Murray". The signature is fluid and cursive, with the first name "John" being larger and more prominent than the last name "Murray".

John Murray
Executive Director and CEO
Wisconsin Chiropractic Association

Take Advantage of Your WCA Membership Benefits with F4CP

WCA members are granted complimentary membership with the Foundation for Chiropractic Progress (F4CP). During the Summer Olympics this July, the F4CP will have a :30 second chiropractic TV commercial air 5x on NBC Networks with the call-to-action leading back to your Directory listing. Don't have a Directory listing? Click here to create one: www.f4cp.org.

With 204M+ individuals watching the commercial, F4CP encourages you to ensure that your listing is up-to-date for consumers searching for a DC near them. To view the commercial, visit: <https://www.f4cp.org/olympics>



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March 26, 2021

Secretary Dawn Crim
Wisconsin Department of Safety and Professional Services
4822 Madison Yards Way
Madison, WI 53705

Dear Secretary Crim,

Thank you for your service to the State of Wisconsin and all of your hard work during the Covid 19 pandemic. We write to you to express serious concerns related to the continued delays in the licensure approvals of Doctors of Chiropractic, Chiropractic Radiological Technicians (CRTs) and Chiropractic Technicians (CTs). We can appreciate the many challenges you have faced managing the operations of DSPS during the pandemic and we are understanding of delays last year due to Covid 19. With the state turning the corner on the pandemic, we expected that credentialing delays would abate and our members would experience a return to reasonable timeframes for the approval of licenses. Unfortunately, our members continue to report excessive licensure delays that are causing business disruption, loss of compensation and limitations on patient access to care.

Here are some specific examples we wish to bring to your attention:

- Young chiropractors who recently graduated from chiropractic school with a job offer in hand (and student loan debt) are waiting up to three months to receive their chiropractic license even after they are told their application is complete.
- Experienced chiropractors coming from other states to help colleagues in Wisconsin who have been impacted by Covid cannot receive prompt licensure thus defeating the purpose of their offer of help.
- Chiropractic Technicians and Chiropractic Radiological Technicians who have completed their training and have positions in our member clinics cannot provide delegated treatment services to patients because of delays in their licensure.

There are many more examples we could provide but you get our point. The negative economic impacts of the Covid 19 pandemic in and of themselves have been challenging enough for our members to manage but delays in licensure further exacerbate the situation.

We respectfully ask that you enact immediate administrative measures within your department to expedite these license approvals to avoid further economic damage to the chiropractic profession and loss of access to care by their patients. Furthermore, we ask that you direct DSPPS policy staff to work closely with the Chiropractic Examining Board to determine if there are policy obstacles contributing to these licensure delays and take action to remedy them. We suggest that the CEB develop a process whereby new chiropractors and staff could practice (with a background check and close oversight) with a temporary license until their final credential is approved.

Thank you for your attention to this important matter. We look forward to hearing from you and again thank you for your service to the people of Wisconsin.

Regards,

A handwritten signature in black ink, appearing to read 'JM', with a stylized, cursive flourish.

Dr. Jason Mackey
Chair - WCA Education and Convention Committee
Managing Partner - LSM Chiropractic

A handwritten signature in blue ink, reading 'John Murray', in a cursive script.

John Murray, Executive Director and CEO
Wisconsin Chiropractic Association

CC: Dr. Bryan Gerondale, Chair - CEB
Valerie Payne, DSPPS
Noah Roberts, Governor's Office



The Pain Is All In Your Head

Ted A. Arkfeld, DC, MS

I remember the first time I had a patient tell me their family doctor said their pain was all in their head. The patient sat there crying and kept saying, "I am not crazy; my lower back hurts." Fortunately, I was able to find a mechanical reason for her lower back suffering and provided the treatment to get her out of pain and back doing what she wanted to do. But how many patients have you seen throughout the years that did not have a mechanical aspect or damaged tissue and were still in pain years after a trauma?

Neuroscience research has provided excellent insights on why patients with chronic pain are in chronic pain. It is called Centralization, and as Chiropractors, we need to change our entire way of talking, examining, and our care plans for these patients.

Peripheral Nociceptors

When a new patient enters our office, our primary goal is to ascertain the anatomical structure or structures that have been damaged and now are the peripheral nociceptors of pain. In acute injuries with a definite mechanism of injury, the objective findings are clear cut. You have a mechanical issue with damaged tissue firing nociceptors in a specific pain pattern. The patient points to a particular site where the symptoms are occurring, and you are off and running with your care plan. What happens when a patient presents to your office with chronic pain and gives a sweeping description of where they are experiencing symptoms?

Centralization

These patients have Centralization of their pain from a sensorimotor impairment. The brain, more specifically the sensory homunculus, has lowered the threshold for stiffness, soreness, and dull aches because it is not receiving quality information on what is happening with the body. Afferentation is the total of all sensory information from the body to the brain. Chronic pain patients have a Centralization of their pain and are in a state of deafferentation. Instead of having a peripheral lesion, they have a central processing issue because the brain is not getting sensory input. These chronic pain patients are becoming neurologically starved.

A New Paradigm For Chiropractic

I believe we have been selling short the benefits of manipulation for years. It is so much more than putting a bone back into place, and neuroscience research into pain is backing this up. When we adjust a patient, there

are impulses immediately firing from mechanoreceptors, muscle spindles, and Golgi tendon organs. This afferent information is bombarding the sensory homunculus, which in return raises the threshold for symptoms to occur. It can now better understand what is happening with the body and can relay information to the motor homunculus for a more balanced and coordinated movement. When we perform manipulations, we change the quality and amount of sensory information heading to the brain. We are therefore treating their brains.

The First Day

Many of these chronic pain patients come in saying their family doctors told them their pain is from arthritis or degeneration. We must first educate to re-educate and always remember what we say is more important than what we do for these patients. Proper communication is essential for excellent clinical outcomes. They are not their x-rays or MRI findings. They are people that are in pain and need a different approach that is centered on their entire nervous system.

WCA Spring Convention

This April, I am looking forward to presenting a new approach to treating neuromusculoskeletal conditions in what I call "The Neuro Way To Practice." We will go into greater depth on the examination process and the use of cutting-edge equipment that I will be bringing from my office for you to see and use.

If you liked this article, you are going to love the presentation.

About Dr. Arkfeld

Ted A. Arkfeld, D.C., M.S., is a 1988 graduate of Northwestern College of Chiropractic, where he also received his Bachelor of Science degree in Human Biology. He earned his Master of Science in Biomechanical Trauma from Lynn University in Boca Raton, Florida. His email is ted@neurowaytopractice.com

A blue polo shirt with a gold name tag. The name tag is rectangular with rounded corners and a gold border. The text on the name tag is in a serif font.

Ralph D. Teal, DC
Doctor of Chiropractic
Chief Financial Officer
Patient Educator
Certified Practice Barista
Fee Schedule Freestyler

As a small business owner, you feel the burden
of trying to be the expert in everything.
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The Network That Works for Chiropractic!

Advancements in A.I. are Combating Healthcare Fraud

Dr. Ray Foxworth, ChiroHealthUSA (a WCA Corporate Partner)

My good friend, Dr. Jay Greenstein, has, in my opinion, been at the forefront of changes within healthcare technology. For years, he has been discussing emerging technologies and their impact on the profession. In the last year, he started a private Facebook group to bring together innovators who want to understand and leverage that technology in healthcare. He is a huge proponent of knowing the data behind your practice and owning the data of the profession. [Learn more about that here.](#)

It's no secret that third-party payers know more about our practices than we do. Now, that data is being used to battle healthcare fraud. The National Health Care Anti-Fraud Association estimated that healthcare fraud costs the nation \$68 billion annually. (BCBS, n.d.) An article on the Physicians Practice website published February 18, 2021, stated,

"In January 2020, the U.S. Justice Department reported that over \$2.6 billion had been recovered from lawsuits relating to medical fraud. This figure has been steadily increasing and has exceeded \$2 billion annually over the past decade. The National Health Care Anti-Fraud Association estimated that healthcare fraud costs the nation \$68 billion annually; however, some estimates place this figure upwards of \$230 billion. Fortunately, new technologies are making major strides in the fight against various medical fraud schemes."

(Newell, 2021)

This new technology monitors billing claims and can identify fraud within milliseconds. Using advanced fuzzy logic-based rule sets, and dynamic, intelligent profiling, a sophisticated, fully automated, real-time solution can automatically extract claims and reveal potential fraud patterns and improper

medical coding. By considering the overall context of a claim instead of just a single line item on a bill or bills, the solution reveals additional incorrectly billed charges even after a medical bill review company has checked them. These solutions drill down to determine the actual risk for each billed line of a claim based on the specific account information, previous claims, patient profile, and provider history. This new technology can easily detect up-coding, billing for services not provided, and more.

So how successful is this software?

According to the article, one software program detected \$5.7 million in additional billing fraud for a health insurance carrier after the carrier's billing service reviewed the claims. Healthcare fraud costs the nation 68 billion dollars a year.

What can you do to minimize health care fraud in your practice?

- Understand the rules and regulations.
- Ensure accurate billing.
- Maintain proper documentation.
- Create AND follow a compliance plan. (HIPAA, OSHA, OIG)

If you, like many, neglected to stay on top of your compliance program in your practice, get help now! I'll never forget the day when my business consultant pointed out that for every hour one of my associates was working on our compliance program and not treating patients, it cost me close to \$250 an hour in lost revenue. I moved to a third-party compliance company to manage it for me. At the very least, I encourage you to have a third-party complete a chart review. You don't know what you don't know. Having an expert evaluate your coding and documentation can shed light on areas where you may be losing revenue and exposing yourself to unnecessary risk. Oftentimes, we view compliance as another thing that gets in the way of patient care. In reality, implementing and maintaining a compliant practice is one of the first steps to profitability.

Dr. Ray Foxworth is a certified Medical Compliance Specialist and President of ChiroHealthUSA. A practicing Chiropractor, he remains "in the trenches" facing challenges with billing, coding, documentation and compliance. He has served as president of the Mississippi Chiropractic Association, former Staff Chiropractor at the G.V. Sonny Montgomery VA Medical Center and is a Fellow of the International College of Chiropractic. You can contact Dr. Foxworth at 1-888-719-9990, info@chirohealthusa.com or visit the ChiroHealthUSA website at www.chirohealthusa.com. Join us for a free webinar that will give you all the details about how a DMPO can help you practice with more peace of mind. Go to www.chirohealthusa.com to register today.

CLASSIFIEDS



ASSOCIATE WANTED IN BEAUTIFUL GREEN BAY, WI

We offer an attractive compensation package and bonus, \$4,000/month base salary + percentage + 12-month bonus (student loan re-payment program), opportunity for ownership, great work-life balance with a focus on team enhancement, mentorship & evidence-based clinical training (enhance your skills) with an opportunity to become a certified evidence-based chiropractor (C.E.B.C). Patient-centered systems and procedures that allow you to do what you do best - care for your patients! This position is ideal for a recent graduate chiropractor looking to join a busy and growing clinic. It is any awesome opportunity if you are interested in working in a friendly environment while gaining valuable clinical experience. Our ideal candidate must be proactive and willing to learn, committed to high quality patient care, enthusiastic about evidence-based chiropractic, a great communicator, professional, energetic, kind and caring. Send resume to backhealth@newbc.rr.com.

CHIROPRACTIC CLINIC - GROWING & READY FOR YOU!

Paull Chiropractic is a one doc office looking to add a new member to our family wellness team. We currently serve a diverse patient population, but have been steadily moving towards prenatal/pediatric and family wellness over the past year. Paull Chiropractic is proudly part of the Pediatric Experience and is a fast-paced, high-tech office with a hands-on approach. We are a neuro-tonal, subluxation-based practice that utilizes the Insight Subluxation Station scans as our primary diagnostic tool, but also have digital X-ray onsite when needed. Additionally, as part of our team, you will find 4 massage therapists, 2 reiki therapists, a mental health counselor, yoga, and Pilates all under one roof! We are looking to hire an energetic, open-minded, team player who is ready to learn and grow both professionally and personally as part of our dream team. Proficiency in Webster technique is a plus. We will happily support you with extensive training through the Pediatric Experience on everything from scan interpretation to patient care/adjusting to patient education. Paull Chiropractic is located in downtown Janesville, WI - just 40 mins south of Madison, 1 hour and 15 mins west of Milwaukee, and 1 hour 30 mins north of Chicago Land area. Contact Dr. Andy Paull, aepaulldc@gmail.com. <https://www.janesvillechiro.com>

BEAUTIFUL OFFICE SPACE FOR RENT

Mondays, Tuesdays, Wednesdays and Thursdays. Nutritional clinic, one of the top producers in the Midwest. Looking for a chiropractor to rent office space and build a chiropractic business for themselves. FREE RENT. Pay as you scale your business. You will do all of your own billing and collections. Located in an upscale business neighborhood with plenty of parking and easy freeway access. Call Jeffrey Langlois at 262-364-8091. Langlois' Vital Nutrition Center, 16655 W. Wisconsin Ave., Brookfield, WI 53005.

CHIROPRACTOR (PARTNER OR ASSOCIATE)

Chiro-Med S.C., a 29-year-old, million-dollar practice is seeking a Full-time or Part-time Chiropractor. The owner is starting to plan for retirement in 1 - 5 years. Candidate must have excellent manual adjusting skills & ability to treat 10 patients per hour with a fully trained staff. Schedule depends on Chiropractors' future goals. Salary (base \$36 - 48K), bonus (10 - 40%) and benefits based on experience and ability to perform clinic protocols. Must understand physical therapy modalities and rehabilitation procedures to conduct ROF's and form comprehensive SOAP notes, treatment plans & patient goals. Email C.V. to kaleychiromed@gmail.com to apply.

CHIROPRACTOR AVAILABLE FOR RELIEF COVERAGE

Licensed and fully insured with NCMIC. 23 years of experience treating patients in Wisconsin. I am available Mondays, Tuesdays and Thursdays. Please contact Dr. Jeff Hamill at 262-328-4678 or hamillchiropractic@yahoo.com. I live in Menomonee Falls, WI.

WATERTOWN WI PRACTICE FOR SALE

D.C. retiring after 45 years. Large practice with a steady flow of wellness/maintenance patients and a constant referral base has been established. Thompson and Activator techniques utilized. Low overhead. Clinic building, 2 Thompson tables, 2 Hill anatomotors and all other office furnishings available. Priced to sell. Call Dr. Petersen at 920.988.5901 or email clipete@charter.net for more details.

VAN ROO FAMILY CHIROPRACTIC SEEKING AN ASSOCIATE DOCTOR TO JOIN OUR FAMILY PRACTICE

We have a large family practice with 2 Docs and 4 staff. We are at an ideal state for a long-term Associate Doctor with potential ownership of the clinic in the future. The new Doctor must have a good work ethic and values, like to have fun, yet be professional, and would also like to be in our area long term. We will provide the training and competitive compensation. Email ryanlaurawyatt@hotmail.com or call Dr. Ryan at 608.751.3124.

OFFICE SHARING ON THE EAST SIDE OF MADISON

After practicing for 43 years, I am looking to cut back on my office hours. As of 04/1/2021 I will be seeing patients one day per week on Wednesdays. I am looking for a doctor, new or experienced, to share my office space. They would have access on all other days of the week. I am Advanced Proficiency Rated in Activator and my office is set up for

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this approach, but other options are available. My intent is to rent the space and you would bring in your own patients as well as see mine on my off days. Included in the rent is trained office staff to handle phone, scheduling and insurance processing. You walk out the door at 5 o'clock. Don't have to hire or fire. Pay the rent – keep the rest. Please reply by email if interested, tctdc@hotmail.com

ASSOCIATE CHIROPRACTOR WANTED: NORTHEAST WI

We are looking for an energetic, patient centered and team player chiropractor to join our team. We have been established in our community for over 27 years and located in Sturgeon Bay, WI. Doctor will provide Diversified, Thompson, Activator Methods techniques and physiotherapy. Financial compensation will be discussed at interview. Please send resume to: drluke@backtowellness.org.

WANTED - SHORT TERM FILL IN DOCTOR - LIFETIME CHIROPRACTIC CENTER, LLC

Schedule M-W-Thursday full days. Treatment techniques - Diversified, Activator and Thompson Drop. Full spine adjustments, modalities by certified staff. \$1,200/week Milwaukee area. Must be licensed and have malpractice insurance. Email resume to bestbonesetter01@gmail.com.

ASSOCIATE CHIROPRACTOR WANTED: SOUTHCENTRAL, WI

Associate chiropractor wanted to join fast-paced, established practice with multiple DC's and a great staff! Our mission is to increase the quality of life of the people in our community by delivering specific chiropractic adjustments along with other modalities, such as laser therapy and spinal decompression. The ideal candidate would be proficient with manual adjusting and enjoy working on a team-based atmosphere. Financial assistance for relocation may be available to the right candidate. Please call (608) 290-1648 for more details.

ENJOY THE BEAUTY OF THE WISCONSIN NORTHWOODS

Northcentral WI - 12 year established clinic seeing 800-1100 patients/mo looking for Associate DC who loves the beauty of the Northwoods. Our state of the art clinic is nestled in the middle of 130 thousand acres of county land which has been developed into recreational trails for snowmobiling, atv, cross country skiing, horseback riding and biking. We are known as "The County of Trails." Enjoy a quarter of a million acres reserved for public hunting, go kayaking or fishing in one of the 841 natural lakes, or try whitewater rafting the Wolf River! This Associate opportunity is perfect for someone who enjoys a relaxed lifestyle as well as a safe place to raise children. Please email rob@antigochiro.com if you love the outdoors and our clinic is a good fit for your lifestyle

WINDING DOWN?

You have spent your entire career developing and growing your practice. Now is the time to look ahead. If you do not have an exit plan, LSM may be your solution. Consider joining this large, patient-centered practice and see how smooth your move to retirement can be. Please contact Sarah Pavlik at 608-316-6972 or spavlik@ismchiro.org for more information.

ASSOCIATE DOCTOR WANTED - GREEN BAY, WI.

Immediate opening for an associate at Massart Chiropractic. We are a busy and successful clinic with multiple chiropractors in Green Bay. Take over an existing patient base and continue to build your dream practice in a beautiful, state-of-the-art building with a full support staff. We are looking for a dependable, passionate, hard-working individual who is willing to embrace our systems to be part of our team. The successful candidate will receive all of the education/training and support necessary to guarantee success. Very competitive salary, paid time off, and retirement package. Email cover letter and CV to drmassart@massartchiropractic.com.

ASSOCIATE CHIROPRACTOR WANTED - LA CROSSE, WI

Looking for an energetic, forward thinking individual to join our established team. Must be hardworking and motivated. We are located in the heart of the Coulee Region of La Crosse, WI. We are looking for a doctor who would provide diversified technique and be trained in physiotherapy/rehabilitation. Also, must have a desire to learn, have a good work ethic and be passionate about helping patients. Financial opportunities will be discussed at interview. Please send resume to: amybreidenbachwi@gmail.com. We look forward to hearing from you!

STUCK OR PLATEAUED?

Running a chiropractic practice is not easy. Now, with Covid, it may be almost impossible. Consider joining with LSM to revitalize your career. With 18 clinics, support staff and the latest technology, LSM can help you flourish. All benefits including healthcare, dues, malpractice and 401K plan. Work as the Chiropractor you were meant to be. Please contact Sarah Pavlik at 608-316-6972 or spavlik@ismchiro.org for more information.

SEEKING ASSOCIATE DOCTOR OF CHIROPRACTIC

Grand Rapids, MI – \$50,000-\$65,000. Patients are ready for you! Great team, in a positive environment. Come be a part of our growing company! Great opportunity for a new graduate or an experienced doctor in need of something new. Send resume and cover letter to hiring@thchiro.com

PRACTICES FOR SALE

- **Lake Geneva/Elkhorn.** Act./Div. Solid practice poised for additional growth. 507 pv/month. Excellent payor mix. Skilled staff. Doctor retiring.
- **Sheboygan area.** Located in highly popular city just west of Sheboygan. \$511,975 net income. Voluminous patients. Div./Act./Drop/FD. Established 29 yrs. Asking \$275,000. Financing available.
- **Northwestern Wisc.** 2020 gross \$238,793. All cash practice, family referral wellness patients. Div./Gon/straight. Located in professional designed attractive bldg with large draw area.

Contact Loren Martin, Practice Opportunities, Inc. 952-953-9444.
martin@practiceop.com

ASSOCIATE WANTED - SOUTHEAST WISCONSIN

Ideal position for either a part-time doctor or with concurrent locum tenens. Established family chiropractic clinic entering its 25th year in successful practice seeks a motivated associate doctor to join the team. Schedule: Tuesdays and Fridays every week, and every other Saturday (8AM-11AM). Associate will be the first option for full-time cover periods, pending the

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schedule of the primary doctor. Career mentorship provided. Medium-volume, fast-paced schedule. Negotiable daily base plus attainable incentives, malpractice insurance, WCA membership & continuing education reimbursement. Please email Dr. Dave at dbrouillette@wi.rr.com

CHIROPRACTORS NEEDED

Doc For A Day! is hiring part-time contractors to perform office coverage work. Great pay, flexible hours and valuable learning experiences. Must be licensed, have malpractice insurance, transportation and have graduated at least 3 years ago. Call 847-367-9641 or email daleslachman@gmail.com w/resume.

WE'RE HIRING - DOCTORS OF CHIROPRACTIC, UP TO A \$30K SIGN-ON BONUS

Chiro One Wellness Centers is looking for talented, motivated and drive Doctors to join our team in Wisconsin! Includes: 12 week paid training program 4 day work-weeks; Paid malpractice insurance, 401K benefits and health insurance; Clinic Director average salary over \$200K We are looking for Doctors in Milwaukee, Racine, Kenosha, Germantown, Hudson and Chippewa Falls. APPLY now: <https://medullallc.com/join-our-team/> Or contact Dr. Kumar, Narmda. Kumar@medullallc.com 630-415-6030.

FULL TIME CHIROPRACTIC TECHNICIAN WANTED

Busy chiropractic clinic in Franklin, WI looking for 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. Full-time hours during the week, and occasional Saturday mornings. Duties include, but are not limited to, chiropractic therapy and rehabilitation, developing x-rays, filing, answering phone calls and scheduling patients. Competitive salary and benefits. Please send resume and cover letter to michelle@McAvoyChiropractic.com.

PLYMOUTH, WI PRACTICE FOR SALE

Well Est. 30-yr. Mostly Cash Practice. Collect at the front desk from day one! \$162k collected. 4,608 total visits. 110 new patients. Well-equipped and staffed. Family community (1 hr. north of Milwaukee). "Cheese capital of the world." DC retiring. "Turn-key." Plenty of room to double numbers with little effort!! Call Dr. Bush @ (920) 946-4986 or slbushdc@gmail.com. Photos: <https://photos.app.goo.gl/u4K17DYAwpdQRA7p9>

LOOKING FOR A HIGH ENERGY, ENTHUSIASTIC CHIROPRACTOR TO JOIN OUR TEAM.

At Northside Chiropractic Center we strive at being a laid back modern office that provides our patients with the best chiropractic care. We utilize a variety of techniques such as Thompson, Gonstead, flexion-distraction, diversified, activator, etc. We are looking for a high-energy, enthusiastic, well-rounded, and innovative Chiropractor to join our team. Our ideal candidate has a minimum of 1 year post-graduate experience treating and managing patients, a quick learner and highly motivated, enjoys meeting and networking with local business' and community. Financial opportunities will be discussed

at interview-based on experience/patient clientele. Requirements include: Doctor of Chiropractic degree from an accredited chiropractic college; Valid DC license in the state of Wisconsin; Current Malpractice Insurance in the State of Wisconsin; Excellent patient care and communication skill with the ability to multitask; Ability to work closely with all staff and create positive and productive work relationships. Contact: erin@northsidechiro.com

ASSOCIATE DC WANTED AT MADISON CHIROPRACTIC - NORTH

Well established Madison Chiropractic clinic is looking for a highly motivated chiropractor with excellent communication and adjusting skills. We are a multiple DC office that has been in practice for over 39 years. We are in network with most area insurances, including Quartz. This is a great opportunity for this right candidate with potential to buy into the business in the future. Contact Information: Please send a Resume and Cover Letter to Office Manager, Deb Ross at dlr@madisonchironorth.com

R-E-L-A-X WE GOT YOU COVERED!

Doc for a Day covers your office and provides you income when you cannot. All docs are licensed, insured, experienced and had background checks. Free office intro. Flat rates, no sneaky extras. Call 847 367 9641 or daleslachman@gmail.com www.Docforaday.Com

ASSOCIATE WANTED - GREATER 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 have the opportunity to advance from associate, to clinic director, to shareholder in the corporation all based on their personal performance. In addition to a 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% 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: www.chiropracticcompany.com OR Email: drmcleod@chiropracticco.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 or visit chiropracticbuyers.com for additional information.

PRACTICE FOR SALE - CENTRAL WISCONSIN

Practice established since 1976 in a 6400 SF. Building with multiple treatment rooms for Doctors and staff located in central Wisconsin. Exercise, therapies, nutrition, orthotics, etc. are offered for patient management. Substantial rental income is generated by our M.D., acupuncturist, massage therapist, and dance studio tenants. All options for ownership, partnership or associationship can be outlined by contacting Dr. Jerry at 715-496-1204 after 7pm.

A decorative graphic on the left side of the page, consisting of several vertical lines of varying heights and colors (orange, white, yellow) and small white stars scattered around them.

For 75 years, we've been part of the fabric of chiropractic, doing everything in our power to continue to advance the profession — and you.

And we're just getting started.

ncmic.com



The Wisconsin Chiropractor

The Official Publication of the Wisconsin Chiropractic Association



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