Virginia Chiropractic Organizations Unify

The Virginia Chiropractic Association (VCA) and the Virginia Society of Chiropractic (VSC) merged into a single entity on Friday, September 18, 2009. The vote to unify was the highlight of the largest chiropractic event ever held in Virginia, the VCA/VSC Fall Convention and Unification Celebration in Virginia Beach, Virginia. The new organization will be promoted as the Unified VCA to signal this historical move. A logo contest has been launched and a new website is under construction to support the updated identity.

The unification creates a single, more influential association in the Commonwealth of Virginia that will better serve chiropractic doctors, patients, and the profession as a whole. It will reduce duplication, allowing the profession to combine resources and expertise to implement public policy, education, legal and legislative initiatives with greater strength and impact.

Over a period of several years, the organizations began collaborating more and more frequently, assisting each other in legislative activities and conducting joint educational programs, including their annual convention. Both presidents accepted honorary memberships in the other organizations in order to gain further insights and understanding. Face-to-face meetings and conference calls between the two Boards and staff became regular occurrences.

In May of 2009, a joint Virginia Unification Committee was formed to flesh out the myriad of political, organizational, operational, and legal details and considerations involved in bringing the two groups together. VCA representatives on the committee consisted of Drs. Bill Ward, Lonnie Slone, Doug Cox, Chris Frey, and Chris Bruno. VSC representatives were Drs. Brad Robinson, Tom Wetzen, Sandy Elbaum, Joe Foley, and Garrett Thompson. On August 8th, Dr. Tom Klapp, who was instrumental in the unification of the Michigan associations, joined the Unification Committee in Richmond, Virginia to facilitate the finalization of the unification agreement. This plan of consolidation has already been ratified to ensure a smooth transition, providing a framework for the leadership that will govern the Unified VCA during a two-year transitional period.

During the first year, William B. Ward, DC, CCSP will serve as President of the newly unified organization, while former VSC President Bradbury Robinson, DC, FICA will serve as a Board Member-at-Large. In the second year, those positions will switch, with Dr. Robinson serving as President and Dr. Ward serving as a Board Member-at-Large.

Dr. Robinson explains, “Virginia Chiropractors can be proud: Their leadership listened to what they, the members, said they wanted. Egos and baggage were set aside.” Dr. Ward adds, “While it was challenging at first, we learned to resist the automatic position that our personal idea is the only and best, and to focus on what is best for the entire profession at large. We’re not talking about homogenizing chiropractic. We’re talking about balancing the artistic, scientific and philosophical aspects of chiropractic so that we can serve all our doctors better and present a cohesive, more effective face to the public, legislators, and other healthcare organizations.”
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Virginia Associations Meet as One

“W)e Are One.” That theme resonated throughout the Virginia Chiropractic Association (VCA)/Virginia Society of Chiropractic (VSC) Fall Convention and Unification Celebration, which was held September 18-20 at the Wyndham Oceanfront Resort in Virginia Beach, Virginia. Unification was formally ratified by members on Friday afternoon, September 18th.

The meeting also celebrated the 100th anniversary of the discovery of Chiropractic. Over 240 Doctors of Chiropractic, Chiropractic Assistants, supplier representatives and guests came together for top-notch educational presentations, dynamic speakers, organizational business, political and legislative updates, networking, increased camaraderie and fun.

The DC program featured a blend of practical and inspirational sessions. Dr. David Koch’s keynote address discussed the modern philosophic basis for chiropractic’s fundamental clinical paradigm. Attorney Carlton Bennett helped the doctors to better understand how to protect themselves as they serve their patients in personal injury cases. Dr. Morgan Mullican provided information to help attendees comply with HIPAA regulations and survive post-payment audits. Dr. Dean DePice explained “The Science of Subluxation” and Dr. Laura Hansen taught on Neurological Function Fitness.

Chiropractic office staff members were educated and energized by Ms. Becky Walter’s classes, which ranged from such subjects as “What’s Chiropractic All About” and “Perfect Procedures,” to using scripts and role-playing to help staff handle patient questions, to primers on insurance, Medicare, personal injury, and collections.

Educational programs were complemented by opportunities for attendees to relax and socialize. The Friday evening Welcome Reception in the exhibit area provided a good time for all. A beach party on Saturday evening featured Atlantic Ocean views, great food, and entertainment by Calypso Nuts. The VCA Auxiliary conducted its popular 50/50 and prize raffle, featuring an array of exciting prizes donated by exhibitors, doctors, and patients. Proceeds will be used to support the Auxiliary’s efforts to promote and support Chiropractic in Virginia.

Both organizations awarded their Chiropractor of the Year at the Saturday night party:

**VSC Chiropractor of the Year:**
William B. Ward, DC, CCSP

**VCA Chiropractor of the Year:**
Brad N. Robinson, DC, FICA

Both organizations’ award committees wanted to give special recognition to Drs. Robinson and Ward for leading the unification efforts. Both committees felt that the tone and example set by the two presidents played major roles in the ability of the organizations to set aside differences and come together on behalf of the profession, its members, and its patients.

The VCA also named Dr. Christopher Bruno its District Director of the Year, for his role in working towards unification and in growing membership. Dr. Bruno also received this award in 2005, marking this the first time that a director has been awarded this designation more than once.

The VCA and VSC extend a special thanks to the suppliers who generously supported the convention and enabled the organizations to offer superb programming at affordable rates:

**Sponsors**
- Bennett and Zydrón, PC (Speaker Sponsor, Mr. Carlton Bennett)
- Breakthrough Coaching (Speaker Sponsor, Dr. Morgan Mullican)
- Chirocenters Management Corp. (Saturday Lunch)
- Foot Levelers Inc. (Speaker Sponsor, Dr. Laura Hanson)
- NutriWest MidAtlantic (Welcome Reception)
- Softwise, Inc. (Continental Breakfast)
- TLC (Speaker Sponsor, Dr. Dean DePice)
- USA Laser Biotech (Photography)
- Walter Chiropractic Clinic (CA Program Sponsor, Ms. Becky Walter)

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**Continued on page 5**
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On top of sponsoring Dr. Hanson’s session, Foot Levelers presented a check in the amount of $1500.00 to the Unified Virginia Chiropractic Association, to support its commitment to chiropractic education.

Photos from the exciting weekend, taken by Drs. Nelson and Sherron Marquina and sponsored by USA Laser Biotech, are available upon request from the Unified VCA office.

Above: Chirocenters Management Corp. gang at the Saturday evening dinner party, featuring Marilyn Porras, winner of Best Beach Attire. Below: Attendees dancing to Calypso Nuts.

Right: Attendees chat with speaker Dr. David Koch during a break.

Above: Attendees visit in exhibit area.

Right: PayDC.

Above: Attendees visit in exhibit area.

Right: Dr. Daniel Shaye, A Trusted Voice, updates attendees on flash drive MD presentations for Unified VCA members.

Below: PowerVibe LLC
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Managing Risk in Today’s Economy

Dana Harrison, CLTC

What do you think of when you hear the term “Risk Management”? It’s not just about buying insurance; it’s everything we do to understand and deal proactively with risks in our everyday lives. There are two primary aspects of risk management.

The first is Anticipating that an unfavorable event may happen. Being proactive is key in managing risk. We can take steps to reduce the chances that something will happen. For example, eating a proper diet and getting exercise will help to avoid potential problems later in life.

Another aspect of risk management is Contingency Planning. This involves taking action ahead of time to reduce the negative consequences if something bad does happen. Examples of this are health insurance, disability insurance, business overhead expense insurance and long term care insurance. There are many different ways to manage risk; the most effective way is called Risk Transfer. This involves paying a premium to an insurance carrier in exchange for them to deal with the risk when it occurs. All of the plans below greatly reduce your risk of financial disaster and should be considered as part of your contingency plan.

Health Insurance is critical. Without it you have ultimately decided to self insure. Transferring the risk to a carrier with some type of health insurance plan is a necessity today. For some small business owners, a Health Savings Account is the best way to keep your premiums to a minimum while providing catastrophic coverage if needed. There are many plans and deductibles to pick from and it’s a great way to significantly reduce your risk.

Disability and Business Overhead Expense Insurance plans are designed to pay you a portion of your income should you become disabled and unable to perform the duties of your occupation. The risk has been transferred to the insurance carrier who agrees to pay you a percentage of your income if you qualify. Each contract is different, but some carriers will begin paying you if your income suffers at least a 15% loss.

Long Term Care Insurance is designed to help pay for long term expenses as you age. Long term care insurance can help ensure that financial resources and support are in place when you need them and most importantly, they will protect your assets from risk of depletion. The insured pays an agreed upon premium in exchange for a pool of money to be available when needed. “Triggering” the benefit will involve the insured not being able to perform normal activities of daily living as defined in the contract.

With your budget being stretched to the limit these days, it’s more important than ever to understand your insurance coverage and make sure you are paying for exactly what you need. Sometimes, older insurance plans should be reviewed to make sure newer and better options available today can be included.

We all know self insuring is not a valid option; the risks are just too great. Contingency planning with an insurance advisor can prove to be very helpful in determining the right coverage and amounts are in place when the worst happens.

Ms. Dana Harrison, CLTC, is an Insurance and Investment Advisor for MassMutual Financial Services and manages VCA’s insurance program. She can be reached at 804-290-8739; email dharrison@finsvcs.com.

Health, Sickness and Prosperity

Dean DePice, DC

With hundreds of millions of Americans not currently under regularly scheduled chiropractic care, there is a vast audience for us to reach and no lack of new patients. Now is the best time to grow your practice. There are many practices not expressing good health. What is that about?

In our profession’s founding conversations the question was waged, “How do two men working at the same work bench, breathing the same air, drinking the same water and eating the same lunch result in one being sick and the other not?” Likewise, in an era where practices of hundreds of different varieties exist, what makes some of these practices prosper while others flounder?

• Some practices exist with no adjunctive procedures,
• Some with many adjunctive procedures,
• Some adjusting exclusively above C2, and
• Some providing broad sweeping spa services.

How is it that you can have two seemingly identical practices, both buying the same “magic
3. Are we scheduling every new patient for their in-house workshops? I recommend two the first month and once monthly thereafter for the entirety of their care, prior to ever scheduling any of their appointments or collecting their monies.

In other words, are we totally driven to know our purpose is to spread truth? If we take these actions we will get great results. It is that simple! We do not market to get new patients in, we market to put the truth out. We market so that the community gains truth. The chiropractors challenged by a lack of practice growth must remember this is just a symptom of their limited expression of truth in their community and not a “state of affairs”. Rather than fight with insurance companies or political structures or blame the broken economy, if we are not first dedicating our own time and energy to “turning on the lights” and strengthening the host, it becomes wasted energy. We need not buy one more magic bullet.

Inspiration, transformation and growth can be realized through your own advancement and change. You are the greatest answer to grow a more healthy or prosperous life and practice. You can apply this message today to begin your new growth cycle. Start with committing to something. Consider simply doing 1 or 2 of the following and begin NOW;

1. Do at least one screening per month.
2. Provide talks within your community twice monthly.
3. Do in-office “spinal workshops” weekly that your patients and guests attend.

4. Send out 3-5 reactivation letters weekly. The next week, call on these people to simply update their charts. One criteria is that your practice has been up and running for at least 3 years.

5. Ask for 1 referral per day – ending with a name and an action step.

DO NOT consider doing all of these and then falsely manufacture an experience of “overwhelm” so you end up doing nothing. Simply and clearly SELECT 1 OR 2 and begin now with those. If you need help keeping it simple and successful please, reach out for help and call groups like TLC -- but begin NOW!

Take serious note of this: you are the answer, not any product that someone sells or any of the marketing packages you can purchase. You must be honed not only in skill and conversation but in deliberateness of heart.

Dr. DePice is the founder of TLC Superteams. According to Dr. DePice, “TLC is your community to help build you up, and to provoke you with the questions that will nourish you and thus enhance your practice.” For more information on TLC’s coaching services, visit www.tlc4superteams.com.
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Do Your Patients Rescue With OTC Anti-inflammatory Drugs? The Nutritional Connection

By David R. Seaman, DC, MS

It is not uncommon for patients to derive relief of back pain or headaches with chiropractic care and still use NSAIDs or Tylenol as a rescue therapy to get them through uncomfortable times. In fact, I have met many DCs who do the same thing.

NSAIDs and Tylenol inhibit the cyclooxygenase or COX enzyme. The function of this enzyme is to convert arachidonic acid into prostaglandin E2 (PGE2). A not-so-well-known fact is that the only place from which we get arachidonic acid is our diets. We get linoleic acid from seeds, grains, nuts and plants, which we then covert into arachidonic acid. We also consume arachidonic acid preformed in animal products.

Linoleic and arachidonic acids are the primary omega-6 (n-6) fatty acids we consume in our diet. Alpha-linolenic acid, eicosapentaenoic acid (EPA) and docosahexaenoic acid (DHA) are the omega-3 (n-3) fatty acids we consume in our diet. An important point to remember is that the n-6s and n-3s can only be derived from food.

The traditional, historical indigenous diets throughout the world consisted primarily of plants, wild game, pasture-fed animals, and fish. This diet contained modest levels of linoleic and arachidonic acid, and an equal balance of the omega-3s, which means that our overall intake of n-6 to n-3 was about a 1:1 ratio.

Man’s traditional diet did not contain seed/legume oils (corn, safflower, sunflower, cottonseed, peanut, and soybean) that are excessive in n-6 fatty acids. Now n-6 fatty acids almost oozed from certain foods, such potato chips, French fries, and oil-roasted nuts. We no longer eat wild game and pasture fed animals; instead we subsist on marbled obese meat that is grain-fed, which contains excessive n-6 and saturated fatty acids. Even certain farm-raised fish have excessive arachidonic acid levels, such as catfish and tilapia. Compared to these fish, there is less arachidonic acid in bacon and lean hamburger meat (2).

Food consumption patterns also indicate that our national consumption of n-6 fatty acids is excessive. In 1930, Americans consumed 15 grams of polyunsaturated fatty acids. By 1985, we were consuming 34 grams of polyunsaturated fatty acids; most if not all the increase came from n-6 fatty acids.

How Does This Relate to the Use of NSAIDs?

Patients take these NSAIDs to inhibit the production of PGE2 from arachidonic acid. This means that patients take these meds to block the inflammatory state created by their diets…It is important to remember that the diet is the only place we can get arachidonic acid, which means we literally eat excessive levels of PGE2 for breakfast, lunch, dinner, and snacks. No wonder why chronic pain is so rampant in our society.

What Should We Tell Our Patients?

Supplementing with fish oil is not the antiodote to a diet rich in n-6s. I wish it were that easy. The long-term problem with an n-6 diet is that excessive levels of PGE2 and related mediators are known to promote chronic and life-threatening diseases such as cancer, heart disease, diabetes, Alzheimer’s, and autoimmune diseases (1). Unfortunately, most of our patients are unknowingly asking for one of these diseases to manifest in their retirement years (or sooner) when they are supposed to be enjoying life.

The answer is substantial dietary change and supplementing with at least 1 gram of EPA/DHA per day. Additional supplements that help to create an anti-inflammatory state include a multivitamin, magnesium, vitamin D, and probiotics.

References:
Recent Disease Trends: Winning Some Battles While Losing the War

Scott D. Banks, DC, MS

The recent release of the most recent NHNES data demonstrates how what we make of something can often be more about we interpret the data than what the data actually shows. The recent report of this data in The Annals of Internal Medicine demonstrates just that point.

The National Health and Nutrition Examination Study, or NHNES, looked at the most recent data on the trends in the prevalence rates and management trends of two diseases with immense impact, heart disease and diabetes.\(^1,2\) One of the markers of control is looking at markers that are thought to reflect effective disease management. Those used in the study included blood pressure, HA1C and serum cholesterol. The good news was that these markers all demonstrated improvement over this reporting period from 1999 to 2006. Good so far.

The not so good news is that the prevalence of the diseases did not decrease for heart disease and hypertension, and it actually increased significantly for type II diabetes. Between 1999 and 2006 the prevalence of type II diabetes rose from 11.8% of the population to 13.7%. The conclusion of course is that while we have had some progress with standard treatment concepts in treating some markers of disease activity once a patient has the disease, we are losing ground in preventing these very debilitating and costly chronic diseases.

To clarify the use of the word “costly”, the primary cholesterol drugs statins resulted in total sales of $17 billion in 2006. A recent study projected the cost of statin therapy for those indicated by ATP III guidelines (adults with LDL >130) at $50,000 per QALY. This means it cost $50,000 for every added quality year of life with this approach. The researchers estimate that in order for statin therapy to be cost effective as a preventative treatment, there would need to be a 20-fold reduction in the cost of these drugs.

To add to the financial irrationality of this approach, there is a heated scientific debate about the role of these drugs in the growing epidemic of heart failure. Heart failure hospitalizations increased 131% between 1980 and 2006 generating $34.8 billion in annual costs.\(^3\) Statins impair muscle cell energy production including in myocardial cells. Heart failure is a progressive dysfunction of the myocardium. While statin use has been shown to prevent secondary events (infarctions) in those with heart failure from acute myocardial infarction, it may be fueling the heart failure epidemic itself.

Another recent study seemed to confirm the above point.\(^4\) The study looked at the reductions in LDL cholesterol levels as well as the rates of subsequent “primary outcomes” defined as cardiovascular deaths, new myocardial infarctions and strokes in a large sample of patients with heart failure who were treated with statin drugs or a placebo. While the drugs resulted in a mean reduction of LDL cholesterol of 44% in those taking the statin drug, no reduction in the primary outcome rate occurred versus the placebo group. While some reduction in primary outcome rate would be expected from the LDL cholesterol reduction, it did not occur likely related to increased adverse outcomes related to accelerated myocardial failure.

The figures from the recent NHNES data were in spite of record numbers of individuals receiving treatment for metabolic disease components with drugs. The conclusion from this combination can only be that people have the ability through poor lifestyle to get metabolically diseased faster than they can be “cured with drug therapy”. It seems as if the illusion that there are good drug therapies for metabolic diseases gives the general public a false sense of security that allows them to undervalue the therapeutic roles of lifestyle and nutritional interventions.

Heart failure patients have a diverse set of metabolic errors that tend to be responsive to nutritional therapy. These include those that facilitate myocardial energy production rather than inhibiting it, the reduction of inflammation and care to other factors that limit muscle cell energy production such as low 25 OH Vitamin D levels.

References:
1) http://www.cdc.gov/nchs/nhanes.htm
4) Kjekshus et al. ROSUVASTATIN IN OLDER PATIENTS WITH SYSTOLIC HEART FAILURE. NEJM, 2007;357:2248-2261.
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Nutrition manufacturers take the suppliers word for it when receiving raw materials.

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Insurance Committee Update
Dr. Jay Greenstein, Chair

The Insurance Committee has worked hard this year in addressing the multitude of issues that our members deal with on a daily basis. We’ve worked to help inform members of Medicare changes and AMI-CareFirst updates, as well as new Anthem challenges in which self-funded plans may have a copay for chiropractic services and a deductible for PT services, but the copay for the chiropractic services are not inclusive of the deductible. Members did a great job participating in the Optum Health/UHC survey I conducted for the carrier’s Chiropractic Professional Advisory Committee meeting. Further, recommendations were made about how they assess their “8 visit rule” and that a professional researcher who sits on the committee should look at how that rule is established based on the data and make future recommendations. Although the CPAC meeting for ASHN was cancelled this October, a survey will be sent out shortly to address members’ concerns, to be brought up at the next meeting.

Lastly, we are working with the VCA attorneys to get a better understanding of how participation in the PPO plans don’t force our members to also become HMO participants. More on that issue will follow soon. A big thank you to the entire committee for all the hard work performed and results that have been achieved.

More About Optum Health

As referenced above, the OptumHealth Chiropractic Professional Advisory Council (CPAC) held its third quarter meeting August 6, 2009. I attended the meeting as chair of the Virginia and Maryland Chiropractic Associations’ insurance committees.

One of the CPAC’s year-long missions has been a focus on business fundamentals, including timely claim adjudications, improved customer service and turn around times for administrative requirements. United Healthcare’s senior vice president for physician and hospital relations has been attending the meetings and has provided updates on the metrics United Healthcare uses to evaluate its claims and service process.

One of the issues association members consistently brought to the advisory council was offshore service centers. OptumHealth returned its entire service centers to the states in December of 2008. United Health care has begun the process of returning a majority of its service centers stateside and is expected to complete that transition in 2011.

United Healthcare is also revamping its claims resolution process to include documentation to indicate if the resolution does not match provider’s expectation. Follow up calls will be made in those instances. UHC will provide quality audits to ensure the issues have been closed in the provider’s practice management system before the issue is considered resolved. This new process is also expected to be complete by 2011. One of the surprising issues UHC encountered was that the billing staff was unable to articulate the specific issue and their expectation for resolution. UHC has encouraged the associations to educate providers about the need to provide billing specialists with enough information to enable them to communicate the issue and the expected resolution.

The meeting featured continued discussion on... Continued on page 15
The department conducted a market conduct examination of United Healthcare after patients and chiropractors filed complaints about the company denying claims. A 2004 Missouri law requires health insurance companies to cover the costs of at least 26 chiropractic visits per year without prior authorization. For the first 26 visits, coverage can only be denied if the treatment is determined not to be medically necessary. The department’s exam reviewed United Healthcare chiropractic claims since the law took effect.

G Code and CareFirst

According to my recent consultation with Deborah Alston, our provider representative for CareFirst, CareFirst will NOT accept the G code for electrical stimulation. Chiropractors must use the 97-series code, even though the doctor’s reimbursement is lower. If you bill the G-code to Medicare and it goes to CareFirst as secondary, it will not be denied. If you have been denied related to a secondary billing past Medicare, please send your EOBS to me at drjay@ssrehab.com. I will forward them to Ms. Alston for review on your behalf.

Public Relations Committee Update

Dr. Jay Greenstein, Chair

The PR Committee has made great strides this year. In addition to keeping the Celebrate Wellness! editorial and audio pieces going to educate patients and members of the healthcare community, by the end of this year we will have released four MD flash presentations. We’ve received great feedback from members and healthcare professionals alike regarding the high level of professionalism and information in these presentations.

We’ve also just begun our new campaign to develop a new logo for the UNIFIED Virginia Chiropractic Association (see complete prize and submission details on page 25. We’re stepping up our involvement with the Foundation for Chiropractic Progress, with Dr. Brandon Lemuel serving as VCA’s liaison to work with this great organization to help improve the branding of Chiropractic in Virginia. Further, we’re working on becoming more social-networking-savvy with the soon to be released VCA Facebook page (please make us your friend when we send out the announcement!). Lastly, we are holding an end of year meeting in December in order to plan for 2010 and a new initiative that will bring Chiropractic even greater positive exposure for your practice and the community at large! A big thank you to the entire committee for all the hard work performed and results that have been achieved.

VCA’s Dr. Scott Cypher Participates in U.S. Senate Health Fair

On October 16th, American Chiropractic Association (ACA) staff and local member doctors of chiropractic were on Capitol Hill at the U.S. Senate Health Fair, educating members of Congress and their staff about the benefits of chiropractic. In the photo below, Dr. Scott Cypher, VCA Past President and current PR committee member, performs a functional assessment for Senator Richard Lugar (Republican, Indiana).
The Unified Virginia Chiropractic Association guarantees a solid Return on Investment (ROI). If you take advantage of your member benefits, the value you’ll receive can easily exceed the annual dues that you paid.

But there’s yet another way in which you can realize an even greater return on your investment: VCA’s “ROI” member-get-a-member campaign.

The Program Couldn’t Be Simpler

For every new member that lists you as sponsor on his or her membership application, you’ll receive a “VCA VALUE VOUCHER” good for $25.

• You’ll receive a $25 VCA VALUE VOUCHER regardless of the new member’s dues level – even Students (dues: $35), First Year DCs (dues: $100), etc.
• You’ll receive a $25 VCA VALUE VOUCHER regardless of whether the new member joins with an annual payment or enrolls in quarterly EZ-Pay.
• There is NO LIMIT on how many $25 VCA VALUE VOUCHERS you can earn.

Use the vouchers to save on – or if you earn multiple vouchers, completely pay for – your next dues renewal or the next Unified VCA seminar or convention that you or your staff attend.

OR give the voucher to the new member you’re sponsoring as a personal gift from you to make it even easier for him or her to join. Perfect for that new associate in your office or recent grad!

And it’s easier than ever for your colleagues to join. Visit www.virginia chiropractic.org or contact the VCA office for the current special membership offer that you are entitled to extend.

If you have any questions about VCA Value Vouchers, saving real money on your membership investment, sharing benefits with non-members, or how to benefit fully from your own VCA involvement, call the Unified VCA at 540-932-3100 or email vcacentral@hughes.net. In the meantime, thanks for your support!
Now you can know more in less time and concentrate on the important things in life!

The Center for Advanced Imaging is pleased to introduce our new Digital X-Ray to offer you faster, more convenient and instant results. Schedule your appointment today and see the difference!

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- Elliot Eisenberg
- Leslie Holcombe
- Noah Malavolti
- Mathias Pastore
- Steven Riggleman
- Burt Rubin
- Ray Tuck
- Scott White
- Adam Wilding
- John Willis

Gold: $600 to $999
- David Dolberg

Silver: $400 to $599
- Edward & Paula Carlton
- Douglas Cox
- Christopher Frey
- Michael Haas
- Sherron Marquina
- Susan Martin
- Michael McCarney
- Howard Wilson

Emerald: $200 to $399
- Charles Arndt
- Donald & Robin Bresnahan
- Chris Bruno
- Alan Cason
- Karen Cerwinski
- Janice Piedmont Dunlap
- William Todd Fisher

Terry Gillenwater
Jay Greenstein
Robert Hedgepath
Tim Musick
Stewart Rawnsley
Gary Sandford
Lonnie Slone
Jan Sumner
Susan Sweeten
Steve Trauben
Charlene Truhlik
Paul Tschetschot

Bronze: Up to $199
- Scott Banks
- Larry Bompani
- Richard Brown
- Phillip Connolly
- Paul Cronk
- Joe Dockery
- Debra Farrell
- Danny Floyd
- Wayne Fusco
- Alicia Haupt
- Jason King
- Ron Kulik
- Cory McKinley
- Neil McLaughlin
- Charles O’Dea
- Chris Oliver
- Terry Pleskonko
- Eric & Suzanne Santjer
- Matthew Schrier
- Randy Short
- Martin Skopp
- Peter Stanton
- Bill Thesier
- Nick Triandos
- Steven VeGodsky
- Michael Whalen

We would like to thank these doctors for their continuing support of C-PAC. We have 72 doctors who have donated $24,000 as of August 1. Our 2009 goal is $50,000 -- an additional $26,000 before December 31st.

Reminder: The following state offices are up for election this year: Governor, Lieutenant Governor, and Attorney General -- as well as 100 seats in the state House of Delegates and state Senate.

The Future of Chiropractic Starts TODAY

I want to advance and defend my profession by contributing to VA-CPAC.

The VA-CPAC works diligently to support Pro-chiropractic candidates in the State of Virginia.

I wish to contribute:

$________ Monthly OR $________ One Time

(Every contribution is personal. As a reference point, the minimum suggested donation is $70 per month.)

Name:__________________________________________________
Signature: ______________________________________________

Personal Credit Card Payment Option (EZ Pay):

_____Visa or _____MasterCard

Account #:______________________________________________
Expiration Date:__________________________________________

Personal Check Payment Option:

Check #:________________________

Name on Check:__________________________________________
Street Address:___________________________________________
City:________________________ State:_____Zip:________________

Mail to VA-CPAC, POB 1433, Christiansburg, VA 24168
OR fax form to 540-951-8900.

Free for Unified VCA Members: Presentations for MDs and Other Healthcare Providers

1. When and How to Refer to a Chiropractor – READY NOW!
2. The Role of Chiropractic in Low Back Pain Management – READY NOW!
3. The Role of Chiropractic in Headache Management – To be Released Soon
4. The Role of Chiropractic in Whiplash Treatment - To be Released Soon
We’re Helping Members Save Hundreds of Dollars!

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Take advantage of these VCA Member discounts below:

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*Additional discounts may apply

**Health Insurance & Retirement Planning/401K’s**
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Support your Association!
25% of every commission dollar we earn goes to the VCA

MassMutual
We’ll help you get there:

DANA HARRISON, CLTC
804-290-8739 or 888-324-1602 x 739
Thanks to the generous donations of many of our members, the Virginia Chiropractic Association (VCA) was able to enlist the help of the Leclair Ryan firm to help assess our professions’ position within the National Healthcare Reform process and to help develop a plan in which our State can become a more active participant on a national level.

The final report from LeClair Ryan was released to the VCA Board and Virginia National Healthcare Reform Action Fund contributors in early October, accompanied by a conference call briefing. The full report will appear in the fall issue of The Virginia Voice, currently in production.

The report includes nine action steps which LeClair Ryan recommends we implement in order for Virginia to have a positive impact on this national matter. The VCA has already begun to implement these recommendations and take action. Dr. Ray Tuck has been appointed as Political Action Coordinator and will have the Association’s full support in gathering required information, arranging meetings with federal decision makers, delivering our message to the media and federal representatives, and mobilizing our membership for any necessary calls to action.

One of the main strategies employed by our national chiropractic associations for gaining inclusion of Chiropractic within National Healthcare is through the inclusion of ‘non-discrimination’ language in any proposed legislation. In short, this language would ensure that any service allowed under the National policy could be provided by any provider who is licensed to perform that service within their state. With the help of LeClair Ryan, the VCA has been able to meet with Senator Warner and his aides and have consequently gained his commitment to support non-discrimination. As of this writing, the VCA is making arrangements to meet with Senator Webb and his staff with the intent of gaining a similar commitment on this key issue.

According to attorney Jeff Mitchell of LeClair Ryan, action in the Senate will undoubtedly occur first. The Senate may vote on their version of the Bill at any time; therefore, gaining the support of our two U.S. Senators has become a priority. The House will vote on their version of the Bill some time later, giving the VCA a brief amount of time to organize and then help garner the support of our Congressional representatives prior to their vote.

The Unified VCA will also take this opportunity to educate not only our lawmakers, but also the general public about the safety, efficacy and cost effectiveness of Chiropractic care and the pioneering role that we have played in the past (and continue to play) in the promotion of health and wellness.

As you are aware, National Healthcare Reform is a very fluid process with dramatic shifts in policy taking place on almost Continued on page 23
**Digital Imaging Solutions for your Practice**

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Unified VCA DC Members may place a classified ad in The Virginia Voice and on VCA’s website free of charge. Fee is $65 for non-member DCs and all Suppliers. Listing will remain on website for 3 months, plus appear in at least 1 issue of VCA’s newsletter and at least 1 broadcast email/fax to DCs throughout VA. Limit of 35 words may be imposed. For deadlines, display ad info. and/or to submit your listing, e-mail vacentral@hughes.net.

Updated 10/15/09

PRACTICES

2 YR TIDEWATER PRACTICE collecting 200k. Fully equipped 2500 sq ft with electronic records & billing, xray, therapies, rehab, some nutrition. Exc opprtty to grow, positioned to steadily inc w/nice mix of major med, cash, some PI. Located in center of Va Bch, Dr relocating for family. Plenty of rm to share w/IC or go multidisciplinary if desired. Email chirofor-sale@live.com for more info.

ESTABLISHED SPINAL DECOMPRESSION PRACTICE in very desirable Charlottesville. All Lordex equipment, new digital x-ray. Office is absolutely turn-key and available to lease or buy now. Serious applications call Bill Downer, Downer and Assoc., 434-825-7126 or email bill@downerandassociates.com.

NOVA PRACTICE FOR SALE: 2.5 year old family & rehab clinic collecting $270,960. Proven profitable over last yr, almost doubling gross receipts. Fully equipped w/x-ray, ultra sound, elec stim, computerized ROM & muscle strength testing. Access to huge rehab exercise facility. Lots of walk-ins, very min adving needed. Adjacent to upscale health club. Superb patient traffic flow: 1 entrance from parking lot, 2nd from inside health club that’s part of 1 of the lgest chains in region. Access to >40 new club clients ea mo & personal trainers refer. New DC can easily dbl #s w/little mktg effort. Just mns from 166/Rt/#28. Contact 703-434-9669, drward@novapainandrehab.com.

10-YR OLD FAMILY PRACTICE in busy No VA area, Fairfax Cty. Great opp for young dr to start. Well-located, easy access, 1200 sq ft in prof bldg. Activator & Diversified practice supported w/great staff. Good opp for MD/PI referral. Owner relocating, will ensure smooth transition. Serious inqs pls. Pls call Fred, 402-770-3733 or fgrosans@windstream.net.

VA PRACTICES FOR SALE: Call The Paragon Group at 800-582-1812 or visit www.eparagon-group.com, to view current listings in Roanoke Valley, Va Beach & Fairfax counties.

ASSOCIATE AVAILABLE

HIGHLY PERSONABLE, DRIVEN NYCC GRAD (Nov 09) educated in multiple techs incl diversified, SOT, myofascial release, AK. Seeking ethical clinic that values both chiropractic & soft tissue techniques. Pls email kris.schuster.dc@gmail.com or call 586-337-1390.

POSITION AVAILABLE

ASSOC./PARTNERSHIP OPPORTUNITY: Assoc interested in learning both the clinical & practice mgmt skills of a quality practice w/opportunity to become a partner. Practice is in a beautiful costal area w/a balance of rec & lifestyle attributes. Prefer 3-5 yrs exp & must be financially stable. Respond w/details about yourself & yr prof goals w/subject “Associate” to heather@dceducation.com.

SEEKING INDEPENDENT CONTRACTOR: Fantastic opportunity for new grad or dr looking to relocate to noVA (Ashburn). Office is beautiful & fully equipped (i.e., on-site x-ray, physiotherapies, paperless software for billing/doc). Flexible hrs available. Send resume to info@chirova.com or fax 703-729-0002. I’m looking for immed integration, so pls feel free to call me if you have any questions, 703-729-5600.

SEEKING MOTIVATED ASSOC for Leesburg Clinic. Bonus incentives available. Email resume & questions to mistypauldc@aol.com.

BUSY, HIGH VOL family chiro ofc looking for energetic, ethical, personable DC to be part of our team. Just re-located to our newly constructed 3000 sq ft state-of-the-art facility. Currently 3 MTs & 3 CAs on team. Looking to make an assoc’s dreams come true & offer a rewarding compensation pkg. Conveniently located in Colonial Heights, VA, 15 mins to downtown Richmond, 1.5 hrs to Va Bch & Wash DC. Diversified, Gonstead, Activator, Drop, flexion/distraction, axial decompression, SOT techniques, passive PT. For more info or to send resume pls fax to 804-520-7624 or email ariyachiropractic@yahoo.com.


Continued on page 24
Continued from page 23

INDEPENDENT CONTRACTOR positions available for 2 offices in Va Bch/Chesapeake area. Start your own practice in an estd office w/assistance of our front desk staff for scheduling & billing. Enjoy the freedom of making your own decisions, yet w/out the liability of a high start up cost. Email ajkeefe@yahoo.com for more info.

ASSOCIATE CHIROPRACTOR needed for Manassas. Must be CBP certified (or in process of becoming) & hold a VA license. Please fax your resume to 703-356-5658.

STERLING: Looking for dr w/confidence in skills & very personable attitude. Owner of clinic had 4 chiro clinics in NoVa & is cutting his hrs back in Sterling to spend a little more time in the others. Sterling clinic is mainly a Wellness practice & we do our best to stay involved w/community. Pls call 703-421-2990 or email palmerc@palmerc@email.com.


ASSOC WANTED: Southeastern VA dr seeks team player, motivated, outgoing, personable, ready to grow, devoted to patients. Diversified, Cox F&D, strong adjusting skills mandatory, soft tissue techniques, acupunture a plus. Newly renovated treatment rms/new equipment for you & your patients. Female & athletic patient base. FT, salaried + incentive pay. Retirement plan, malpractice included. Contact Beth at info@performancechiropractic.com.

SEEKING Indep Contractor: An upbeat, enthusiastic dr who wants to join great team in NoVa in 1 of the fastest growing/most lucrative counties. Must be positive, willing to work hard to achieve success. Bilingual (Eng/Sp) helpful/not reqd. We supply rm, procedures, admin, billing: maintain reception area, sched appts, answer phones, greet patients, maintain accts/records, file ins, assist w/ins apps, ofc mats. New on-site digital x-ray, complete ofc renov, paperless software, exc location w/great visibility, flex hrs. Swimming community for 12 yrs; 10 more yrs on lease. Ofc combines chiro, physiotherapy, nutrition, acupuncture; treats injuries, PI, WC, OB, ped, ins, cash, anyone needing care. Send resume to chiro208@va-coxmail.com or fax 703-904-8529.

IMMEDIATE OPENING (Northern VA): Searching for DCs in Rosslyn & Sterling. Clinically strong, motivated, self-starter, interested in practicing within a group practice. Competitive salary & profit sharing w/op for partnership. Acupuncture subspecialy a strong plus. PT & Rehab training required. Interested drs, email CV to DrLee@Rapha-Clinic.com.

EXCITING OPPORTUNITY awaits you! Looking for a fun & exciting practice to work in? Cutting-edge family practice in Great Falls is looking for a tandem DC to join our team. Must have exc adjusting skills & exp w/exteremities, disc herniations, sports injuries. Palmer pkg preferred. Confidence w/ pediatrics a plus. Competitive salary w/benefits & bonuses. Serious inquiries only pls fax resumes to 703-575-5478 or e-mail to loebchiro@aol.com.

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SPACE

SHARE: 1300 sq ft office 1 m north of Dulles Airport. Chiro/massage office since late 80s. Sign on main blvd/busy corridor. Available now. Contact Dr Cypher, 703-481-9698, cypchiro@verizon.net.

OFFICE TO SHARE: Fully equipped office in Berryville, small town outside of Winchester. Diversified practice, F/D, drops, EMS, US & x-ray on site. MT & low tech rehab also available. Email Inq to drschleifer1@aol.com.

EQUIPMENT

AQUA BED available in Alexandria. Interested parties call Dr Hatam, 703-626-8727. Thx.

FOR SALE: Used equipment for sale incl chiro tables, Spinulators, EMUs, US, diathermy units. Tables are a Triton TR E – CH3 Hi/Low table in great shape & a Zenith manual F/D table. Great prices on all. Email Dr Wyman at Drwyman@msn.com or call 301-208-2225.

Intersegmental Traction Table WANTED: New doc needs a good used intersegmental traction table. If you can help out, please email picture & price to dannyrflody@aol.com.

ERCHONIA COLD LASER, EB PRO FOOT BATH, INSIGHT MELINIUM SUBLUXATION STATION: Erchonia PL5 Cold Laser, purchased 4/07, rarely used, $5000. EB PRO Detox footbath, purchased 4/07, rarely used, incl unused array, $1250. Insight Melinium Subluxation Station, purchased 2006 like new, $3500. Dr Jarrett, 757-287-3525, trj3@cox.net.

FOR SALE: Good as new Triton DTS Chattanooga decompression table for cervical & lumbar spine, $8500. Email inquiries to office@kempsvillechiro.com or call 757-467-5258.

USED ANATOMOTOR TRACTION/DECOMPRESSION TABLE for sale. Anatomotor traction table, all the bells & whistles, dual vibrating rollers w/heat, traction device (cervical & lumbar), harnesses for cervical, thoracic, lumbar traction. Addl suboccipital cervical traction accessory. Matching stool & table cover. Tan naughyde in great condition works flawlessly. I am replacing w/a new DTS system. $1500 for all. Photos available. Email drtodd@todd-chiropractic.com.

X-RAY MACHINE: Universal XMA 325 300/125. Works perfectly, never maintenance issues, always passed inspection, 14x17 bucky, $3500 neg. I’m upgrading. PROCESSOR: AFP Minimed 90sec, w/stand & replenishing tanks. Works perfectly, lightly used, cleaned monthly by prof (Not Me). $2200 neg. PASS THRU BOX for wall bet xray rm & darkrm, lead lined, holds up 14x17 cassettes, $300. FLASHER: $10. Call Mark Gutekunst, DC at 757-549-1664, email cedarchiropractic@yahoo.com.

FOR SALE: 1 neurodyne surface emg static & dynamic $500. 1 posturezone posture assessments software $50. 1 acumor digital inclinometer $75. For more info, call Dr Shara Posner at 703-683-7771.

Continued on page 29
Help "Brand" The Unified VCA!

Participate in VCA’s Logo Contest

Your association needs a new logo! The Society logo has reserved its place in Virginia chiropractic history and the VCA logo needs to be updated to accurately convey that there has been a significant shift… That while the organization will continue to provide the strength and benefits that doctors have come to expect, the unification of the Virginia Chiropractic Association and Virginia Society of Chiropractors means a new and better chiropractic association for everyone in Virginia. So, set your creativity free and help us to design a new look.

This will be even more important as we encourage doctors who are not members of either association to get involved; educate legislators that there is now one single, stronger voice in the state; and increase awareness among the public, other healthcare providers, media, and other parties that the VCA is the go-to organization in the Commonwealth.

**Prizes**

- Free 2010 Membership
- Free Registration to the Spring or Fall 2010 Convention
- Recognition in the *Unified VCA’s* newsletter, news releases, web site, and other communications.

**Eligibility**

The contest is open to all VCA/VSC members, regardless of membership category, as well as those our members come into contact with that might wish to participate: patients, local schools, etc. If a submitted design is selected by the Board of Directors, the prizes will go to the member submitting the design. While the prizes are designed to benefit the member, members are welcome to provide their own incentives if they want to get their patients, staff, family or friends involved in the contest. Winner must be current in dues to receive award.

**Deadline**

Logo ideas must be received by the *Unified VCA* office no later than December 31, 2009. Winning idea will be announced by January 31, 2010.

**Logo Should**

- Reproduce clearly in a range of sizes.
- Include both a one-color and two-color version.
- Incorporate “The Unified VCA” and “Virginia Chiropractic Association” spelled out.
- Work with or without the slogan, “Ensuring the Health of Virginians.”
- Optional: Inclusion of a state graphic.
- Optional: Inclusion of “Since 1925” or “Est. 1925.”
- Some of the words that have been offered to describe what the new logo should convey include: progressive, active, patient-centered, modern, natural, strong, healthcare.

**One Example Containing Suggested Elements**

**Submissions**

E-mail logo design to vcacentral@hughes.net or mail it to The *Unified VCA* Logo Contest, PO Box 15, Afton, VA 22920. No faxed submissions, please.

**Questions?**

Call 540-932-3100 or e-mail vcacentral@hughes.net.
Welcome, VSC Colleagues!

The following Virginia Society of Chiropractic members have joined with the Virginia Chiropractic Association members to create the Unified VCA.

Parker Adams, DC
Roanoke, VA
Phone: 540-989-9004
E-mail: Adams143@cox.net

Bill Asimacopoulos, DC
Fredericksburg, VA
Phone: 540-786-4882
E-mail: DrBillDC@adelphia.net

Daniel Atwell, DC
Harrisonburg, VA
Phone: 540-442-8294
E-mail: drwellness@comcast.net

Karen Baader, DC
Roanoke, VA
Phone: 540-966-1423
E-mail: dr.karen@oasischiro.com

Thomas Baader, DC
Roanoke, VA
Phone: 540-966-1423
E-mail: drtombaader@hotmail.com

David Block, DC
Chesapeake, VA
Phone: 757-436-5428
E-mail: drblockchiro@gmail.com

Jeffrey Bowers, DC
Fredericksburg, VA
Phone: 540-710-7272
E-mail: FriendsRun@aol.com

Karen Brennan, DC
Virginia Beach, VA
Phone: 757-430-8000
E-mail: drkaren@sc.hrcoxmail.com

Michael Brennan, DC
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Phone: 757-430-8000
E-mail: msbrennan1@cox.net

Lola Capps, DC
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E-mail: drloladc@yahoo.com

David Capps, DC
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E-mail: dceolfdr@yahoo.com

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Sandra Elbaum, DC
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E-mail: bacdoc1@gmail.com

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Phone: 757-482-8445
E-mail: drjohnfenn@drjohnfenn.com

Louis Fernandez, DC
Virginia Beach, VA
Phone: 757-431-2225
E-mail: ighchiro@hotmail.com

Joseph Foley, DC
Salem, VA
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E-mail: Bonesdc@aol.com

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E-mail: drsgenthner@gmail.com

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Phone: 540-375-3990
E-mail: gilbertchiropractic@yahoo.com

Duane Hudspeth, DC
Stephens City, VA
Phone: 540-869-3034

Karen Jeffries-Fernandez, DC
Virginia Beach, VA
Phone: 757-431-2225
E-mail: ighchiro@hotmail.com

Robert Leib, DC
Virginia Beach, VA
Phone: 757-431-2225
E-mail: askdrbobdc@aol.com

Sue Lewine, DC
Burke, VA
Phone: 703-426-7101
E-mail: drsueann@aol.com

R Lykens, DC
Winchester, VA
Phone: 757-678-0100
E-mail: drmerri@yahoo.com

Charles Masarsky, DC
Vienna, VA
Phone: 703-938-6441
E-mail: neurofitness@aol.com

Dale May, DC
Salem, VA
Phone: 540-387-1680
E-mail: davechiro@msn.com

David May, DC
Salem, VA
Phone: 540-387-1680
E-mail: davechiro@msn.com

Michelle Rose, DC
Virginia Beach, VA
Phone: 757-490-5828
E-mail: megade34@aol.com

William Sonak, DC
Sterling, VA
Phone: 703-406-0200
E-mail: drwill@vafamilychiropractic.com

D Stachelak, DC
Montclair, VA
Phone: 703-580-8388
E-mail: drscott@corechiropractic.biz

Continued on page 27
Welcome, New Members!

The following individuals have joined the Unified VCA since the summer newsletter was published.

Logan Brooke, DC  
Tuck Chiropractic Clinic  
Blacksburg, VA  
Phone: 540-951-6900  
E-mail: lbrooke@tuckclinic.com  
First Year DC

Kevin Walsh, DC, CCP, CWP  
Williamsburg, VA  
Phone: 757-220-4917  
E-mail: drwalsh@walshfamilychiro.com

Joshua Cole, DC  
Seneca Falls, NY  
Phone: 540-273-8068  
E-mail: jjcoledc@gmail.com  
Student

Marc Feldman, DC  
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**Classified Listings**
Continued from page 24

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**ELECTRIC HI/LOW ZENITH TABLE:** Gd shape, $400. THERAPY BENCH: Small flat, $75. EXAM TABLE: Lg flat, $100. Can deliver to Richmond area. If interested, contact Dr Kennedy, phone 804-439-1133 or email jkdc1@verizon.net.

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Risk Management and Record Keeping in the Chiropractic Office

By Stephen M. Savoie, DC, FACO

Saturday, November 21

Sheraton Richmond West, 8:30 a.m. - 5:30 p.m.

8 Type 1 CEUs

Learn How To:
1. Produce a good SOAP note in less than 60 seconds using nothing more costly than lined paper and a pen.
2. Write a treatment/management plan in less than three (3) minutes.
3. Use Outcome Measures and Activities of Daily Living to support a patient receiving active care, especially with Medicare.

The urgent need for improved documentation by Doctors of Chiropractic and other healthcare providers has been underscored yet again in the most recent report from the Office of the Inspector General. In order to effectively fight for increased parity and more accurate reimbursement policies, we must be able to accurately qualify and quantify treatments and results. Doctors are being increasingly pressed to find ways to better serve their patients, reduce workloads, and lower risks.

This class addresses risk management and proper record keeping in the chiropractic office. Upon completion of this program, Doctors of Chiropractic will:
• Understand the necessity for accurate, complete, legible records.
• Understand the components needed to have a complete record package on each patient.
• Understand the ethical considerations as they relate to proper record keeping and patient confidentiality.
• Understand the rationale for and the development of a Case Management/Treatment Plan.
• Understand the components of daily record keeping (SOAP) and how to efficiently use them in chiropractic practice.
• Understand the concept of Maximum Medical/Chiropractic Improvement.
• Understand the concept of Medical Necessity.
• Understand the concept of Risk Management.
• Understand the terminology associated with Risk Management.
• Be able to identify those patients with a higher risk of adverse reactions to chiropractic care.
• Understand appropriate strategies to successfully manage high risk patients.

A complete outline is available from the Unified VCA office upon request.

Sponsored by NCMIC. NCMIC policyholders will receive a 5% discount on their premium at the time of renewal for 3 consecutive years by attending all 8 hours.

Location
The seminar will be held at the Sheraton Richmond West Hotel, located at 6624 West Broad Street, Richmond, Virginia, 23230. A special room rate of $79 + taxes, single or double occupancy, until 10/21/09. Call 804-285-2000 or 800-325-3535 for reservations and identify yourself as part of the Virginia Chiropractic Association (VCA) group. AFTER OCTOBER 21st, hotel reservations are on a space and rate available basis, so make your reservations now!

Speaker
Dr. Stephen Savoie’s spirited and outgoing personality lends itself to an interesting and informational seminar. His experience as both a teacher and as a private practitioner provides a plethora of personal stories and examples to make his programs fun and memorable. Dr. Savoie is a 1978 graduate of Palmer College of Chiropractic, and he has completed postgraduate programs in sports chiropractic and chiropractic orthopedics. He has taught throughout the United States for Palmer College, the National Chiropractic Mutual Insurance Company, multiple state associations and other organizations affiliated with the chiropractic profession. His writings have been published in numerous journals and texts and he has helped to develop online training programs and record-keeping systems.

More Information
For further details, visit Education and Events, www.virginiachiropractic.org.
Calendar of Events

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Hampton Inn, Manassas, VA

November 7, 2009
For DCs & Staff:
Medicare Made Simple
By Susan McClelland, BS, CCA, FICC
Charlottesville, VA
7 Type 1 CEUs for DCs

November 8, 2009
For DCs & Staff:
Coding Made Clear
By Susan McClelland, BS, CCA, FICC
Charlottesville, VA
4 Type 1 CEUs for DCs

November 21, 2009
For DCs & Staff:
Documentation: Risk Management & Record Keeping for the Chiropractic Office
By Stephen M. Savoie, DC
Richmond, VA
8 Type 1 CEUs for DCs Expected
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December 5-6, 2009
For DCs & Staff:
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By Steven Weiniger, DC, BodyZone
Roanoke, VA
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