



CHIROPRACTIC NEWS & VIEWS

Presented by:
Hawaii State Chiropractic Association, Inc.

Volume XIII, January/February 2016

THE TIME FOR CHANGE IS NOW!

WE ARE ASKING FOR YOUR HELP TO FINALLY CORRECT THE INEQUALITIES INHERENT IN THE FEDERAL HEALTH CARE PROGRAMS REGARDING DOCTORS OF CHIROPRACTIC AND THE CARE WE PROVIDE TO OUR PATIENTS!

ALL THE STATE CHIROPRACTIC ASSOCIATIONS; LOCAL SOCIETIES AND THEIR AFFILIATES; CHIROPRACTIC COLLEGES; AFFILIATED CHIROPRACTIC AND BUSINESS STAKEHOLDERS HAVE BEEN ASKED TO WORK TOGETHER IN A MASSIVE EFFORT TO “ONCE AND FOR ALL” FIX MEDICARE, MEDICAID AND OTHER FEDERALLY REGULATED HEALTH CARE PROGRAMS!

THIS EFFORT CALLED THE “MEDICARE EQUALITY PROJECT” WAS FOUNDED BY THE ACA WITH THE SUPPORT OF THE THE “CHIROPRACTIC SUMMIT” GROUP OF CHIROPRACTIC STAKEHOLDERS.....ACA, COCSA, ICA, ACC, FCLB, ETC.

WHEN YOUR PATIENTS COME TO SEE YOU, HAVE THEM SIGN THE PETITION TO CONGRESS TO SUPPORT THIS LEGISLATIVE EFFORT. THEY DO NOT HAVE TO BE MEDICARE PATIENTS, JUST CITIZENS! (CONTINUED ON PAGE 2)

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IT'S UP TO YOU TO LET THEM KNOW THAT SINCE MEDICARE WAS ENACTED ON JULY 1ST, 1966, AND BEGAN PROVIDING COVERAGE FOR MEDICAL SERVICES ON JULY 1ST, 1967, YOU AND THE PUBLIC WE SERVE HAVE BEEN DISCRIMINATED AGAINST!

WE ARE TREATED AS SECOND CLASS PHYSICIANS, MANDATED TO PROVIDE SERVICES TO OUR PATIENTS, BUT NOT COMPENSATED (BY STATUTE) FOR WHAT WE MUST DO TO BE COMPLIANT!

WE ARE COMPELLED BY FEDERALLY ADMINISTERED EDUCATIONAL STANDARDS AS PHYSICIANS TO ACHIEVE A HIGH LEVEL OF ACADEMIC & CLINICAL ACHIEVEMENT AND PROFICIENCY, BUT THEN FORCED TO PRACTICE BELOW THAT STANDARD IN OUR OWN LICENSED JURISDICTIONS!

PLEASE ASK ALL OF YOUR PATIENTS TO SIGN THE PETITION EITHER ON PAPER, OR THROUGH A WEB LINK DIRECTLY ONLINE. IT TAKES LESS THAN A MINUTE TO SIGN UP. ALL THAT IS NEEDED IN ADDITION TO THEIR NAME IS THEIR ZIP CODE AND EMAIL ADDRESS.

THE ZIP CODE IS TO FUNNEL THE PETITIONS TO THEIR PROPER SENATORS AND CONGRESSMAN. REQUESTS FROM CONSTITUENTS ARE THE MOST POWERFUL TOOLS TO GET CONGRESS TO ACT.

ACA HAS BEEN VERY SUCCESSFUL IN GETTING SPONSORS AT THE CAPITOL IN DC. WE REALIZE THIS WILL PROBABLY BE A MULTI-YEAR PROJECT, AND IN THE FUTURE MAY COST MILLIONS OF DOLLARS IN LOBBYING MONIES. *(Signing the petition does not in any way obligate you financially!)*

Right now logon to electronically Sign the petition:

<http://www.acatoday.org/Advocacy/Engage-with-ACA/National-Medicare-Equality-Petition/Sign-the-National-Medicare-Equality-Petition> **-or-**

Download and Sign a paper copy, Fax it to ACA at: *(703) 243-2593*
<http://www.acatoday.org/Portals/60/Docs/Advocacy/NMEP%20Paper%20Petition.pdf>

For More information including a website badge to add to your practice website and a Twitter handle are available here:
<http://www.acatoday.org/Advocacy/Engage-with-ACA/National-Medicare-Equality-Petition>

PRESIDENT'S MESSAGE*Joseph G Morelli Jr DC FICC, HSCA President & ACA Hawaii Delegate*

Aloha All:

Welcome to 2016! We begin the year hopefully refreshed and renewed. I hope all had a wonderful Christmas and New Year Holiday with your family, friends and loved ones!

I try to take a few minutes from time to time at the beginning of the New Year to reflect on the recent year's events, and what the New Year promises.

I am generally an optimistic person by nature, but I am also a realist. Although I always hope for the best, often times reality seeps in and throws a curveball. So... onward and upward, looking to a great year, and watch out for those curve balls!

Here is on to watch out for...

I recently had a follow up discussion with HMSA and the progress regarding updating their Chiropractic Provider Services Policy. As I mentioned in recent postings, we've met multiple times with HMSA to try to mitigate some of the harsh changes in their policies regarding our services and claims.

HMSA has taken many of our suggestions and incorporated these ideas into their latest draft of their Chiropractic Services Policy (very good!). Additionally, they are in negotiations with a third party administrator/managed care organization regarding the future adjudication of our claims. (Possibly a good thing?)

It seems right now, that the HMSA legal department is still conflating us as practitioners with Physical Therapists. Prior to "ObamaCare", the vast majority of all HMSA's physical medicine therapy and modality codes/claims were utilized by PT's, (with very specific guidelines). HMSA continues to have a very difficult time separating us out of the mix when it comes to Doctors of Chiropractic performing some of these services/modalities.

HMSA legal still believes that we should be held to the policies created for PT's limited license/practice abilities, since the coding/service is the same in their eyes.

What they fail to understand is that as primary licensed physician level practitioners, we do not fall under the same regulatory restrictions, with much greater clinical, practice responsibilities and liabilities.

We not only are first point of contact providers, but we also differentially diagnose and prescribe a course of care, AND then DELIVER the care prescribed!

We have a meeting scheduled in the near future, and I have asked that HMSA have representatives of their legal department and other decision makers present. We hope to make our case for the umpteenth time, and persuade them to pay attention to the facts of the situation. Wish us luck!

Please watch for future announcements from HSCA regarding the latest news regarding this issue.

Aloha,

Dr. JOE Morelli
President, HSCA

Next HSCA General Membership Meeting:

Friday, Feb. 12, 2016 at 7:30pm. Oahu at St. Louis Alumni Clubhouse. Neighbor Isles, contact your Island Director.

FIXING MEDICARE*Joseph G Morelli Jr DC FICC, HSCA President & ACA Hawaii Delegate*

As you can see on the front page of this newsletter, the profession is putting its support behind a major effort to fix the language in the Social Security Act that created Medicare over 50 years ago!

The ACA has tried all different angles administratively in the past to correct the inequities in the statute, with only mild success. One major accomplishment was to replace the x-ray mandate that was required of all Medicare patients, with the P.A.R.T. reporting.

However, although Doctors of Chiropractic are listed in the physician language of the Social Security Act, we have been hampered by the statute putting us in a unique sub-class of ONE, with limited privileges. Yet we are required to perform as other Physicians, but not be reimbursed for the mandated services!

After significant research and scrutiny, the ACA has determined that the augmenting of just a few words in one line of the Statute can formally wipe away all the regulatory discrimination that we have been made to endure with threats of fines and loss of practice ability. Once changed, all the other federal regulations would have to change to be in compliance with the law that is the basis of those programs.

Of course this will take a MAJOR lobbying effort in Congress to open up the Social Security Act, considered one of the great "Sacred Cows" in DC politics.

So, this is where the MEDICARE EQUALITY petition comes in. Please download the form from the ACA website. The link is in the front page article of this newsletter. We have also posted it as a PDF file on the HSCA website under the "Medicare Tab".

Make a bunch of copies and have your patients or staff fill in the form when they check out of your office at the front desk. Then mail them, or **FAX** the signed copies of the petition to **ACA: (703) 243-2593**

You also can have your patients go online and fill in the electronic petition or have your staff do it for them when they are at your front desk. It only takes a few seconds to do.

Some more digitally advanced practices are having a TABLET (iPad, etc.) for patients to directly/electronically sign up on the spot.

I have been asked, "What is this Medicare Equality initiative going to do if successful?"

The ACA legal and Government Relations team believe that if Congress makes the corrections to the language establishing the Medicare program in law; then CMS (Centers For Medicare Services) will have to conform all its regulations and require the Medicare Administrative Carriers (Noridian, Palmetto, etc.) to update all the LCD's (Local Carrier Determinations) to match up to the law.

In effect, all services performed by a Chiropractic Physician within his/her state license scope will be now eligible and compensable! Finally, all we do with our patients will be available for payment either to us as practitioners, or as reimbursement to the patient.

PLEASE HELP US FIX THIS, Call the HSCA if you need assistance or have questions: (808) 926-8883.

2016 – THE YEAR OF THE OPPORTUNITY FOR THE BACK PAIN SPECIALIST

by Julie Cox-Cid, coordinator for Cox® Technic

Updates on Cox® Technic

2016 is upon us. Obamacare is still with us. Medicare continues. Back pain and neck pain still hinder people. Leg pain and arm pain still cause pain. The need for back pain specialists who can competently and economically care for spine and related pain grows. Chiropractic and Cox Technic may benefit as much as they are beneficial in 2016.

Now, 2016 is filled with great opportunities for Cox Technic to share its clinical outcomes for back pain, neck pain, arm pain and leg pain due to a variety of spinal conditions from disc herniation and spinal stenosis to sprain/strain and spondylolisthesis.

The first of these opportunities comes in the form of research presentations at the ACC-RAC conference in Orlando, Florida, on March 17-19, 2016, where 4 presentations will be shared:

- **Forces applied to patients with low back pain during flexion distraction treatment: a clinical case series** by William Alexander, Robert Vining, Maruti Ram Gudavalli
- **The effect of force feedback training on students learning flexion-distraction technique** by Robert Rowell, Ram Gudavalli, Steven Silverman
- **Dosage of treatment for cervical pain by field doctors using cervical flexion distraction** by Dana Madigan, Jerrilyn Cambron, Jennifer Dexheimer, Maruti Ram Gudavalli, James Cox
- **Outcomes of chiropractic distraction spinal manipulation on post-surgical continued low back and radicular pain patients: a retrospective case series study** by James Cox, Maruti Ram Gudavalli, George Joachim, Kurt Olding

Then building on the success of the fourth listing **about the post-surgical continued pain patient** – *formerly known as FBSS or failed back surgical syndrome* – a new clinical data collection study is in the works for 2016. Currently, physicians have accepted the invitation to participate and are completing the Human Subjects Training with NIH which will be submitted for IRB (internal review board) approval for the project to start. Dr. Ram Gudavalli at Palmer Center for Chiropractic Research is coordinating this. The participating physicians will track all new post spine surgery patients – cervical, thoracic and lumbar – who come to their practices for 6 months then follow them for 3 months of care. The patients will share their subjective pain and condition responses at the start, at the end of 3 months, and at 12 months.

Further, Cox Technic seminars are expanding. They are going abroad to the **Anglo-European College of Chiropractic** and the **Swiss Chiropractic Academy** as part of its year-long technique education series where the certification courses Parts I and II will be shared. And the Part III courses are dynamic and clinically practical. They offer grand rounds, patient case presentations, and discussions of the latest spine care approaches seen in medicine today. While Dr. Cox leads these most dynamic and practical courses, attending physicians are encouraged to present their own cases as well! These courses link the academics to the clinical application and offer an

opportunity to share the successes and discuss the challenges in helping real patients. Hands-on practice is always incorporated and, when The Cox8 Table specially equipped with force measuring devices is available, the forces being applied during the treatment are demonstrated and practiced by all. In his 2016 vision email, Dr. James Cox shared that **“the interest of our work in medicine with spinal manipulation is growing among chiropractors, physical therapists, osteopaths and allopaths. The efforts to sustain and increase chiropractic growth will occur in 2016.”**

Lastly, as noted in the list of ACC-RAC presentations, **cervical spine research** – biomechanical and clinical – grows, so with that growth, the training steps up with the inaugural cervical spine certification course being offered in Chicago in September. This course will balance hands-on training with the academics and culminate in a written and practical examination and focuses just on cervical spine biomechanics, diagnosis, examination and treatment.

So 2016 is most exciting for chiropractic and for Cox Technic in the realm of research, education, and patient pain relief. Benefits and opportunities abound!

Julie Cox-Cid, coordinator for Cox® Technic
www.coxtechnic.com p: (800)-441-5571

Editor's Note:

See COX Seminar notice in the Classifieds in this newsletter. Dr. Cox will be holding a MAUI Seminar on Feb. 6th. Special tuition fee reduction for Hawaii DC's.

COMMON SENSE 101

By Dr. Gary Saito, Immediate Past President, HSCA

Because of the nature of our profession, we cannot consider ourselves just “anybody else” when it comes to our work. The public places an extraordinary trust in us. They give us the authority to examine their lives and their bodies because they believe we have the expertise to resolve their problems. They yield to our advice and our treatment protocols because of their expectation that it will lead to a resolution of the condition with which they presented to us.

This is an extraordinary relationship. Patients surrender their concerns about private and personal space. They tell us things they may not share with others in their lives. They follow our instructions. They allow us to lead/guide them through a recovery. In exchange, they have a right to professional and respectful treatment.

It is our duty to apply our expertise to that end. It is not a reason to abandon our professionalism in pursuit of sexual or prurient interests. It is predatory to take vulnerable persons down an inappropriate path that has nothing to do with resolving their presenting physical problem.

Doctors, all doctors, must be held to a higher standard because of the level of public trust that is given to us. It is exactly that level of public trust that allows us to ask the questions we do to discover the root cause of their problems. It allows us to do a good and unimpeded physical and neurological examination.

Doctors who undress their patients should give the patients a full and satisfactory explanation for this protocol before starting. They must undress only those parts of the body

influenced by the problem. They must have someone else in the office (preferably of the same gender as the patient) during the exam and procedures. If the doctor and the patient are of opposite sexes, it is recommended that the door of the exam/treatment room is left ajar so that calls for help can be heard. If the physical examination involves palpation of a part of the body separate from the symptomatic area, the doctor should give the patient a careful explanation for its necessity and get the patient's understanding and consent before proceeding.

Although rare, the Hawaii Chiropractic Board has taken action on the licenses of doctors who have acted inappropriately and conducted themselves in a less than professional manner with a patient of the opposite sex.

In the office environment, you represent the profession and every doctor who holds a similar license. Patients who are violated talk to their family and friends. In that discussion, they may unfairly paint the entire profession with the same broad brush of disgust. Doctors are advised to pursue their personal urges outside the office setting so that they are not confused with the practice of chiropractic.

RECEPTOR-TONUS TECHNIQUE

By Alice Holm Ogawa, HSCA Kauai Island Director

Doctor,

Have you ever had a patient whose adjustment just "wouldn't hold/stay in place?" Have you tried for months to "fix" your patient, and despite using your best technique, you still could not produce the desired results?

The solution is being offered to you in learning the Receptor-Tonus Technique, a.k.a. "Nimmo". DC's versed in this technique have a therapeutic tool which offers a vital link between the muscular and skeletal systems, a scientific approach based on sound physiological principles.

A vertebra/bone is pulled out, or held out, by muscles under the influence of the nervous system which has initiated the hypertonicity, in response to too many noxious impulses firing into the central nervous system. In other words, the response is a "too much" rather than "too little" "impulses firing—a distinction between the "pinched nerve" theory as taught in Chiropractic Colleges.

If there is truly a pinched nerve, it would most likely result in paralysis, paresis, or numbness which is not as common, as opposed to the pain which drives most patients into our offices. The results of using this technique are dramatic and immediate, removing the abnormal state of nervous function.

I have been using these/technique principles for many years. I have been so impressed with positive outcomes that I have invited Dr. Shelia Laws, DC to come to Hawaii and present a seminar.

The instructor, Dr. Sheila Laws of Quincy, Illinois had attended over 45 seminars from Dr. Ray Nimmo, and has taught over 450 seminars internationally and for most Chiropractic Colleges and State Associations.

Quote from Dr. Ray Nimmo: "Dr. Laws is an excellent instructor. Students who take her classes will learn Receptor-Tonus Technique as I have taught it, for she has attended dozens of my classes, and uses it exclusively in her clinic."

A seminar on the Receptor-Tonus Technique (a.k.a. "Nimmo") will be held on the beautiful island of Kauai, HI on March 12th & 13th, 2016. See the Classified section of this newsletter for all the details. (HSCA members get Seminar Fee Discount)

CELLULAR REGENERATION TECHNIQUE

By Gina Kim, D.C. Wailuku, Maui, HI

Many years ago I began studying and developed a form of "energy technique" that I have found very beneficial for many in my day to day clinical practice.

Cellular Regeneration Technique (CRT) is a form of energy healing to balance the body-mind-spirit. Practitioners learn to determine if the imbalances are due to chemical, heavy metal, emotional/mental, physical or spiritual causes, and what areas are affected. The practice of this technique creates a healing environment and allows the body to regenerate energetically.

Reasons to learn CRT:

1. You are highly sensitive & want a tool to live more empowered; you are intuitive but don't know what to do with it;
2. What you are doing isn't working; you want to elevate your body-mind-spirit to optimum function.
3. Use CRT for self and others to be more complete.

Please come and learn and share in my next presentation on Maui this March. See the Classified section of this newsletter for information. See the early registration discount details!

MEN'S HEALTH IN HAWAII

Pacific Business News 10-02-2015

The sign caught my eye as it stood alone recently on the expansive lawn of the state Capitol Building — a blue banner encouraging men to get their prostates examined for cancer.

"Well, you don't see that every day," I thought. "A health message for men."

There are perfectly good reasons for the attention paid to breast cancer and women's health, including in this issue of PBN, and undeniably unique issues that only women face. In 2013, according to the State Data Book, 135 women died of breast cancer and no men did (breast cancer occurs in men, but accounts for fewer than 1 percent of all breast cancer cases). Ninety-six Hawaii women died of cancers of the cervix, uterus or ovaries; diseases no man could ever get. Also, and quite obviously, not a single man has ever given birth, except for Arnold Schwarzenegger in that one movie.

With the prostate sign on my mind, though, I did what I always do when confronted with uncomfortable, existential reminders of mortality. I looked up stats. Ninety men in Hawaii died of prostate cancer in 2013, according to the Hawaii State Data Book. Then, the more I looked into causes of death in Hawaii, the more it seemed that men, overall, are faring poorly. So I hope no one will take it amiss if I carve out a little space in this issue on women's health to say, as one guy talking to his brothers in business: Gentlemen, we've got to take better care of ourselves.

Men make up slightly less than 51 percent of Hawaii's population.

When it comes to who died of what here in 2013, men comprised the following percentage of Suicide: 78%

- **Motor vehicle accidents:** 72%
- **“All other and unspecified accidents”:** 63%
- **Liver disease:** 68%
- **Peptic ulcers:** 64%
- **Perinatal conditions:** 58%
- **Heart disease:** 57%

All cancers: 56% (Of the 11 types of cancers tracked by the state, Hawaii’s men die disproportionately from 8 of them, and men in Hawaii are 47 percent more likely to die of cancer than women)

- **Urinary tract cancer:** 70%
- **Other cancers:** 64%
- **Non-Hodgkin’s lymphoma:** 61%
- **Colorectal cancers:** 61%
- **Stomach cancer:** 60%
- **Leukemia:** 59%
- **Pancreatic cancer:** 58%
- **Lung and related cancer:** 54%

Some other state and federal facts about men’s health in the Islands:

- Men make up 55 percent of persons served by the state’s mental health authority 2014 and 73 percent of patients cared for in state psychiatric hospitals (per the Substance Abuse and Mental Health Services Administration).
- Men are 32 percent more likely to be obese than women (Hawaii Health Data Warehouse).
- Island women are 38 percent more likely than men to eat five servings of fruit and vegetables per day (HHDW).
- Men are 43 percent more likely to be smokers (HHDW).
- About the only thing men are doing well at is exercise; they are 13 percent more likely than women to meet physical activity recommendations (HHDW).

The upshot of all this is that women in Hawaii have a six-year advantage in life expectancy, at 83.6 years versus 77.5. (Then women face other risks; not surprisingly, women comprised 64 percent of Hawaii’s 2013 fatalities from Alzheimer’s disease. Fewer men live long enough to get that one.)

What’s going on here?

I reached out to Art Gladstone for his thoughts. As CEO of Straub and Pali Momi hospitals, both part of Hawaii Pacific Health, he directs hospital and clinic operations, and rose up through the ranks from nursing at Pali Momi, so knows a thing or two about patients.

“Statistics show that men tend to lead less healthy lifestyles than women and men go to the doctor less frequently than women,” said Gladstone. “However, many of the health problems men face are preventable with early screening and lifestyle counseling. When health problems are found early, there’s a better chance of successful treatment.”

He’s definitely right about men and doctors. According to a 2010 survey by the federal Agency for Healthcare Research and Quality, 57 percent of men had visited a doctor in the past year, while 74 percent of women had.

As to lifestyle, he says, “A healthy diet, regular physical activity and maintaining a healthy weight are things men can do in general to lower their risk for conditions like heart disease and cancer.”

Gladstone recommends annual checkups with a primary care physician. “Your primary care physician is your partner in helping you manage your overall health by recommending screenings, making referrals, encouraging healthy habits and more. Primary care physicians are also the ones who can detect abnormalities early when you’ll have more treatment options available.”

It occurs to me that men may just need a different metaphor to get into the mind set of making and keeping regular appointments. Here’s one: You are not a “patient” checking to see if you are “sick.” You are a race car. Possibly a middle-aged, slightly overweight race car. But nevertheless, a complex machine, the pinnacle of hominid evolution. What you need is a pit crew and the best racing mechanic you can get. That’s your doctor.

I asked Gladstone if he thought there was something the health care industry could do to reach out more to men or communicate with them better. While the industry can never communicate too much with patients, men and women alike, about the importance of checkups and healthy lifestyles, he said, men are open to particular motivation.

“We know that one of the most common reasons men go to see their physicians or schedule a screening test is because someone important in their lives urged or pushed them to do so,” he said. “So, I would suggest that everyone out there encourage the important men in your life—whether it’s your spouse, father, brother, uncle or best friend—to take charge of their health and get their screenings done. It could save their life.”

UPDATED CLINICAL PRACTICE GUIDELINE ISSUED ON CHIROPRACTIC CARE FOR LOW-BACK PAIN

By: ACA update

The *Journal of Manipulative and Physiological Therapeutics (JMPT)*, the official scientific journal of the American Chiropractic Association (ACA), published an update to a previously issued evidence-based clinical practice guideline on chiropractic management of low-back pain (LBP). The update, which revised and combined three previous guidelines, supports that doctors of chiropractic (DCs) are well-suited to diagnose, treat, co-manage and manage the treatment of patients with low-back disorders.

Clinical practice guidelines require regular updating to be considered current. To that end, a formal systematic review of LPB literature was conducted for the current update using the Delphi technique and included 37 panelists, of whom 89 percent had worked in private practice for an average of 27 years. Panelist consensus was reached after one round of revisions; the vast majority of recommendations remained unchanged. The previous Council on Chiropractic Guidelines and Practice Parameters guidelines were developed in 2008 and expanded twice over the intervening years.

The updated guideline provides recommendations throughout the continuum of care from acute to chronic and offers the chiropractic profession an up-to-date evidence- and

clinical practice experience-informed resource outlining best practice approaches for the treatment of patients with LBP. Key recommendations are as follows:

- Routine imaging or other diagnostic tests are not recommended for patients with non-specific LBP. Imaging is indicated in the presence of severe and/or progressive neurologic deficits or if the history or physical exam causes suspicion of serious underlying pathology.
- The hierarchy of clinical methods used should generally correspond to the existing level of evidence (i.e., use treatments that are well-supported by evidence first, before moving on to other treatments that are less supported by evidence but that have been shown to be effective through practitioner experience).
- Active care (exercise) clinical strategies can aid in functional recovery from a re-conditioning perspective and also to improve "locus of control" (promoting patient self-reliance) from a psychosocial perspective.
- Informed consent should be obtained from the patient. The diagnosis, exam and any proposed procedures should be explained clearly. Any material risks associated with the proposed treatment should be reviewed (the definition of what is a "material risk" can vary depending on the state), as well as risks associated with other treatment options and the risk of doing nothing.
- Evidence reviewed does not generally support the use of therapeutic modalities (ultrasound, electrical stimulation, etc.) **in isolation**; however their use as part of a passive to active care multimodal approach to LBP management may be warranted based on clinical judgment and patient preferences.

"The updated LBP guideline continues to vigorously promote the use of published research evidence along with clinical practice experience to establish recommendations on clinical methods designed to improve patient care and outcomes," said ACA President Anthony Hamm, DC, FACO. "It is expected that through constant improvement in clinical methods, chiropractic physicians can elevate the profession and influence greater acceptance of chiropractic in integrated health care delivery systems so that we can better serve the American public."

>>>>CHIROPRACTIC TABLES <<<<

EQUIPMENT: 1. **Zenith Thompson Model 440 Hi Lo** Hydraulic drops all in working order. Good leather covers. This table was originally purchased from Clay Thompson himself. It was his personal table.
 2. **Stationary Exam/PT/massage table.** 28 x 72, 30 inches high. Good covers

PRICE: **FREE** (Both tables available at NO cost)

LOCATION: **Tables located in Kailua, Oahu, HI**

CONTACT: **Dr. Tate Rolfs** drrolfs@gmail.com
(808) 382-7268

>>>>OFFICE SPACE AVAILABLE<<<<

WANTED: **ESTABLISHED CHIROPRACTIC OFFICE LOOKING FOR A THIRD INDEPENDENT DC TO SHARE SPACE**

EQUIPMENT: Two drop tables, One Activator Table, Two Ergo Wave Tables
 ChiroTouch EHR Software, & phone system
 Receptionist/Office Manager

STAFF: 2 Licensed LMT's / 2 Massage Rooms

PLACE: Chiropractic & Massage Center (Kaimuki Shopping Center)
 3221 Waiialae Ave., Ste. 330, Hono., HI

CONTACT: **Dr Chris Piianaia, or Dr Michael Toyooka**

PHONE: **(808) 732-4626, (808) 735-8749**

>>>>OAHU PRACTICE FOR SALE <<<<

Well Established & Hugely Successful Upper Cervical NUCCA Practice For Sale

The only Upper Cervical practice on Oahu (Only 3 in State)
 Spectacular growth (2014 Collections of \$484K/Profit\$216K)
 This CASH practice saw average of 69 new patients/month
 Owner relocating to mainland & will stay for a first class transition to the new owner

Location: Downtown Honolulu, 1,500 sq. ft. office
 Impeccably Furnished & Decorated
 New Digital X-ray

Price: **\$450K** (SBA financing for qualified buyers)

Contact: **Dr. Peseau at Epracticesales**

Call: **(800) 227-6603**

Email: drpeseau@epracticesales.com

Web: www.epracticesales.com

>>>>SEMINARS<<<<

COX Seminar Part III (12 CE's)
 (All welcome, new or re-certifying)

SPEAKER: **James M. Cox, D.C., D.A.B.C.R**

WHEN: **Sat. Feb. 6, 2016 8am to 8pm**

LOCATION: **Hyatt Regency Maui Resort & Spa**

FEES: **HI DC's \$299 (reg. \$499)**
Use Code: HAWAIIIDOC40

CONTACT: **Julie Cox-Cid**
(800) 441-5571 www.coxtechnic.com

>>>>SEMINARS<<<<

RECEPTOR-TONUS TECHNIQUE (10 CE'S)
 (NIMMO TECHNIQUE)

SPEAKER: **Shelia Laws, D.C.**

WHEN: **Sat. March 12, 2016 8:00am to 5:00pm**
Sun. March 13, 2016 8:30 to 1:00pm

LOCATION: **Ogawa Chiropractic, Kapaa, Kauai**

FEES: **HSCA Members \$325 (reg. \$350)**
 Bring swim trunks/swimsuit of gown

CONTACT: **Dr. Alice Holm Ogawa**
(808) 635-8357 aliceholmogawa@yahoo.net
Dr. Shelia Laws
(217) 960-5043 drlaws61@comcast.net

WEBSITE: www.nimmoseminars.net

>>>>SEMINARS<<<<

CELLULAR REGENERATION TECHNIQUE (14 CE's)

SPEAKER: GINA KIM, D.C.

**WHEN: Sat. March 12, 2016 9:00am to 5:00pm
Sun. March 13, 2016 9:30am to 5:00pm**

LOCATION: Wilcox Chiropractic, Wailuku, Maui, HI

FEES: \$250 (paid by 2/12/16) \$300 after

**CONTACT: Dr. Gina Kim pumpanddump22@gmail.com
(808) 871-6996**

www.cellularregeneration.com

>>HSCA GENERAL MEMBERSHIP MEETING<<

(All invited whether HSCA Member or Non)

DATE: Friday, February 12, 2016

**PLACE: Oahu: St. Louis Alumni Clubhouse
916 Coolidge Street, Honolulu, HI 96826**

**Neighbor Isle's: Contact your Island
Director for meeting location**

TIME: 7:30pm

INFO: Call HSCA office: (808) 926-8883