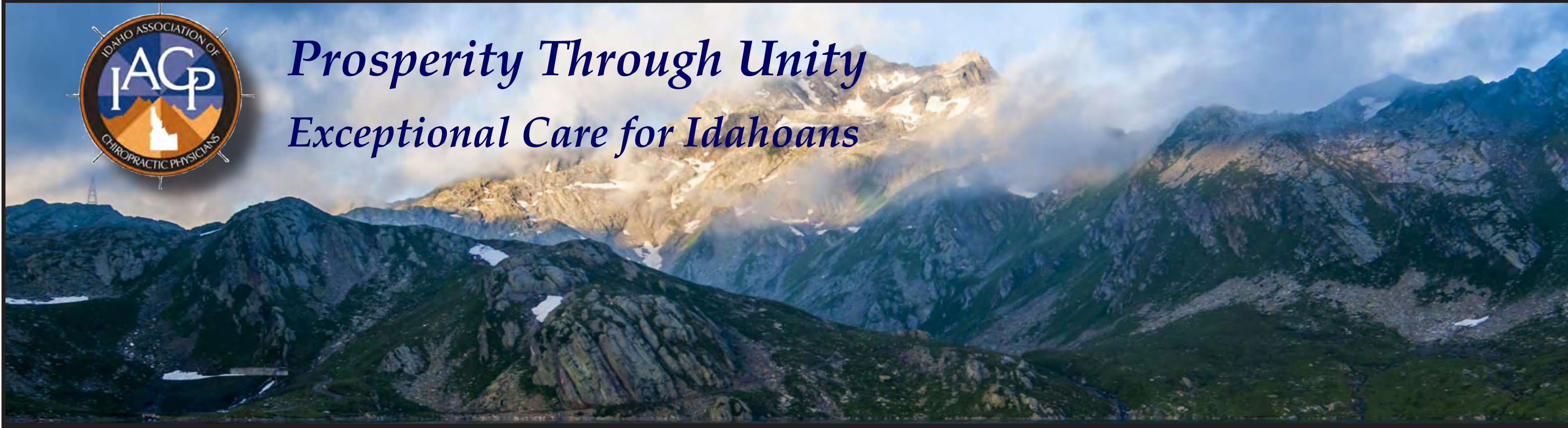

Prosperity Through Unity
Exceptional Care for Idahoans

August, 2018 — *The IACP News*, Vol. 2, No. 08

Drug giant McKesson has opioid problems

It's been 18 months since McKesson, the San Francisco pharmaceutical drug distributor — and one of the largest public companies in America — was hit with a record $150 million in fines from the Drug Enforcement Administration for failing to report suspicious orders for controlled substances.

Since then, the company has been sued by hundreds of U.S. cities and counties for its alleged role in the opioid crisis, faced calls from shareholders to cut executive pay and be more transparent about its lobbying practices, and had CEO John Hammergren testify before Congress about the large amounts of pills the company shipped to West Virginia — one of the states hardest hit by the prescription opioid epidemic that is killing thousands of people each year.

There are numerous studies that show that chiropractic care is an effective, natural approach for both acute and chronic back pain. These same studies show that chiropractic care also helps patients save money, as chiropractic adjustments are less expensive than imaging tests and medical procedures.

You'd hardly know it judging by the company's recent earnings call when the opioids lawsuits — which legal experts say could rival the massive tobacco litigation of the 1990s in scope and settlement dollars — were not mentioned once.

McKesson posted a $138 million loss

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Benign joint hypermobility — developing clinical significance

The current issue of the *Journal of Clinical Chiropractic Pediatrics*, available without cost here, features a research article by Peter Fysh, DC, FICCP, and Emeritus Professor, Palmer College of Chiropractic West, San Jose, on benign joint hypermobility.

The abstract says, "The aim of this paper is to examine the clinical significance of joint hypermobility, and to suggest some diagnostic and management protocols which might be used in a chiropractic practice. Joint hypermobility is a largely unrecognized condition that is little understood, little talked about and often misdiagnosed. Clinicians may encounter patients with joint hypermobility but fail to appreciate the significance in terms of overall morbidity. The clinical significance of joint hypermobility is examined from many aspects. Considerations include the effect of joint hypermobility on different body structures as well as during pregnancy, on newborn, school-aged and adolescent conditions and the effect of different sports on the hypermobile child. Finally, the effects of joint hypermobility on spinal adjusting, and the modifications thereof, are discussed.

Joint hypermobility creates significant problems for those afflicted, and for doctors of chiropractic. the research notes that "a controlled study was carried out on male subjects aged between 20 – 30 years with lumbar disc

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IACP

The mission of the Idaho Association of Chiropractic Physicians (IACP) is to act as the unified voice, leader and stalwart supporter of the individual licensed doctors of chiropractic and supporting associates who provide exceptional health care and wellness to the patients and communities of Idaho. In supporting our Idaho chiropractic physicians, the IACP will work diligently to protect, enhance and build opportunities for the chiropractic industry and increase public access to chiropractic care.

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IACP Board welcomes three new members

By Dr. Scott Crawford
IACP President

As we continue to make strides with growing our association, your involvement is crucial. Our board consists of executive members and district representatives who volunteer their time, while still enjoying their family and managing their practice.

We're excited to welcome three new regional representatives, **Craig Manning, D.C., Michael Henze, D.C.,** and **John Maltby, D.C.**

Our District 2 representative, Dr. Michael Henze, is a name that may sound familiar, as he is a past District 2 rep and IACP Vice President. In addition, he has served as an IACP insurance committee member, ICA state rep, and Idaho State Board of Chiropractor member. His experience and historical knowledge will be very beneficial.

Our new District 5 representative, Dr. Craig Manning, has also been an IACP rep in the past. He currently practices in Twin Falls. We're looking forward to drawing on his past experience and thank him for his time and service.

Dr. John Maltby is another new addition as our District 6 representative. His family has deep roots in our profession and his service continues this tradition. He was honored with the Rising Star Award in 2017 and continues to contribute by volunteering for the board.

Reach out to the these representatives, introduce yourself, and thank them for their time. Enjoy the rest of your summer!

IACP Members: Increase your involvement by joining a committee. Help yourself and your association. Click here for more information or email Caroline Merritt at iacpcontact@gmail.com

"Join the Pack" — Become a member of the IACP

The IACP acts as a resource, representative and leading advocate for the chiropractic industry in Idaho. We cannot continue to properly serve the chiropractic profession without the commitment and support of exceptional industry leaders, such as yourself. The IACP Board and its members believe that membership in the Association is and should be mutually beneficial to both the Doctor and the IACP, which makes it a perfect cooperative relationship. As a member, you will have multiple opportunities to obtain learning and marketing opportunities, at a discounted rate, through membership, as well as, have an opportunity to utilize the services of the IACP team and its Board. You will also have an opportunity to get involved in important issues, from the center, along with other industry leaders and spokespeople. At the same time, the Association continues to grow and provide broader services to the industry with your support. Join

Benign joint hypermobility research

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herniation diagnosed by MRI. Joint hypermobility scores were evaluated based on the Beighton scale. The prevalence of joint hypermobility equal to or greater than 4/9 was significantly greater in the study group (13.2%) than in controls (5.1%). An increasing number of studies have been conducted to determine the incidence of disc herniation in adolescents. A controlled MRI study of 39 students at 15 years-of-age identified disc degeneration was present in 15 (38%) of the children with LBP and in 10 (26%) of the control subjects."

Also, joint hypermobility is common, familial and associated with joint pain and osteoarthritis. A U.S. study of 130 adult patients demonstrated a statistically significant association between joint hypermobility and the premature development of osteoarthritis. There is increasing evidence that joint hypermobility is an important, yet largely unacknowledged, risk factor in the pathogenesis of osteoarthritis (OA). Hypermobility might be considered to place additional stress on the cartilage supporting and insulating the joint capsule, resulting in premature degeneration.

The author offers this advice to chiropractors when adjusting a hypermobile patient: Infant joints are naturally more mobile than older children and adults. Evaluating an infant for hypermobility should include the family history, particularly as it relates to hypermobility. Testing the mother and father, according to the Beighton criteria, may identify a familial propensity to hypermobility which can affect the infant.

Manual adjustment of the spine requires a technique to move the intervertebral joints to the point of ligament tension, which is just short of the point at which joint cavitation will occur. This is followed by a light thrust to release the vacuum within the joint, which increases the facet joint space dimension, thus reducing pressure on the intracapsular structures. The difficulty encountered in adjusting hypermobile patients is associated with their increased range of motion. To reach the point of ligament tension a greater range of movement is required.

This requirement creates difficulty in successfully performing manual spinal adjustments on this patient type. To compensate for this excess joint mobility, some doctors will utilize an Activator-type adjusting instrument that delivers the impulse thrust with the spine in the neutral position. Others may use a "drop-technique," "cervical stair-step" or "press and hold" type of adjustment, using an appropriate line of drive. Manual adjusting techniques for the spine are most commonly the Diversified or Gonstead type adjustments with Activator Methods being the most frequently used instrument adjusting technique.48 It is the author's opinion that for patients identified with joint hypermobility, the Gonstead seated-type adjustment for the cervical spine is more appropriate than the Diversified adjustment, because it uses a reduced rotational component to reach the point of joint pre-stress. Doctors may find that the hypermobile patient whose cervical spine is difficult to adjust in the supine position responds better to a Gonstead-type seated adjustment as an alternative.

Considering the greater recognition that is being given to the clinical effects of joint hypermobility and the significant advances that have been delineated, chiropractors may well want to modify their standard approach to spinal adjusting. Studying each patient to identify their level of joint hypermobility may help achieve the successful clinical outcomes that all patients deserve.

Read the entire study here.

The Journal of Clinical Chiropractic Pediatrics (JCCP) is the official peer-reviewed journal of the ICA Council on Chiropractic Pediatrics. It is committed to publishing research, scientific and professional papers, literature reviews, case reports and clinical commentaries for chiropractors and other health care professionals interested in the treatment of the pregnant, postpartum and pediatric patient. Through the publication of these papers and the dissemination of this information, the JCCP seeks to encourage professional dialogue and awareness about chiropractic pediatric care to

Drug giant McKesson has opioid problems

Continued from front page

for the quarter that ended June 30. Shares fell 5 percent and are down 22 percent from a year ago. Much of the losses came from hits the company took in Europe, after the United Kingdom announced cuts to reimbursement rates to retail pharmacies, and in the U.S., where drug companies are under immense political pressure to lower prices. Distributors like McKesson make money based on the list price of drugs.

Analysts say McKesson, like other middlemen in the pharmaceutical supply chain, is facing so many other headwinds that the potential liability from opioids lawsuits is just one of a litany of problems that make for a bleak future.

"I think the future is very bleak. ... It's been a bloodbath of negative news," said Eric Coldwell, a health industry analyst at Baird. "[The opioids suits] didn't even come up because there are so many other things front and center."

The lawsuits, though, will have long-term financial consequences.

"At some point, they're going to have to start reserving for big payouts," Coldwell said. "There's going to be high legal costs, compliance costs, higher insurance costs, higher public relations, marketing and charitable donations costs."

In March, McKesson announced a series of steps to address the opioid crisis, including a $100 million commitment to create a foundation to educate patients and caregivers and increase access to opioid overdose medications.

The company has said it is "deeply concerned" about the national opioid epidemic. A review completed by three members of the board, and announced in April, found that the board exercised "appropriate oversight" over the company's distribution of opioids.

Pain medications make up about 3 percent of all the drugs McKesson ships out, analysts estimate. Even if doctors prescribe fewer of them and McKesson's shipments taper over time, there will still be many patients who need the medications, said Brian Tanquilut, a health care analyst at Jefferies.

"The prescription behaviors of physicians are starting to change in terms of volume of opioids they're prescribing," he said. "That certainly will have an impact on opioid volumes going forward. But on the flip side, there's still a need for pain medications, there's a legitimate reason why pain medications exist. They will still be around and will still be a key drug class."

The United States is in the midst of an opioid crisis unlike anything we have seen in medicine since the HIV epidemic in the 1990s. Imagine, the U.S. has five percent of the world's population but uses 50 percent of the world's opioid analgesics. In 2017 alone, an opioid overdose was the cause of more than 60,000 deaths —quadruple the number of deaths since 1999. This death rate continues to increase and shows no signs of slowing.

— Gerald McKenna, MD, a board member of the Physicians Foundation and the CEO and Medical Director of his private practice in Addiction Medicine, McKenna Recovery Center.

Chiropractic should be the first choice for back pain

A recent study by researchers at Southern California University that shows that chiropractic helps patients avoid opiate usage for their pain. In this study, the authors examined the medical records of 13,384 back pain patients in New Hampshire during 2013-2014, half of whom saw a chiropractor for their pain and half who received regular medical care. The analysis found that chiropractic offered some important benefits over standard medical treatment:

In 2014, the chiropractic patients had a 55% lower chance of using opioids than did medical patients, plus, the cost savings for chiropractic patients were dramatic: "annual charges per person were 78% lower for opioid prescriptions and 71% lower for clinical services among [chiropractic patients] compared with [medical patients]."

These findings make sense. Chiropractic care is great at treating back pain, but it also involves patient self-care and ergonomic evaluations that get the patient engaged in their care. By getting people involved in their care, they become invested in their recovery.

Getting a YES from new patients

An advanced effective strategy for overcoming patient objections

By Josh Wagner, DC

Patients make more excuses for declining care from a chiropractor than perhaps any other type of doctor. Various reasons hold them back from making a commitment to care. You all have heard the excuses of cost, frequency of visits, the length of a treatment plan, and even the commute to your office. Or perhaps patients tell you, “I have to speak to my spouse first,” or “Let’s wait till after the holidays.”

It’s human nature to resist doing something new, even for the better. But imagine what would happen if you grew your patient base by just 20 percent. It would affect:

- Referrals
- Number of office visits per week
- Number of new patients needed per month
- Ease and satisfaction in practice
- Overall collections
- Savings on marketing for new patients every month

Regardless of where or how you practice, the possibility of growth is imminent.

When patients complain about your fees or concerns such as the frequency of visits, many chiropractors try to “fix” the problem and avoid rejection by reducing care fees and recommendations. Both of these approaches devalue your service and initial recommendations.

Neither leaves patients with a high-quality impression.

The secret? The excuses you hear are rarely the real reasons they’re declining your care. So consider a simple, non-aggressive approach that works to effectively change their mindset. To your patients, it’s never just about relieving symptoms or conditions. The most important thing is getting them back to what they’re missing in life because of their symptoms or conditions.

Once you find out what the patient truly wants and is committed to as the reason for seeking your care, make sure you never stray from that end goal in all future communication. So when the patient brings up finances or a long commute as an excuse, instead of addressing their excuse directly, simply acknowledge that you understand this is a real concern for them — That is step one.

Josh Wagner, DC, is a native New Yorker raised in Chappaqua, New York. He was a pre-med student at New York University, then went on to Atlanta, Georgia to earn a doctorate in Chiropractic at Life University. After graduation, he interned with the largest Torque Release practice in the country – Exodus Chiropractic in Knoxville, TN. The renowned founder of the Torque Release technique, Dr. Jay Holder, of Miami, Florida, became his educator and mentor in the specialty. Wagner chose to study the Torque Release Technique because it parallels his healing philosophy: Doctors don’t heal, yet assist in creating an environment where the body can heal itself. His teachings, videos and event information can be found online at PatientMastery.com.

BUT, if you delve deeper into their concern or rebuttal, you will only make it appear more legitimate in their eyes. You will make it heavier and bigger, mistakenly. And since it’s often not the real reason the patient is hesitant, you’re just enabling avoidance of the real issue. You are actually doing patients a disservice.

Only after you genuinely acknowledge your patients’ concerns do you focus on why they are really in your office. What are they actually dealing with? And not just the immediate concern— “my back hurts.” What do they want next year when they are pain, sciatica, or migraine free? What will their days look like then? How much better will their lives be, and how serious are they about having that?

People will dedicate a couple extra minutes in a day or spend more dollars to attain what they really want in life. And if they are not so inclined, then they were never going to receive your care anyway. They either just wanted someone to listen to them, or to hear your diagnosis or recommendations. It’s easy for someone to reject chiropractic, a payment or care plan, or even a certain chiropractor. But people don’t reject their true long-term goals. And if your care provides access to what a patient really wants, then that’s their best solution.

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DC: your staff stress solution

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Always stay focused on what the patient wants most deeply. This doesn't mean you have to drop your philosophy or clinical outcomes. See it as an opportunity to strategically combine them with the symptomatic and lifestyle outcome your patient is looking for. Because, when the doctor and patient are on the same page, you can experience increased compliance, more referrals, and more reactivations without needing as many brand new patients, even in a growing practice.

So if you're having new patients decline your recommendations, this is an approach you've surely been missing. Not only does it work, but it's easier than other methods (i.e., trying to persuade, accepting barter invites, making deals, or lowering your fees).

It's human nature to resist doing something new, even for the better. But imagine what would happen if you grew your patient base by just 20 percent.

This process honors what a patient is dealing with and offers them an opportunity. And in this new era of chiropractic, we need to use communication and strategies that respect patients' mentalities, provide the best customer service possible, and always cater our care toward patients' true end goals.

When you do this effectively, patients figure out the solutions to their excuses. You don't have to do it for them.

Whole-food nutrition and the chiropractic philosophy

By Nancy Marrow, MS, adjunct professor of nutrition science, Purdue Global University

Anyone who has practiced chiropractic for even a short time has seen patient after patient walk through the door with a laundry list of health conditions. They come because their neck hurts or they have low back pain or headaches. But truth be told, their nutritional state could be playing a role in all of this: structural symptoms may indicate a visceral condition. With the proper tools, you can set them on a path to healing their underlying issues.

I don't pretend to be any kind of expert in the field of chiropractic, but at the risk of being seen as a hammer looking for a nail, I know as a nutritionist one cannot have good structure or function without the consumption of associated nutrients. I have come to appreciate the biochemical and structural complexities of the human body and the ways in which they interact, but the raw material for building, maintaining and restoring health can only come from what we consume. That's all we have to work with.

Nutrition played a key role in the foundational philosophy of chiropractic and was highlighted by R.W. Stephenson in his Chiropractic Textbook[1]. This classic text was enthusiastically endorsed by B.J. Palmer, who stated, "Of all the books written and compiled on Chiropractic Philosophy, this is by far the best, not excepting my own."[1] Stephenson laid the framework for chiropractic philosophy, asserting that:

- Chiropractic…is a philosophy, science and art of things natural. (Article 3)
- The tissue cell must be in sound order to obey innate perfectly. (Article 87)
- Depleted cells can be repleted; the functions involved are nutritive and reparatory. (Article 138)
- Atrophy as used in chiropractic is synonymous with depletion and is due to the lack of proper, and
- nutrition and/or lack of coordinating function. (Article 139)

A fully functioning body requires fully functioning cells, and we can't build healthy cells, healthy tissues and healthy organs without having a full complement of nutrients onboard. Deprived enzymatic processes lead to depleted cell structures which lead to depleted and malfunctioning organs and systems. This is disease, and scientific evidence has shown its association with musculoskeletal pain and dysfunction.[2]

Albert F. Kelso, PhD demonstrated in a 5-year, double-blind clinical study of hospitalized individuals, that musculoskeletal dysfunction (as defined by muscle spasm, tenderness and decreased range of motion) could be correlated to visceral dysfunction with his observations of somatic dysfunction related to the diagnosis. Kelso's study concluded that "the number of musculoskeletal structures

affected appeared to be related to the duration of the visceral dysfunction or disease."[2] In other words, the longer it had been since a patient was diagnosed with their visceral condition, the greater the number of musculoskeletal structures that were affected. He also demonstrated that diseases within specific areas of the body were more often associated with dysfunction in the cervical spine while diseases within other areas of the body were more often associated with dysfunction in the lower portion of the thoracic spine. As John Mennell, MD noted in his article, *Understanding Manipulative Medicine in General Practice*, "Joint dysfunction is not only a diagnosis but an early sign of visceral and systemic diseases."[3,4]

A terrible disservice was done to the American food supply in the early years of the 20th century and is documented in the *History of a Crime against the Food Law* (1929) by H.W. Wiley, MD, the first commissioner of what is now the FDA. Foods that had been stripped of much of their nutritive value were allowed to be marketed as food, without regard for the possibility that those fractionated foods could become staples in the American diet and lead to deficiencies. The standard American diet (SAD) of refined and processed foods, which are depleted of nutrients and spiked with chemicals, has led to a surge in degenerative and chronic conditions. Refined grains, stripped of at least 11 minerals and complexes of both B and E vitamins, are labeled as "enriched" with the addition of only 1 mineral (iron) and 4 isolated fractions of the original B complex. Energy bars for athletes, laden with sugar and synthetic vitamin isolates, are marketed as health foods when in reality they have more in common with a candy bar. In the words of the nutrition pioneer, Dr. Royal Lee, "Many people are starving to death on a full stomach."

Even if we're adhering to a diet of whole, organic foods, we may have a lot of catching up to do. Before we were even conceived, the nutritional habits of our parents and grandparents set our health foundation. Painter et al., studied the transgenerational effects of famine on the progeny of women who were pregnant during the Dutch hunger winter (November 1944-May 1945). They reported an increase in "poor health from any cause" in the grandchildren [F2 generation] of women who were pregnant at that time [F0 generation], concluding that "chronic disease after famine exposure in utero is not limited to the F1 generation but persists in the F2 generation."[5] Even if the F2 generation wasn't malnourished themselves, there were transgenerational, epigenetic changes that were contributing to their poor health. Other studies, such as those involving Pottenger's Cats, have found these effects to persist to F3 and even F4.

Fortunately, despite the foundation that was laid for us, we can enhance our health through the quality of the air we breathe, the water we drink, the food we consume, and the ways we care for our bodies. Repleting and repairing cell function can be accomplished, but it requires raw materials found in food — whole food — food that hasn't been stripped down to its component parts and repackaged as isolated nutrients.

Isolating food components and studying them for therapeutic effects seems so modern, doesn't it? Find a broken enzymatic process, pound it with a nutrient hammer, and push the process forward. But what are we missing when we remove nutrients from their whole foods of origin? What synergistic combinations and built-in safety factors are we overlooking when we conduct these studies and apply such isolated nutrients as therapies?

One study highlighting this concern was the widely-reported SELECT trial, which was halted early due to unexpected and disappointing findings. The trial was designed to look at the impact of vitamin E and selenium on the incidence of prostate cancer. Instead of the expected decrease in the risk of prostate cancer in those who supplemented with 400 IU of vitamin E per day, researchers were surprised by an increase in prostate cancer risk.[6] One possible, unrecognized, confounding factor in this study was the form of vitamin E provided to the test subjects: alpha-tocopherol.

In nature, nutrients are packaged in complexes that interact with one another and have synergistic effects. Along with associated vitamins and minerals, vitamin E is found as a complex of at least 8 fractions: alpha-, beta-, gamma- and delta-tocopherol and alpha-, beta-, gamma- and delta-tocotrienol. The most abundant fraction in the diet is gamma-tocopherol, but due to higher circulating levels of alpha-tocopherol after consumption of vitamin E-rich foods,

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Whole-food nutrition and the chiropractic philosophy

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the term vitamin E has become synonymous with the alpha-tocopherol fraction, and it has been the most widely studied. However, we know that high-dose alpha-tocopherol can deplete circulating levels of delta- and gamma-tocopherol, both of which show anti-cancer activity.[7] So was it the high dose vitamin E that resulted in an increased risk of prostate cancer or was it the diminished levels of delta- and gamma-, caused by the high dose, isolated alpha-tocopherol?

True vitamin complexes found in food are more than just “the sum or combination of various things. [They consist of] various connected interwoven parts…with an internal relationship to one another.”[8] When we isolate one nutritional component from its associated complex, we interfere with the normal interaction of nutrients and associated biochemical functions. The equivocal results from scientific research on isolated fractions of nutrient complexes bear this out. For instance, studies done on fractions of the B-vitamin complex have resulted in various and ambiguous outcomes.[9] The B-vitamins are involved in very interrelated functions, and a high dose of one B vitamin can interfere with the action of another, (e.g. supplemental folic acid can lead to a riboflavin deficiency).[10] We’re simply not replicating the actions of nutrients found in whole foods when we study them in isolation.

Food processing companies will add isolated, fractionated nutrients to their products for marketing purposes, and most over-the-counter supplement companies will offer a mixture of a few isolated fractions marketed as a vitamin complex. But mixing component parts in a supplement capsule and calling it a vitamin complex is akin to dumping marinara, herbs, cheese and noodles into a pan and expecting lasagna to come out of the oven. These actions lead to unintended consequences like those in the SELECT trial and could be contributing to disease instead of supporting innate intelligence.

The average patient, consuming the standard American diet, is coming to you in a depleted state, contributing to their symptoms and recurring subluxations. A respect for Stephenson’s tenet of repleting depleted cells nutritionally, will require dietary changes along with supplementation. Providing those supplements in a whole-food form will deliver the full spectrum of synergistic components necessary to obey innate intelligence and unlock the body’s capacity to heal.

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Remembering Maxine McMullen, RN, DC, FICCP

By Sharon Vallone, DC, DICCP, FICCP

There are people who come into our lives who gently nudge (or in some cases, firmly bump!) us off the path we thought we were following with keen focus. They broaden our horizon and challenge us to excel by raising the bar. Whether inspired by awe (or "fear,") beguiled by humor, instilled with confidence, embraced with love or a kaleidoscope of all those experiences, we follow their lead which soon becomes the way of our own hearts as we begin to embrace the gifts they confidently declare that we have and must own so that we can be of the greatest service to the children who need our care and advocacy. One such very special and awesome woman crossed my path in 1992 and irrevocably changed the course of the years to follow.

It was with deep sorrow that the International Chiropractors Association and chiropractors around the world heard of the passing of Dr. Maxine McMullen, one of the icons of chiropractic and a pioneer of chiropractic pediatrics. Dr. McMullen passed away January 16, 2018 leaving a legacy of the love, leadership and encouragement for her family, friends and students. Dr. McMullen believed life was to be led to the fullest and she dedicated hers to her family of origin and her family of chiropractic encompassing thousands of patients, students and colleagues, many who claimed her friendship over the years.

Her history, as shared so lovingly by her sister, encompassed caring for babies and students from her years in New Zealand as a surgical nurse, to her years of professorship and leadership at Palmer College as the first female academic dean of a chiropractic college. While also running a private practice, she continued to teach and served on the National Board of Examiners and as vice president in 1999 and 2001 of the International Chiropractic Association. Serving in many other capacities within the ICA, she was then the founder and first chair of the ICA's Council on Chiropractic Pediatrics, developing the professions first postgraduate diplomate in chiropractic pediatrics, the Diplomate in Clinical Chiropractic Pediatrics (DICCP) which fostered the education of graduate doctors of chiropractic who wanted to broaden their knowledge and gain new skills to serve this population that was so special to her.

Dr. McMullen's dedication to the supporting the chiropractic profession and the growing body of chiropractors who were pursuing further education in chiropractic pediatrics was inexhaustible. Next, she teamed up with the ICA again and created a venue to publish research, case reports and commentaries to support the field clinician and encourage research in the field. Her hope was that chiropractic pediatrics would have a seat at the table when long term planning of pediatric healthcare was conducted.

With the long time support of Molly Rangnath, the Journal of Clinical Chiropractic was born and as its editor, Dr. McMullen tirelessly encouraged authors to contribute and build a foundation of pediatric chiropractic literature. The journal carries on today with the continued dedication of Molly Rangnath and carrying her mission and vision further, we hope, as an open access journal. Interested chiropractors, healthcare professionals and web surfing families alike, will hopefully not only find an avenue of publishing their work, but also as a resource that will support their healthcare choices and management.

Dr Maxine, I do believe you will be remembered everyday as each of your students lay their hands on a child with the knowledge that they have the skill to make a difference in their health and well being. You also constantly cajoled us to attend to our stress levels and mental health as well as you attended to you're young patients. Your words ring out in my memory as a reminder to take life as it comes, slowly and with gratitude…."Don't Sweat the Small Stuff!"

Thank you, dear friend. Until we meet again.

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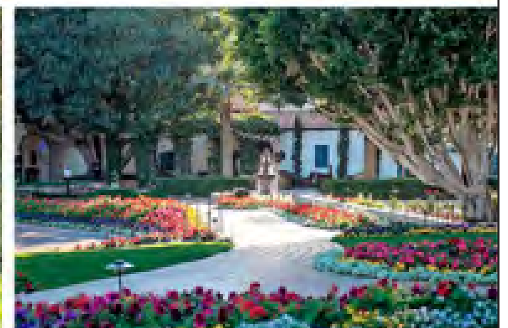

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Please feel free to print out and post up any or all of the flyers. They are available on the website, www.IACPnews.com in an easy to print PDF format.
Each has the following tagline:

This healthy living information is provided by your Doctor of Chiropractic and the Idaho Association of Chiropractic Physicians (IACP) .

Five keys to a longer, healthier life

Researchers from the Harvard T.H. Chan School of Public Health recently concluded a massive study on the impact of health habits on life expectancy. The study included over 78,000 women, studied from 1980 to 2014, and over 40,000 men, followed from 1986 to 2014. That's over 120,000 participants, 34 years of data for women, and 28 years of data for men.

The authors of this study point out that in the US we tend to spend outlandishly on developing fancy drugs and other treatments for diseases, rather than on trying to prevent them. This is a big problem and not really working out, as in the United States we still have one of the lowest life expectancies of all developed nations.

As it turns out, **healthy habits make a big difference**. According to this analysis, people who met criteria for five habits enjoyed significantly, impressively longer lives than those who had none: 14 years for women and 12 years for men (if they had these habits at age 50). Here's what we recommend — along with regular chiropractic care:

1. Healthy diet, which was calculated and rated based on the reported intake of healthy foods like vegetables, fruits, nuts, whole grains, healthy fats, and omega-3 fatty acids, and unhealthy foods like red and processed meats, sugar-sweetened beverages, trans fat, and sodium.

2. Healthy physical activity level, which was measured as at least 30 minutes per day of moderate to vigorous activity daily.

3. Healthy body weight, defined as a normal body mass index (BMI), which is between 18.5 and 24.9.

4. No smoking: there is no healthy amount of smoking. "Healthy" here meant never having smoked.

5. Moderate alcohol intake, which was measured as between 5 and 15 grams per day for women, and 5 to 30 grams per day for men. Generally, one drink contains about 14 grams of pure alcohol. That's 12 ounces of regular beer, 5 ounces of wine, or 1.5 ounces of distilled spirits.

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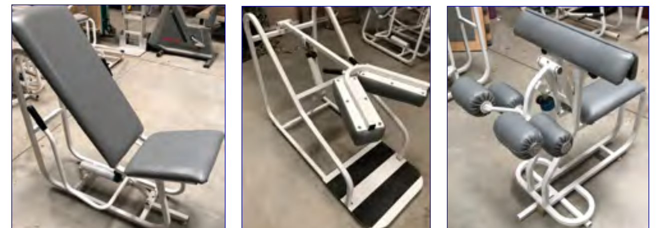

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Chiropractic News

New study on the impact of a health lifestyle on life expectancy

The month the *IACP News* offers you a new office poster on the five keys to a longer, healthier life. That poster is based on recent research published in the April 2018 issue of *Circulation*. Here are the study's details.

Background: Americans have a shorter life expectancy compared with residents of almost all other high-income countries. We aim to estimate the impact of lifestyle factors on premature mortality and life expectancy in the US population.

Methods: Using data from the Nurses' Health Study (1980–2014; n=78 865) and the Health Professionals Follow-up Study (1986–2014, n=44 354), we defined 5 low-risk lifestyle factors as never smoking, body mass index of 18.5 to 24.9 kg/m2, ≥30 min/d of moderate to vigorous physical activity, moderate alcohol intake, and a high diet quality score (upper 40%), and estimated hazard ratios for the association of total lifestyle score (0–5 scale) with mortality. We used data from the NHANES (National Health and Nutrition Examination Surveys; 2013–2014) to estimate the distribution of the lifestyle score and the US Centers for Disease Control and Prevention WONDER database to derive the age-specific death rates of Americans. We applied the life table method to estimate life expectancy by levels of the lifestyle score.

Results: During up to 34 years of follow-up, we documented 42 167 deaths. The multivariable-adjusted hazard ratios for mortality in adults with 5 compared with zero low-risk factors were 0.26 (95% confidence interval [CI], 0.22–0.31) for all-cause mortality, 0.35 (95% CI, 0.27–0.45) for cancer mortality, and 0.18 (95% CI, 0.12–0.26) for cardiovascular disease mortality. The population-attributable risk of nonadherence to 5 low-risk factors was 60.7% (95% CI, 53.6–66.7) for all-cause mortality, 51.7% (95% CI, 37.1–62.9) for cancer mortality, and 71.7% (95% CI, 58.1–81.0) for cardiovascular disease mortality. We estimated that the life expectancy at age 50 years was 29.0 years (95% CI, 28.3–29.8) for women and 25.5 years (95% CI, 24.7–26.2) for men who adopted zero low-risk lifestyle factors. In contrast, for those who adopted all 5 low-risk factors, we projected a life expectancy at age 50 years of 43.1 years (95% CI, 41.3–44.9) for women and 37.6 years (95% CI, 35.8–39.4) for men. The projected life expectancy at age 50 years was on average 14.0 years (95% CI, 11.8–16.2) longer among female Americans with 5 low-risk factors compared with those with zero low-risk factors; for men, the difference was 12.2 years (95% CI, 10.1–14.2).

Conclusions: Adopting a healthy lifestyle could substantially reduce premature mortality and prolong life expectancy in US adults.

Pregnant women turning to chiropractic

Ask any pregnant woman how she's feeling and the truth usually comes out. On top of being exhausted, she often will experience some or all of the following: an aching lower back, neck pain, headaches, sore hips, and numbness and tingling in the hands. Throw in some heartburn and anxiety and that rounds out the downsides of her impending joy.

More and more frequently, women are turning to chiropractors to get relief from these symptoms, says Dr. Stacy Boone-Vikingson, a chiropractor and clinic lead at Northwestern Health Clinic Bloomington, an integrative health provider at Northwestern Health Sciences University. She also is certified in pediatric chiropractic by the Academy Council of Chiropractic Pediatrics.

Chiropractors focus on ensuring that our spines are aligned, but their adjustments and treatments also keep ligaments, tendons, joints, and muscles in good working order. Often, doing that will ease many of the aches and pains of pregnancy, says Boone-Vikingson.

"Misalignments are a big part of pregnancy," she adds. "As the baby grows, mom's center of gravity starts to change as she carries more weight in the front. That changes her posture and causes misalignments."

Such misalignments can lead to discomfort and pain, which have side effects of their own—especially when pregnant women can't rely on some pain relief medications. Getting pain eased through chiropractic care is completely safe for both mom and baby, Boone-Vikingson says. And chiropractors will refrain from X-rays, ultrasounds, and electrical stimulation therapies during pregnancy to protect the baby.

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In addition, pregnant women seek help from chiropractors when their babies aren't in the vital head-down position necessary for a vaginal birth. Many obstetricians and midwives refer patients to a chiropractor if the baby is breech or side-lying later in pregnancy. Chiropractors are well-versed in the Webster technique, which studies have found to be 82 percent effective in coaxing a baby to go head down. When the pelvic and lower back joints are aligned, that makes room for the baby while loosening ligaments that also might have been causing problems.

ICA reports on two Congressional bills that include chiropractic care

Legislators in the US House of Representatives have introduced two pieces of legislation in which chiropractic is mentioned. They are: HR 5722 – Dr. Todd Graham Pain Management Improvement Act of 2018, and HR 5776, – MOST Act.

HR 5722 was introduced by Representative Jackie Walorski (R-IN) and Representative Judy Chu (D-CA). The legislation calls upon the Secretary of Health and Human Services to conduct a study and report back to Congress on how to improve the use of non-opioid treatments for acute and chronic pain management in both Part A and B of the Medicare program.

The requested study is to evaluate the effect reimbursement, coverage and coding policies related to non-opioid treatments for both acute and chronic pain management should be revised. The legislation specifically mentioned integrative health approaches as well as chiropractic and calls for an evaluation and recommendation of both administrative and legislative changes needed to improve patient access to non-opioid therapies.

HR 5776 was introduced by Representative Richard E Neal, (D-MA) with Representatives Matt Cartwright (D-PA), George Holding (R-NC), and Scott Taylor (R-VA). The acronym "MOST" stands for Medicare and Opioid Safe Treatment. The bill seeks to expands Medicare coverage to include reimbursement for opioid use disorder treatment services. The main objective of this bill is to extend Medicare reimbursement to Opioid treatment programs, provide clarity on the standards needed to be reimbursed as a program, and to provide 100% reimbursement for bundled services in these programs. A second objective is to expands access under Medicare to addiction treatment in federally qualified health centers and rural health clinics. As a result, these facilities will be reimbursed for dispensing methadone and other maintenance drugs related to addiction. Among the additional provisions in the bill, are calls for:

- a review and adjustment of payments under Medicare outpatient prospective payment system to avoid financial incentives to use opioids instead of non-opioid alternative treatments;
- the exploration of ways to avoid unnecessary hospitalizations,
- a GAO study on mental and behavioral health services under Medicare;
- a study on whether and how to revise payment to providers and suppliers of services and coverage related to "the multi-disciplinary, evidence-based, non-opioid treatments for acute and chronic pain management for individuals under Part A and B of Medicare";
- consultation by HHS with outside professionals and organizations with expertise in the field diagnosing and treating pain; and
- evaluating barriers to accessing treatments; potential legislative and administrative changes needed to improve an individuals' access to currently covered services and a cost and benefits associated with potential expansion of coverage to pain treatment to include acupuncture, therapeutic massage, and items and services furnished by integrated pain management programs.

Beth Clay, ICA's Director of Government Relations stated, "A major concern arises in reviewing the MOST Act in that there will be significant costs associated with the expansion of services sought in the bill. Less than two years ago, the Department of Health and Human Services again reported that Medicare with its shrinking taxpayer base, swelling beneficiary numbers and the continued increase in health care costs is not sustainable. Given that 300,000 Medicare recipients have been diagnosed with opioid addiction, and some are paying out of pocket for Methadone and other addiction drugs that are currently not reimbursed by Medicare, Congress will is challenged with balancing the desire to be compassionate and the requirement managing costs."

ACA adds muscle to lobbying efforts

The American Chiropractic Association (ACA) has hired the Capitol Hill Consulting Group (CHCG) to add extra strength to its efforts to pass federal legislation that would provide parity to chiropractors by allowing them to perform to the fullest scope of their license in Medicare.

ACA chose to work with CHCG, which is a Washington, D.C.-based, bipartisan government relations firm, because of its strong contacts in the health care arena and, more specifically, within the powerful U.S. House Ways and Means Committee—which will play a vital role in helping any pro-chiropractic Medicare legislation to gain momentum in Congress.

Among its objectives while working with ACA, CHCG will focus on activating and supporting current chiropractic champions in Congress, breaking down any barriers among members of House Ways and Means Committee , recruiting cosponsors and finding other targets of opportunity that could bolster the chances of a pro-chiropractic Medicare bill getting passed.

The federal Medicare program, which serves as a model for private insurance plans, currently serves more than 55 million individuals. Various projections forecast the number of people age 65 or older increasing by about one-third over the next decade. Beneficiaries are currently covered for only one chiropractic service (spinal manipulation) and must either pay out of pocket or seek care from other types of providers for additional chiropractic services.

ACA opposes UHC headache policy

The American Chiropractic Association (ACA), supported by chiropractic organizations across the country, strongly opposes a new policy by UnitedHealthcare (UHC) that denies headache sufferers the option to treat their pain without drugs using spinal manipulative therapy (SMT).

In a letter to UHC President and CEO Dan Schumacher, ACA calls the policy—which denies coverage of SMT for headache treatment because it states it is, "unproven and/or not medically necessary"—flawed because UHC failed to include key studies in an analysis conducted in advance of its determination. The letter is cosigned by the Congress of Chiropractic State Associations, the Clinical Compass (formerly known as the Council on Chiropractic Guidelines and Practice Parameters), the American Black Chiropractic Association and 30 state/regional chiropractic associations.

"We urge UHC to withdraw its policy based on the most recent research, systematic reviews, and practice guidelines (including AHRQ), which support the use of spinal manipulation for the treatment of headache," writes ACA President N. Ray Tuck, Jr., DC.

Offering additional justification for the policy's withdrawal, ACA points to the "insufficient and inadequate" management of migraine and cervicogenic headache using drugs along with the relative safety of SMT compared to other treatments covered by UHC for headache. "Providing headache sufferers with viable alternatives for managing their condition is an important aspect of patient-centered care," the letter states.

ACA and its partners plan to oppose the current policy with equal vigor by reaching out not only to UHC but also potentially to employers and other stakeholders to share information regarding the serious issues raised by UHC's determination. ACA's letter adds, "The use of this flawed policy constitutes, in our view, a breach of fiduciary responsibility for a health plan administrator who must ensure that the plan claims are decided in accordance with plan documents and valid evidence."

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Chiropractic College News Update

Dr. Jason Qualls, DC, named Assistant Dean of Clinical Education

Dr. Jason Qualls, DC, has been named assistant dean of clinical education at the CUKC College of Chiropractic. The announcement was made by Dale Marrant, vice president of human resources and organizational development at Cleveland University-Kansas City.

Dr. Qualls has been with CUKC since 2013. He previously was director of clinical education, a clinician in the Chiropractic Health Center, and the lead instructor in coursework involving clinical neurology, chiropractic functional assessment, and sports chiropractic. He has also served as the Faculty Council President.

Dr. Qualls received his bachelor's degree from the University of Kentucky and obtained his Doctor of Chiropractic degree from Cleveland University-Kansas City's College of Chiropractic. After graduation, Qualls was in private practice in Ashland, Ken., for several years. He is a Certified Chiropractic Sports Physician, earning his certification through the American Chiropractic Board of Sports Physicians for the treatment of athletes. In addition, Dr. Qualls is involved with the University's research activities and has been named to the National Board of Chiropractic Examiners (NBCE) test writing committee for physiotherapy and Part IV board exams.

Life Chiropractic College presents The WAVE

The WAVE is an event for chiropractors looking to grow their skills, their knowledge and their connections. The WAVE provides world-class speakers and content over a three day experience in one of the most beautiful places in the world, Northern California's Bay Area. This annual event welcomes visitors from around the globe who come to level up their practices and expand their vision for chiropractic. The WAVE is your source for inspiration and education. Connect with friends and colleagues, old and new, in an interactive learning environment.

This year at The WAVE, August 10-12, the chiropractic profession will gather to look deeply at opportunities for optimal potential. We will examine ways to optimize in our profession and strategies to optimize our patient's expression of health. Optimal potential is not just a hot topic for chiropractors. Everyone is looking for ways to do more and achieve more. For some — that is adding resources to their lives. For others — it is simplifying. Others seek innovation and disruption to old systems.

Hear from Leading Experts: We are proud to feature renowned experts such as Billy DeMoss, DC, Danielle Eaton, DC, Deed Harrison, DC, Dan Murphy, DC, Jeanne Ohm, DC, David Fletcher, DC and many other leading experts who will show us the very latest in research and science behind the brain and the subluxation.

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For more information: https://www.lifewestwave.com/

Pacific Northwest chapter of the Student American Black Chiropractic Association formed

In spring 2018, six UWS students founded the first-ever Pacific Northwest chapter of the Student American Black Chiropractic Association (SABCA).

"The driving force behind the creation of this chapter at UWS was wanting to find more mentors for the minorities on campus, because in reality, there are only a handful of us," said Shenee' Lawson, UWS chiropractic student, UWS SABCA president. "Being able to have someone you can look to directly that also identifies as part of a marginalized group is great for the learning process and will help students that much more."

By becoming a recognized chapter, UWS students become eligible to apply for and receive ABCA scholarships and can recommend that ABCA conferences be held in the region. The establishment of the official UWS SABCA chapter will also assist UWS when applying for grants supporting diversity initiatives or relating to health care outreach.

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"Due to our demographics in this region, having groups such as SABCA on campus helps everyone gain more knowledge and understanding to what minority groups experiences and the different life challenges we experience," said Lawson. "From a clinical education standpoint, it's also important for future caregivers to be able to know what to do should someone from a different ethnic background comes into their office. It's all about professionalism at the end of the day; we should be able to put ourselves professionally into a situation, even if we feel discomfort, and commit to providing the best care."

According to the ABCA, many African Americans who would benefit from chiropractic care are unfamiliar with its benefits. Chiropractic colleges struggle to attract minority students into their programs, resulting in a significantly low number of African American chiropractic physicians out in the field. Ultimately, communities of color remain underserved by the benefit of chiropractic care. In accordance with the UWS motto, "For the good of the patient," this must change, and UWS SABCA is leading the change.

Life Chiropractic College Research & Scholarly Activity Award Winners, Summer 2018

The Life Chiropractic College Office of Sponsored Research and Scholarly Activity, in collaboration with the Center for Excellence in Teaching and Learning (CETL), recently presented certificates to 23 faculty and staff who submitted successful applications under the Research & Scholarly Activity Awards program. The projects ranged from studies examining the impact of chiropractic care on gait, contemporary culture as a tool to increase student learning and engagement to screenplays exploring issues of race, gender and identity.

A-Level Awardees (peer-reviewed by the Faculty Development Committee (FDC) and recognized as highest level of scholarship):

- Dr. Salman Afsharpour, Professor, Basic Sciences (CoC)
- Dr. Charmaine Herman, Assoc. Professor, Clinical Science (CoC)
- Dr. Kathryn Hoiriis, [retired] Adjunct, Clinical Sciences (CoC)
- Dr. Michael Montgomery, Professor, Natural Sciences and General Education, (CGUS)
- Ms. Mercy Navis, Associate Professor, Basic Sciences (CoC)
- Dr. Brent Russell, Professor, Clinical Sciences (CoC) and Center for Chiropractic Research

B-Level Awardees (peer-reviewed by FDC and recognized as second-highest level of scholarship):

- Dr. Andrei Bourdeinyi, Professor, Basic Sciences (CoC)
- Dr. Roxanne Caron, Associate Professor, Sport Health Science (CGUS)
- Dr. Sundhanva Char, Adjunct, Nutrition (CGUS)
- Emily Drake, Lab Coordinator, Dr. Sid E. Williams Center for Chiropractic Research
- Dr. Thomas Flores, Assistant Professor, Positive Human Development and Social Change (CGUS)
- Dr. Joseph Guagliardo, Professor, Clinical Sciences (CoC)
- Dr. Charmaine Herman, Assistant Professor, Clinical Sciences (CoC)
- Dr. Ronald Hosek, Research Staff, Dr. Sid E. Williams Center for Chiropractic Research
- Dr. Mark Kovacs, Director, Life University Sport Science Institute (CGUS)
- Dr. Christie Kwon, Assist. Professor, Clinical Sciences (CoC)
- Karen Pfeifer, Assistant Professor, Clinical Education Director (CGUS)
- Dr. Olena Plotkina, Assist. Professor, Clinical Sciences (CoC)
- Dr. Robert Rectenwald, Professor, Clinics (CoC)
- Ms. Angela Seckington, Program Manager, Dr. Sid E. Williams Center for Chiropractic Research
- Dr. Stephanie Sullivan, Director, Dr. Sid E. Williams Center for Chiropractic Research
- Dr. Marla Thompson, Adjunct, Positive Human Development and Social Change (CGUS)
- Dr. Howard Wright, Director, Institutional Research (OIEPR)

The Research & Scholarly Activity Awards program is a biannual effort designed to recognize, reward and celebrate achievements in research, scholarly and creative activities by Life U faculty and staff. Call for applications are generally made during late summer and mid-spring. Eligible projects must have been published or presented within the six months immediately preceding application submission. For more information contact OSRSA@LIFE.edu.

Sherman College Chiropractic Health Center adds interns to staff

Fifteen interns are now ready to serve the community and see patients at the Sherman College Chiropractic Health

Center, a teaching clinic for senior students in their final stage of internship prior to graduation from the doctor of chiropractic program. Interns celebrated the entrance of this final phase of their chiropractic education recently during a pinning ceremony on the Sherman College campus, located at 2020 Springfield Road in Boiling Springs.

The teaching environment, coordinated by licensed doctors of chiropractic, allows interns to practice chiropractic under close supervision and constant consultation. Because the clinic is open to the public, residents in Upstate South Carolina experience excellent chiropractic care at affordable prices through 35,000 patient visits per year.

"Sherman students transitioning into their clinical internship at the Health Center are well prepared to deliver quality and effective care to our friends and neighbors in the greater Spartanburg area," said Dean of Clinic Operations and Outreach Kristy Shepherd, M.A. "These students are the future of the chiropractic profession. On behalf of the faculty and staff of the Sherman College Health Center, we are proud and excited to welcome this newest class of chiropractic interns."

In the clinical phase of the doctor of chiropractic program at Sherman College, interns practice every aspect of patient care, including case histories, physical and spinal examinations, x-ray, diagnosis, report of findings, chiropractic adjustments and case management. Interns are encouraged to work with the research department to advance the profession with evidence based study; they also complete remaining clinical and business courses.

The chiropractic internship also gives these senior students the opportunity to participate in community events, both in the Health Center and off campus – including spinal screenings, health fairs, school visits, and more – to help them build communication, leadership and community relations skills so they are well prepared for practice following graduation.

Logan University remembers Ron Grant, DC

Logan University lost a long-time member of its community. Ronald Grant, DC, member of the Logan Board of Trustees and former faculty member, passed away due to an ongoing health issue.

Associate Professor Patrick Montgomery, DC, MS, FASA, FICC, said that among some of Dr. Grant's accomplishments were serving on the Medical Team for the 1976 Olympics and serving as Executive Director (as well as a Charter Member) of the American Chiropractic Association. "He mentored many Logan students and faculty members during his long service to Logan," he said.

A native of Joplin, Mo., Dr. Grant graduated from National College of Chiropractic in 1963. He was working as the director of information resources for the American Chiropractic Association in Arlington, Virginia, when he met former Logan President Beatrice Hagen, DC at a seminar in Toronto. It was Dr. Hagen who encouraged Dr. Grant to consider a move back to his home state.

Not long after that meeting, Dr. Grant started his Logan career as health center clinician in 1988. Within two years, he was named chief of staff—a title he kept for seven years before he decided to reenter the classroom, this time as teacher. Over the course of 24 years, Dr. Grant taught physical therapy, orthopedics and medical ethics, and assisted in chiropractic technique courses and spinal analysis labs while maintaining a private practice in Chesterfield.

The Idaho Association of Chiropractic Physicians

The IACP News

Display Advertising Policy, Rates and Information

The Idaho Association of Chiropractic Physician's *IACP News* is a full-color digital newsletter, published monthly and distributed to member doctors of chiropractic across Idaho as well as out-of-state members and student members.

Advertising deadline

Artwork is needed by the 15th of any month for publication in the following month's newsletter. The *IACP News* is published the last week of every month.

Ad Sizes and Rates

IACP reserves the right to determine position and placement of all advertising. Special positioning may be purchased for an additional 20% if space is available. Inside Cover and Back Cover are charged additional 20% for special positioning. **15% off these rates for IACP Members.**

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Full page (boxed)	8" wide by 9 3/4" tall	$450	$414	$378	$330
Half page	8" wide by 4 3/4" tall	$267	$264	$224	$190
One Third (V)	2 3/8" wide by 9 3/4" tall	$190	$174	$159	$140
One Third (H)	8" wide by 3 1/8" tall	$190	$174	$159	$140
Quarter Page	3 7/8" wide by 4 3/4" tall	$160	$146	$134	$115
One Sixth	3 5/8" wide by 2 7/8" tall	$105	$97	$88	$75

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