

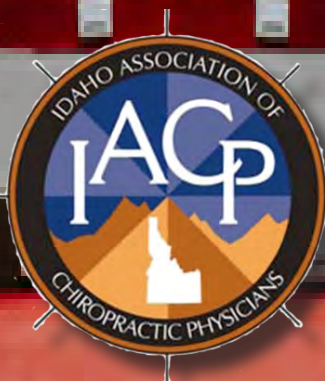


Prosperity Through Unity
Exceptional Care for Idahoans

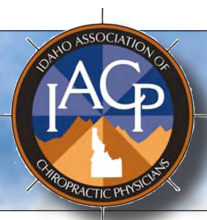
April 2021

The IACP News, Vol. 5, No. 4

April 30 - May 2, 2021 2021 IACP Annual Convention



Join your fellow chiropractors for the 2021 IACP Annual Convention April 30 - May 2, 2021 at The Grove Hotel in Boise. The event will be filled with innovative presentations, networking opportunities, and discussions on our efforts to grow the chiropractic industry into the future. Our fresh and diverse set of speakers, along with our exhibition of industry partners, will provide you with professional development as well as applicable products and services to benefit your practice. Our CA track will focus on multiple areas of practice management, billing, coding, documentation, and audit protection.



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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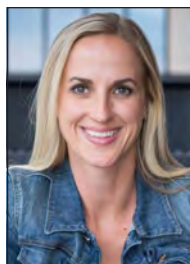
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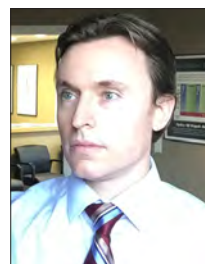
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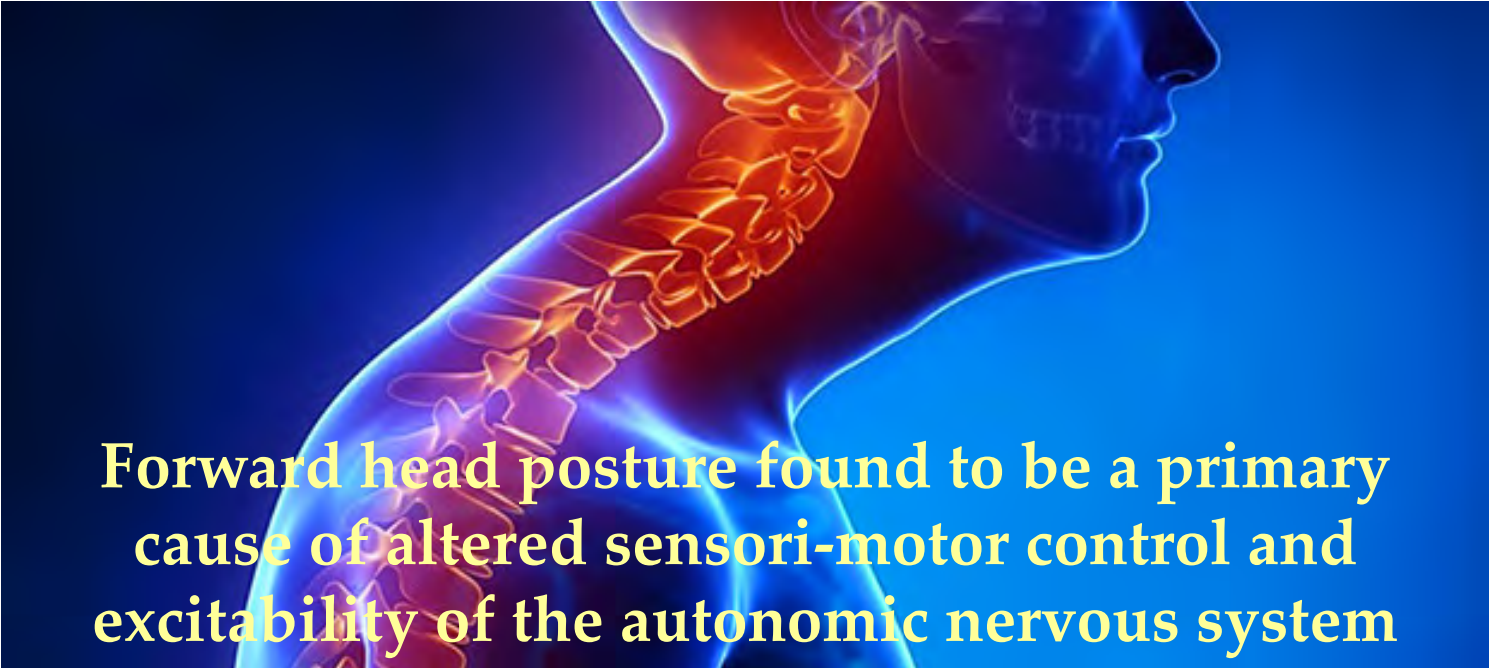
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We have saved you a seat!
2021 IACP Annual Convention
April 30 - May 2, 2021 at the Grove Hotel in Boise



Forward head posture found to be a primary cause of altered sensori-motor control and excitability of the autonomic nervous system

By: Deed E. Harrison, DC

Read the entire article [here](#).

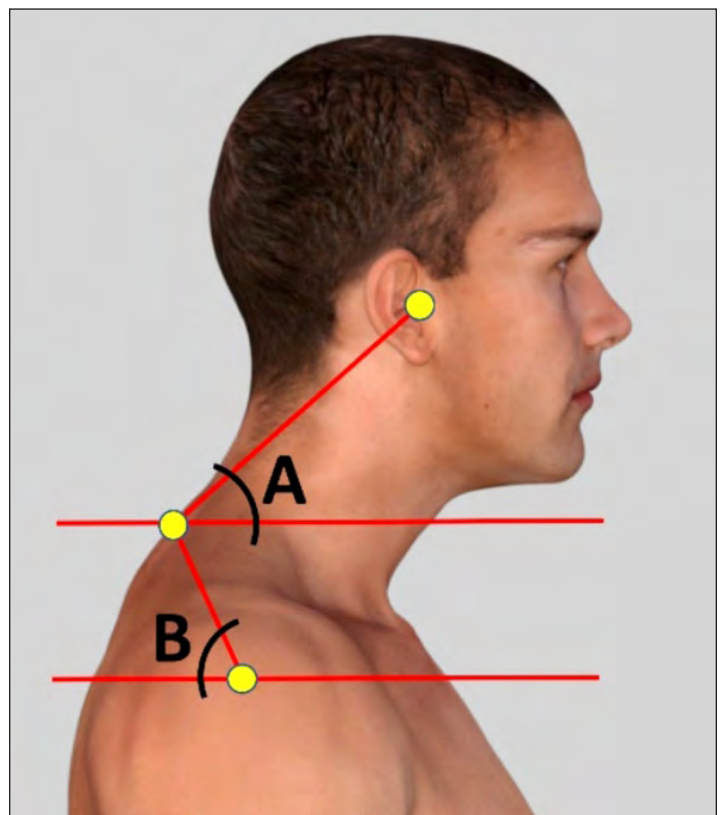
Recently, the CBP NonProfit and Cairo University research team published in the Journal Gait and Posture. Their article was entitled: “Is forward head posture relevant to autonomic nervous system function and cervical sensorimotor control? Cross sectional study” and authored by Professor Ibrahim M. Moustafa and colleagues.¹ Importantly, this is really a break-through investigation documenting that forward head posture (FHP) is a strong driver of altered-abnormal sensori-motor control and increased amplitude (strength-activity) in the autonomic nervous system (ANS).

In its essence, sensori-motor control is the ability of the brain and nervous system to process different sources of external stimuli (sight, sound, touch, taste, smell) and rapidly transform this sensori input into an output of muscle or motor activity. For example, if you were in the mountains hiking a back country trail and a loud, strange animal sound is heard to your right, your brain immediately processes this into a multitude of actions-reactions such as turning your body or neck sharply towards the direction of the noise and getting ready for a possible fight or flight response. To this end, the sensori-motor system has evolved over millennia and is constantly learning, developing, and adapting to the tasks that an individual performs both physically and cognitively.

Causes of Altered Sensor-Motor Control

The sensori-motor system involves complex interactions between the brain and visual, auditory, muscular,

ligamentous, and skin receptors. Because the sensori-motor system is constantly evolving for good or bad in each person, it is important to engage in activities that promote an efficient system. Small and large motor tasks involving hand eye-coordination activities, balance activities, regular functional fitness, etc. are all important as part of a weekly regimen to increase the efficiency of the functionality of the sensori-motor system. Problematically, injuries to the individual components of the sensori-motor system can cause a cascading effect where the entire system can go



awry. For example, inner ear infections can cause serious balance and posture control problems in people leading to abnormal walking, dizziness, and nausea to name a few.

Regarding the spine, it is known that injuries to the joints, ligaments, discs, and muscles of the spine will cause abnormalities of the sensori-motor control system. Thus, motor vehicle crashes, falls injuring the head, neck and spine joints may potentially create detrimental long-term problems with sensori-motor control. Joint range of motion, muscle strength and endurance are also known to have influences on the sensori-motor system. However, until recently, the effect of abnormal posture alignment on the sensori-motor system has not been precisely documented.

New Break Through Randomized Trial

Recently a breakthrough case control trial was conducted at Cairo University in Egypt and co-authored by CBP NonProfit President Dr. Deed Harrison, DC. The Cairo University team was led by Professor Ibrahim Moustafa, PT, PhD.

Clinical features: The study investigated 160 participants aged between 20-35 years. The participants were matched for important clinical and physical characteristics and all of them were asymptomatic, without neck pain, headaches, etc. The participants were divided into those with forward head posture and those without forward head posture. Figure 1 depicts forward head posture and shows the measurement used in the study. When forward head posture increases in a person, angle A (figure 1) becomes increasingly smaller, oppositely, when head posture becomes more normal, angle A increases. The cut point for normal head posture in studies is 55 degrees and larger.² In the new, current trial, Moustafa et al¹ used less than 50 degrees for abnormal forward head posture and above 55 degrees for normal aligned head posture.

Assessments: There are a variety of methods to assess the function and efficiency of the sensori-motor control system. Moustafa and colleagues¹ chose to use 4 primary assessments including:

- a measurement of the ability to reposition joints in a certain movement and neutral posture termed head repositioning accuracy,
- the ability to control the center of gravity of the body on a balance stability dynamic platform,
- a measurement of the efficiency of the eyes and the cervical spine to control and coordinate movement called the smooth pursuit neck torsion test,
- and they included an assessment of the efficiency of

the autonomic nervous system looking at the speed and strength of the sympathetic skin resistance response.

Important Findings and Conclusion: The study findings are very important in the assessment of and treatment of patients with cervical spine and task performance problems. Reading the study, it becomes apparent that abnormal head and neck alignment are at the root cause of many neuro-musculo-skeletal disorders. Specifically, the study by Moustafa and colleagues¹ identified the following main features:

- Forward head posture negatively affects cervical sensorimotor control.
- Forward head posture negatively affects the autonomic nervous system.
- There is strong correlation between the CVA (forward head posture) and cervical sensorimotor outcomes.
- There is strong correlation between the CVA (forward head posture) and skin sympathetic outcomes.

How Can You Get Help for Altered Posture, Altered Sensori-motor control, and Other Health Disorders?

Chiropractic BioPhysics® (CBP®) trained corrective care Chiropractic Physicians are located throughout the United States and in several international locations. CBP Technique clinicians have helped thousands of people throughout the world realign their posture and cervical spines back to health, and eliminate a potential source of altered movement, balance, dizziness, chronic neck pain, chronic headaches, general pain syndromes, and a wide range of other health conditions. If you are serious about your health and the health of your loved ones, contact a CBP trained provider today to see if you qualify for care. See www.CBPpatient.com for providers in your area.

References

1. Moustafa IM, Youssef A, Ahbouch A, Tamim M, Harrison DE. Is forward head posture relevant to autonomic nervous system function and cervical sensorimotor control? Cross sectional study. *Gait and Posture* 2020; 77: 29-35.
2. C.H.T. Yip, T.T.W. Chiu, A.T.K. Poon, The relationship between head posture and severity and disability of patients with neck pain, *Man. Ther.* 13 (2008) 148–154, <https://doi.org/10.1016/j.math.2006.11.002>.



CBPNONPROFIT
BREAKTHROUGH SPINAL RESEARCH

Chiropractic care as an intervention for Cervicogenic Dizziness



The original article was posted on the Cleveland University Kansas City website on March 25, 2021. Read the original article [here](#).

Cervicogenic dizziness is characterized by the presence of imbalance, unsteadiness, disorientation, neck pain, limited cervical range of motion (ROM), and may be accompanied by a headache. Movements of the head and neck may also aggravate symptoms. The symptoms of cervicogenic dizziness can last from several minutes to several hours. It is not a common diagnosis, and the patient may also feel generalized sensations of imbalance. This imbalance may also be worsened with ranges of motion in the head and neck, or movement in the environment.

As portal-of-entry healthcare providers, doctors of chiropractic frequently evaluate patients presenting with complaints of dizziness. Although often benign, dizziness can be caused by serious, emergent conditions, and this requires that healthcare providers pay close attention and look for red-flag signs and symptoms, including neurologic dysfunction and alterations in cognitive function.

The clinician must differentiate a central (serious) cause of dizziness/vertigo versus a peripheral (more likely benign) cause of dizziness/vertigo. Dr. Mark Pfefer, director of research at Cleveland University-Kansas City (CUKC) was part of a team assessing the effects of chiropractic care on impaired balance, chronic pain, and dizziness in older adults.

Dizziness is a common complaint among older adults, and in this 2009 [study](#), it was determined that chiropractic care was often helpful in lessening the sensations of dizziness. That work in 2009, called *Pilot Study of the Effect of a Limited and*

Extended Course of Chiropractic Care on Balance, Chronic Pain, and Dizziness in Older Adults, was “a randomized pilot study targeting a sample size of 30, comparing 2 schedules of chiropractic care to a no-treatment group. Group 1 (limited schedule) was treated for 8 weeks, group 2 (extended schedule) was treated for 8 weeks and then once per month for 10 months, and group 3 received no treatment. Assessments were made at baseline and 1, 2, 6, and 12 months later. The primary outcome was change in the Berg Balance Scale (BBS) from baseline to 1 year. Changes in the Pain Disability Index and Dizziness Handicap Index were also measured.”

The published results stated: “Thirty-four patients were enrolled, 13 in group 1, 15 in group 2, and 6 in group 3. Only 5 had baseline BBS scores less than 45, indicating increased risk for falls. There were no treatment-related adverse events. Nine patients dropped out by 1 year. No significant differences within or between groups in median BBS from baseline to 12 months were observed. Median Pain Disability Index scores improved more from baseline to 1 year in group 2 compared with groups 1 and 3 ($P = .06$, Kruskal-Wallis test). For the 9 patients with dizziness, a clinically significant improvement in Dizziness Handicap Index scores of groups 1 and 2 was observed at 1 month and remained lower than baseline thereafter; this was not true of group 3.”

Pfefer also co-authored a case study in which a patient with cervicogenic dizziness combined with cervicogenic headache responded well to a chiropractic intervention. It is likely that many patients with dizziness who respond well to chiropractic care are actually suffering from cervicogenic dizziness, which means that cervical spine (neck) joint

dysfunction may be contributing to the dizziness.

“After potentially serious causes are ruled out, patients and primary care physicians should consider a trial of care involving a manual therapy approach, especially from a well-trained, evidence-based chiropractor or physical therapist, as patients with benign dizziness will often improve with this treatment,” Pfefer said.

Numerous medical conditions exist that present with a patient complaint of dizziness, including vestibular, cardiovascular, metabolic, neurological, psychological, vision problems, and medication side effects. As early as 1955, researchers Ryan and Cope described a type of dizziness syndrome consisting of imbalance and disorientation in people with many different neck diagnoses, including cervical trauma, cervical spondylosis or cervical arthritis. The term Ryan and Cope used to describe this condition is “syndrome cervical vertigo.” The term cervicogenic dizziness (abbreviated CGD) is the appropriate and current terminology, as true spinning vertigo is rarely associated with neck- or cervical spine-related dizziness (as referenced in [Reiley et al, 2017](#)).

The [Abstract](#) to that work said: “Cervicogenic dizziness (CGD) is a clinical syndrome characterized by the presence of dizziness and associated neck pain. There are no definitive clinical or laboratory tests for CGD and therefore CGD is a diagnosis of exclusion. It can be difficult for healthcare professionals to differentiate CGD from other vestibular, medical and vascular disorders that cause dizziness, requiring a high level of skill and a thorough understanding of the proper tests and measures to accurately rule in or rule out competing diagnoses. Consequently, the purpose of this paper is to provide a systematic diagnostic approach to enable healthcare providers to accurately diagnose CGD. This narrative will outline a stepwise process for evaluating patients who may have CGD and provide steps to exclude diagnoses that can present with symptoms similar to those seen in CGD, including central and peripheral vestibular disorders, vestibular migraine, labyrinthine concussion, cervical arterial dysfunction, and whiplash associated disorder.”

No single diagnostic test exists to confirm that dysfunction in the cervical spine is the cause or origin of the dizziness episodes. A diagnosis of CGD is one of exclusion, requiring a comprehensive history and evaluation to rule out other medical diagnoses that could contribute to the patient's episodes of dizziness.

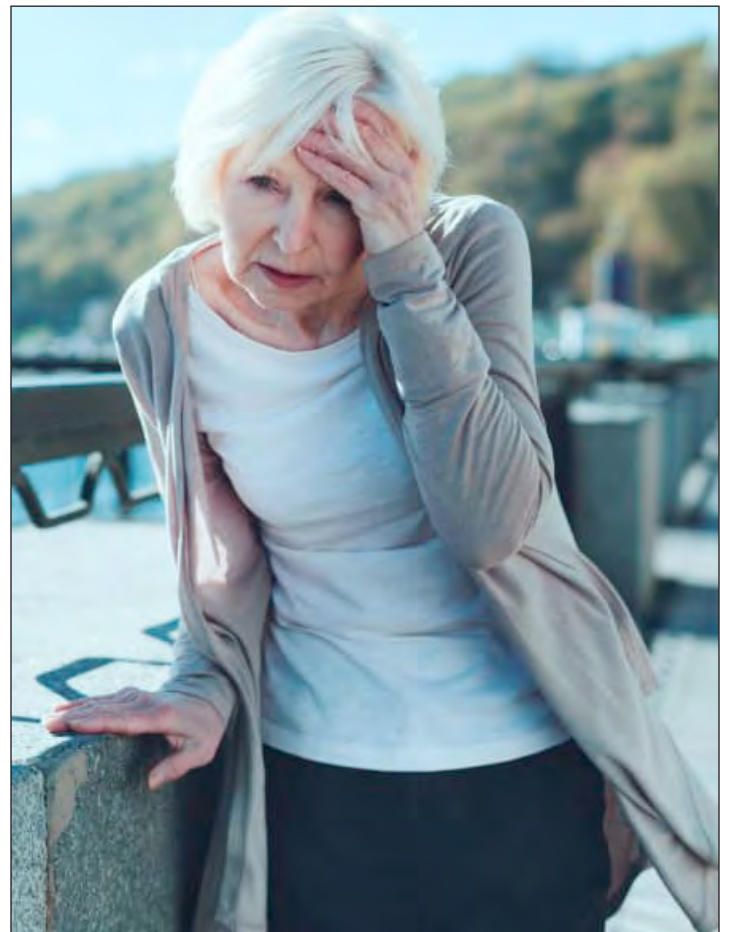
Neck injuries such as acceleration-deceleration injuries or trauma, or head injuries such as concussion, can also injure

the brain or inner ear. As a result, it is imperative that the healthcare professional determine the appropriate clinical, laboratory, and imaging tests required for proper medical inclusion and exclusion diagnostic criteria.

Dr. Anne Maurer, an instructor at CUKC, says dizziness is a relatively common and disabling disorder seen in clinics that provide manual therapy and chiropractic care.

“Although there is debate regarding the diagnostic criteria for cervicogenic dizziness, pain and other noxious stimuli may lead to changes in the sensory input to the cervical (neck) spine, resulting in a sensation of dizziness,” Maurer said. “The cervical proprioceptive system is related to the vestibular system in both anatomical proximity and physiologic functions. Appropriate treatment by properly trained clinicians can often be a simple and effective solution to the patient's complaint.”

There is currently a need for further investigation, research, and the development of a thorough, stepwise process for determining the inclusion and exclusion criteria of the differential diagnoses of cervicogenic dizziness. CUKC is undertaking additional studies to refine assessment and evaluate outcomes in older patients with dizziness, neck pain and headaches.



EXERCISES TO PREVENT FORWARD HEAD



One of the most common positions that many people who suffer from bad posture tend to adopt is the forward head posture. The truth is that this bad posture can lead to pinched nerves, dizziness, numbness in arms and hands, chronic pain, and even to improper breathing.

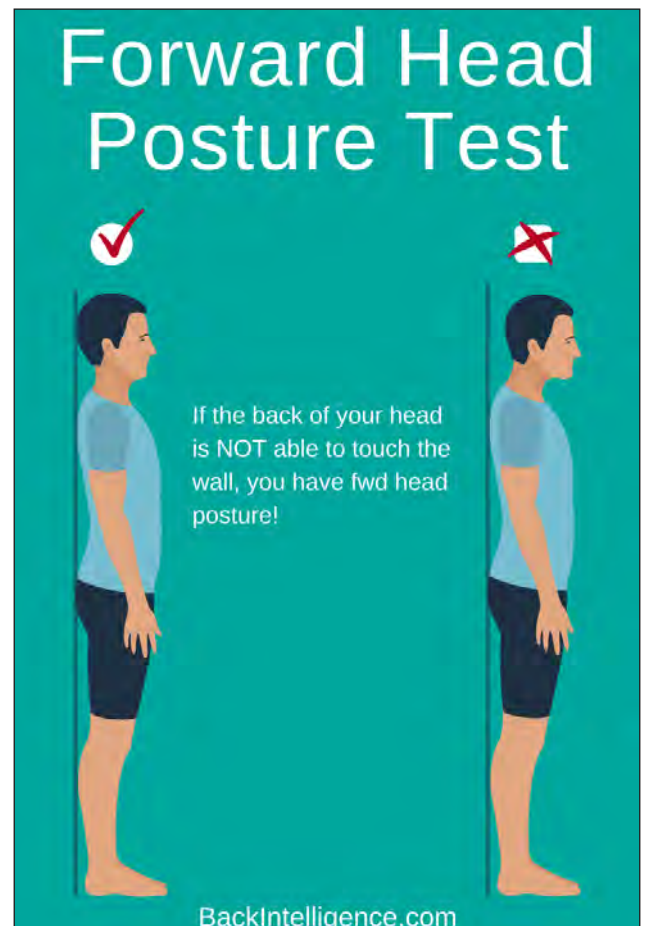
[Research](#) published in the *Journal of Physical Therapy Science* in 2016 called Effects of forward head posture on static and dynamic balance control, say this about forward head posture:

“In forward head posture (FHP), the head protrudes forward from the sagittal plane and appears to be positioned in front of the body, and this condition is considered the most common postural deformity. FHP increases extension of the atlanto-occipital joint and the upper cervical vertebrae as well as flexion of the lower cervical and upper thoracic vertebrae. Furthermore, this posture causes persistent and abnormal contraction of the suboccipital, neck, and shoulder muscles. In FHP, the center of gravity (COG) of the head shifts in the anterosuperior direction, increasing the load on the neck, which causes dysfunction of the musculoskeletal, neuronal, and vascular systems). Additionally, the muscles around the head and shoulders, including the trapezius, sternocleidomastoid, suboccipital, and temporal, are affected by FHP, which further worsens postural deformity. These changes cause persistent and abnormal pressure in the muscles, fascia, and nerves of the neck and shoulders, and rounding of the shoulders occurs to compensate for this deficit, which in turn, causes a high load on the superior trapezius and levator scapula muscles). All of these changes eventually cause tension neck syndrome. Persistent tension in the head and posterior neck muscles can pathologically mimic tension headache. Additionally, FHP alters the COG of the body that lead to mechanical modifications related to postural control in the torso and every joint. The body attempts to adapt to these changes by altering its balance control mechanisms; these adaptations decrease balance ability while performing different activities and increase the

risk of falling and musculoskeletal injury), and ultimately result in limited body function and a high incidence of various diseases.”

How to diagnosis forward head posture?

Stand with your back towards a wall with your heels positioned shoulder width apart. Press your buttocks against the wall and ensure that your shoulder blades are in contact with the wall. Squeezing your shoulder blades together can help you get your shoulders into a more neutral position and aligned with the wall. Now, check your head position – is the back of your head touching the wall? If it’s not, you have forward head posture and should do your best to correct it.



Forward head posture exercises

Practicing good posture while performing your daily activities, combined with stretching and strengthening the muscles involved in forward head posture, can put you on the right path towards correcting this postural abnormality.

1. Chin Tucks Exercise: This exercise will activate and strengthen your deep cervical muscles (front of the neck muscles). Your eyes should stay level and you should feel like the back of your neck is lengthening or “pulling up.”

- Place 2 fingers at the bottom of your chin.
- Gently tuck your chin in and retract your head backwards. At the same time, use your fingers to keep the chin tucked in the entire time.
- Hold the end position for 3 to 5 seconds.
- Relax your neck for a moment (Let the neck come fwd).
- Aim for 2 to 3 sets of 10 repetitions.

2. Neck Flexion (Suboccipital Stretch): This will stretch the back of your neck muscles including the Suboccipital muscles. Keep your chin tucked as you do this stretch.

- First, tuck your chin in using 2 fingers of one hand.
- Place your other hand on the back of your head and apply a gentle force down as you pull your head towards your chest.
- When you feel a stretch at the back of your neck, hold the position for 20 to 30 seconds.
- Repeat this stretch 3 times.

3. Doorway Stretch: This stretch will help to open up your chest and shoulders, which could be very tight. Don't arch your low back as you do this stretch.

- Position your elbows and hands in line with a doorframe.
- Step through the door slowly, until you feel a stretch.
- Hold this end position for 20 to 30 seconds before returning to the starting position.
- Repeat this stretch 2-3 times.

4. Shoulder Blade Squeeze (aka Brugger's Relief Position): This exercise will activate and strengthen your low and mid back muscles including Low and Mid Trapezius. Aim for 2-3 sets of 10-15 repetitions. Breathe normally as you do these reps.

- Position your feet and knees slightly wider than your hips, as you sit on a chair.
- Maintain a chin tuck and raise your chest up, allowing your spine to be in a neutral position.

- Rest both of your arms down by your sides.
- Now bring your arms back and externally rotate them so that your thumbs are pointing backwards. Hold this position for 5-10 seconds and release.

5. Upper Trapezius Stretch: This will stretch out the neck and upper back muscles (Scalene & Upper Trapezius) which can get very tight on individuals with this forward neck syndrome.

- Start either in a standing or seated position.
- Place one of your hands on the opposite side of your head.
- Now bring the head down towards your shoulder.
- Use the hand overhead to press your neck down – to get a deeper stretch (Not too hard). Hold for 20-30 seconds and do 2-3 sets.

Lastly, Proper Ergonomics

If you sit at a computer for extended periods of time, the single most important thing you can do to improve your workstation is to ensure that your computer monitor is positioned properly to allow your neck to remain in a neutral and relaxed position while you work. An improperly placed monitor results in straining of your neck and even slouching forward, which will contribute to your forward head position. Get tips on [how to sit properly at a desk here](#).

- Ensure that the top third of your screen is at eye level
- Your monitor should be between 18 and 24 inches away from your face



Money Matters

Overcoming the fear of talking about dollars and cents

By Dr. Ray Foxworth, President of ChiroHealthUSA

We all know the importance of sitting down with our patients to discuss the cost of care, yet it is one of the most under-utilized processes followed in offices across the country. Authors of the [Instamed report](#) state, “With the focus shifted to the consumer, both payers and providers will be challenged to overhaul their payment processes or face lost revenue and poor customer retention.” Knowing that a Financial Report of Findings (FROF) with our patients is essential to boosting collections and retaining our patients, why are so many offices still not implementing this practice?

For many, it’s considered taboo. Miss Manners (Emily Post) herself was quoted as saying, “A very well-bred man intensely dislikes the mention of money, and never speaks of it if he can avoid it.” This quote is from the 1920s, however, it is still indicative of how most of us were raised on the subject. As a result, we find it difficult to talk about money with our patients. In most cases, these conversations need to happen with new patients, but we hesitate as we strive to make them feel comfortable in our offices. Taking the right steps to implement a proper FROF in your office will help to ensure long-term success.

Right Person, Right Seat

Years ago, I had an outstanding CA that was involved in direct patient care. I decided to reward her for her exceptional work ethic by promoting her to our office manager position. In two short months, she was one of my least effective team members. Her morale was down, her attitude mirrored that of Eeyore, and her work was shoddy, to say the least. I couldn’t understand how my best employee was now my worst employee, and so I sat down with her to have “the talk.” I dreaded this conversation in my heart and my head; however, it was during this conversation that I learned how much she missed talking to patients, disliked paperwork, and no longer felt like she was making a difference. In my infinite wisdom, I had rewarded her by giving her a job that made us all miserable. I immediately moved her back to her old position and moved another staff member to the office manager position. Everyone was much happier, and I didn’t end up losing one of the best employees I have ever had the pleasure of working with.

Likewise, when determining who will have the financial conversation with your patients, base it on the person with the

right personality, not the right job title. This person should be comfortable talking to your patients about money. They should be kind-hearted, patient, and cheerful. Keep in mind that, although you may not know the financial situation of everyone who works in your office, those who have a good personal relationship with money are going to be more comfortable having these conversations with patients.


Location, Location, Location

Choose a private location to have this conversation in your office. Although we are not discussing the patients’ finances directly, we are discussing their financial responsibility for the care they need. Restate the doctor’s recommendation for care. Let patients know what insurance will cover. Let them know your actual fees for services that insurance will not cover and be prepared to offer affordable payment options. Asking patients to part with \$1,200 of their hard-earned money may scare them away but letting them know that their care is going to take three months and will cost \$400 per month can open the door to affordability.

Keep it Simple

Give your patients an easy way to pay. Today, most of us, myself included, pay everything online or have it drafted from our accounts. We have moved to a passive way of paying our bills. We don’t give much thought to the price of our gym memberships, utility bills, or car payments, because they just get deducted from our bank accounts. We never feel the sting of parting with our money like our patients do when they pay at the end of each visit. Setting up an auto-debit system in your practice allows you to utilize a payment schedule that works with your patients’ budgets and builds a steady stream of revenue for your practice. This allows our patients to get treated and leave feeling positive about their experiences, not feeling the dread of having to part with money on their way out the door.

Be committed to opening up the lines of communication when it comes to talking about money with your patients. You might be pleasantly surprised by the results, but you’ll never know if you never try. Tony Robbins said it best, “If you do what you’ve always done, you’ll get what you’ve always gotten.” We often tell ourselves “no” or “I can’t” when it comes to trying new and different things. Change is hard. Incorporating a new procedure can be tough, but the gratification of seeing collections and patient retention improve far outweighs the discomfort of trying something new.



Michael N. Woo, DC
Doctor of Chiropractic
Practice Manager
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ACA legislative priorities for the 117th Congress

With the new year and the first session of the 117th Congress now underway, the American Chiropractic Association (ACA) is ready to tackle several important legislative issues on behalf of ACA members, patients and the chiropractic profession. The ACA Legislative Committee met recently and established the following priorities for the new congressional session:

Medicare

ACA's No. 1 legislative priority is to push for For several years, ACA's strategy to expand reimbursable services in Medicare has largely been focused on a regulatory fix; however, guidance and rulings by the Department of Health and Human Services (HHS) forced ACA to seek a legislative remedy. In July 2019, during the previous congress, bipartisan legislation, the Chiropractic Medicare Coverage Modernization Act (HR 3654), was introduced by Reps. Brian Higgins (D-N.Y.) and Tom Reed (R-N.Y.). The bill ended the session with 91 cosponsors, split very evenly between Democrats and Republicans. The ACA Legislative Committee's goal is to introduce the bill again this year and couple that with a May 2021 "Virtual Day on the Hill" to boost cosponsors. Strong support of the bill in the House will be a springboard for success in the 117th Congress. Also, given the wide support of the House bill, ACA will work to introduce a Senate companion.

Monitoring Healthcare Reform

Closely following our Medicare priority is our effort to through the regulatory process. This is done chiefly through the administration, and we will continue to take guidance from key congressional allies. We must also continue to watch for any attempts to legislatively edit, amend or repeal our key provisions—especially Section 2706 (the provider anti-discrimination provision). A provision was passed as a larger bill in late 2020 to direct three federal agencies (HHS, Treasury, and Labor) to draft a rule that will finally lead to enforcement of the provision. ACA's advocacy team will work with our non-MD coalition to ensure the rule reflects congressional intent, as signed into law in 2010, that insurers cannot discriminate on the basis of provider types as it relates to coverage and reimbursement.

Rounding Out 2021-2022 Priorities

- Covid-19 relief packages will continue to get maximum attention on Capitol Hill during the 117th congress. ACA

was instrumental in getting chiropractors designated as part of the "essential" healthcare workforce in 2020 and included as eligible for much of the programs that were initiated and implemented for healthcare providers. It is imperative, however, that ACA remain vigilant in making sure chiropractors can participate in any further relief package that is geared toward healthcare providers and small businesses. Specifically, ACA will remain attentive in advocating for lifting exclusions for patent access to telehealth services in Medicare and ensuring that chiropractors have fair and equitable access to any future expansion of the Provider Relief Fund and Paycheck Protection Program.

- Resolution of Department of Defense chiropractic healthcare benefit program issues, including expansion of the chiropractic benefit for retirees, reservists and National Guard personnel enrolled in the Tricare program. A 2019 Pentagon report indicated that Tricare would expand access to services in 2021 and 2022. This is a huge win for Tricare enrollees who previously could not access services provided by a doctor of chiropractic. The Department of Defense announced earlier this year that access to chiropractors will soon be available in Army/Air Force exchanges, an encouraging first step to further access.

- To help those burdened with economic hardship during the Covid-19 pandemic, Democratic leaders in the Senate, and many in the House, have outlined a plan to cancel up to \$50,000 in federal student loan debt for federal student loan borrowers. Tied to this, ACA shall support legislation where loan relief is featured and continue work that will open opportunities for chiropractors to access student loan repayment programs, including chiropractic inclusion in the National Health Service Corps. Chiropractic inclusion in Federally Qualified Health Centers is also paramount.

- With the passage of legislation to end health insurers' anti-trust exemption via an amendment to the McCarran-Ferguson Act, it will be paramount to work with our coalition partners to ensure that any rules and regulations passed down from the Federal Trade Commission and other federal agencies do not conflict with congressional intent.

- Opioid legislation, in some form or fashion, may be considered in both the House and the Senate, and ACA is prepared to add language similar to what has been passed in West Virginia and Oregon to increase access to nonopioid alternatives such as chiropractic in any federal opioid vehicle.

2021 IACP Annual Convention

Join your fellow chiropractic colleagues for the 2021 IACP Annual Convention April 30 - May 2, 2021 at The Grove Hotel in Boise. The event will be filled with innovative presentations, networking opportunities, and discussions on our efforts to grow the chiropractic industry into the future.

Our fresh and diverse set of speakers, along with our exhibition of industry partners, will provide you with professional development as well as applicable products and services to benefit your practice. View the agenda [here](#). Our CA track will focus on multiple areas of practice management, billing, coding, documentation, and audit protection.

[Register for your discounted room at The Grove Hotel here.](#)



2021 IACP Annual Convention Keynote Speakers

The Future of Neurology Now Next Generation Neurological Treatment, Integration and Prevention



Dr. Trevor Berry, DC, DACNB

Dr. Berry was born and raised in Alberta, Canada. He completed his pre-medicine requisites at the University of Calgary and went on to complete his Doctorate at Parker University in Dallas, Texas. He graduated Magna Cum Laude, Salutatorian and was the recipient of many academic awards including the Parker Scholastic Excellence Award. He went on to become a board-certified Chiropractic Neurologist in 2001 and has over 2500 hours in post-doctoral studies in neurology, functional medicine and low-level laser therapy. He is involved in multiple laser studies and has been the principle investigator on Level 1 FDA studies. Dr. Berry lectures for BTB Health Systems, nutrition companies, lab companies and about low-level laser. Because lasers profoundly influenced his own health status, Dr. Berry has dedicated himself to bringing the innovative laser applications to the health care system.



Dr. Brandon Brock, DNP, DC, NP-C, MSN, BSN, RN, DACNB, DCBCN, DCN, DCM, BCIM, FICC

Dr. Brandon Brock is a clinician in Dallas Texas who holds a Doctorate in Family Nursing Practice from Duke University. He has returned back to Duke for continued training and specialization in orthopedics and also has specialized fellowship training in stem cell technology and regenerative medicine. Dr. Brock also holds a Doctorate in Chiropractic and an undergraduate degree in anatomy. He has a Diplomate in Functional Neurology, Nutrition, Conventional Medicine, and Integrated Medicine as well. Dr. Brock is also a Global Clinical Research Scholar from Harvard Medical School with interests in secondary analysis, survey design and clinical trials. He has a past work experience of pediatrics and neurology and has not moved into a more family medicine and orthopedics role.



Chiropractic News

ACA virtual Day on the Hill, May 6, 2021

The American Chiropractic Association will be hosting a virtual advocacy day on Thursday May 6, 2021. A virtual welcome program and informational briefings will be held with registrants on the evenings of May 4th and 5th. Congressional meetings will be scheduled throughout the day on Thursday May 6th between 9:00am and 5:00pm EDT.

ACA has partnered with Advocacy Associates to provide a seamless virtual event including a web-based meeting platform that will be the one-stop location for all virtual meetings. Attendees will be provided with a secure link and will have the ability to communicate with one another and share meeting details, schedules, notes, informational materials and more.

Begin planning now! This page will be updated frequently with important information, issue briefs, talking points and more! We'll "see" you on the Hill in May. Participation in the ACA Virtual Day on the Hill is open to all ACA members.

IMPORTANT INFORMATION:

- This year, ACA is partnering with Advocacy Associates, a logistics firm that specializes in organizing the entirety of virtual Hill days in Washington, DC. In 2020, they completed 60 of these virtual events and secured 8,000+ meetings, of which the actual Member of Congress was in attendance 25% of the time. Since 2010 they've secured 77,000+ meetings for over 90,000+ attendees.
- Advocacy Associates will be assisting with the logistics of ACA Virtual Day on the Hill including all scheduling of Capitol Hill meetings.
- The process of how your meetings will be arranged are as follows: Your home and business(es) address(es) will be used to match you with the appropriate Representative and Senators. You will then be grouped with 3-5 other ACA attendees according to district, state, then region if necessary. You will meet with the offices of Representatives and Senators where your home and/or facilities are located, and any relevant members of Congress that fall under the committees most pertinent to our legislative issues. You will have a total of 3-5 meetings
- An email with a link to their online platform will be sent roughly one week in advance. This portal will provide you

with:

- Your schedule
- Zoom links to all meetings
- Talking points and associated documents
- Contact information for attendees in your meetings
- Reminder emails for each meeting

Our briefing webinar will review how to navigate the online portal, and discuss our legislative agenda. Two briefing webinars will be scheduled prior to ACA Virtual Day on the Hill, one on Tuesday May 4th and the following night May 5th, both at 8:00pm EDT

The time frame for ACA Virtual Day on the Hill is Thursday May 6th from 9:00am-5:00pm EDT, however your meetings will take place during normal business hours for the time zone you are located in. Questions? ppa@acatoday.org

ICA submits comments to NCCIH on their Strategic Plan

On March 11, the International Chiropractors Association (ICA) responded to the request for input from the National Center for Complementary and Alternative Health (NCCIH) of the US National Institutes of Health (NIH) on their draft Strategic Plan which is a five year plan focused on whole person health research. ICA began our comments with the following:

The ICA, founded in 1926 by Dr. B.J. Palmer, is the world's oldest international chiropractic professional organization. We represent chiropractors, students, chiropractic assistants, educators, and laypersons world-wide. The ICA is dedicated to the growth and development of the chiropractic profession as a unique, separate, distinct drug-less health care profession. For 95 years, the ICA has advocated and, when necessary, litigated to support the chiropractic profession and quality patient care. With the support of ICA's dedicated members and leaders globally, chiropractic is a formally recognized and respected health care choice. In 2021, we continue our focus on removing the barriers to access that deny patients access to the healthcare provider of their choice.

ICA is focused on improving and expanding the body of clinical and basic science research; in practice-based

outcomes research; and in advancing the knowledge base of the whole person effect of regular chiropractic care. This is accomplished through direct funding, advocacy, and collaboration. ICA believes strongly that every individual who chooses to seek non-pharmacological based health care should be able to access their health approach of choice. The ICA also believes that every U.S. federal program should include all credentialed health professionals and provide fair and reasonable access and compensation. Chiropractic is a portal of entry, essential health care service and should be treated as such in all federal programs.

The ICA also called upon the NCCIH to provide greater opportunities for each of the chiropractic colleges in the United States to benefit from development resources to advance and expand their research capacity and expressed a desire for NCCIH to work with ICA, the ABCA, and others in the profession to identify mechanisms and pathways to promote greater diversity in our profession.

Upon the delivery of our submission, Dr. Stephen P. Welsh, ICA Interim Chairman of the Board stated. "The ICA is dedicated to advancing the research in chiropractic. One pathway to advance research is to continually engage with the top federal agency responsible for advancing research in chiropractic and other alternative systems of healing."

ICA to hold virtual Annual Meeting April 15-17

The ICA Annual Meeting is currently scheduled for April 15, 16 & 17, 2021. The ICA Board Members' meetings begin on the Thursday, the 15th. Representative Assembly Members' meetings will begin Friday the 16th. The ICA Member meeting will take place on Saturday the 17th.

[More info here.](#)



IUA welcomes new board members

The Board of Directors of the International Chiropractors Association (ICA) voted to elect five new board members at their March 12, 2021 meeting. Their terms will begin July 1.

Amanda Apfelblat, DC of Michigan a 2000 graduate of Life University, and a practicing chiropractor who owns and operates two successful practices in the metro Detroit area is returning to the ICA Board. She previously served in the ICA Representative Assembly representing Michigan. Dr. Apfelblat has served on multiple boards, is a member of the Life University President's Circle and Realizing the Vision Campaign and is also the CEO of Chiro Mogul Corporation.

Mychal Beebe, BS, DC, DCCJP of New Hampshire a 2010 graduate of Life West, is the co-owner of Arete Chiropractic in Portsmouth New Hampshire. Dr. Beebe has been engaged in the chiropractic community since she was a student. She serves in leadership in the ICA Council on Upper Cervical Care (CUCC), and the Blair Upper Cervical Society as the Director of Research. She was awarded Blair Chiropractor of the Year in 2019.

Julie Mayer Hunt, DC, DICCP, FCCJP of Florida a 1981 graduate of Life University, is in active practice in Clearwater with her father and son. Dr. Mayer Hunt has been very active in the chiropractic. She is a founding member of the ICA Council on Upper Cervical Care and is a former Representative to the ICA Assembly. She was elected ICA Chiropractor of the Year in 2014 and received the ICA President's Award in 2013. Dr. Hunt serves on the Florida Board of Chiropractic Medicine. She is a President of the Society of Orthospinology, and a current or former Board member of numerous chiropractic organizations including the Florida Chiropractic Society where she received the Outstanding Service Award of the FCS multiple times.

Todd A. McDougale, DC, FICA of Indiana, is a 1997 Palmer graduate where he first joined the ICA. Dr. McDougale has a focus on sports chiropractic and has an active relationship with the International World's Strongest Man competition. He teaches the McDougale method to help athletes improve performance. He has served on the Board of the ICA of Indiana since 1998. Dr. McDougale was the Indiana Representative to the Assembly from 2014 to 2020 and is the current alternate. Dr. McDougale is a Radio Talk Show Host at WHBU Radio in Anderson, Indiana. He has served as the Chiropractic physician at the Giants Live Strongman Events since 2015 and the Arnold Schwarzenegger Strongman Classic Events since 2014 to name just two. He has served as

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a sports chiropractic advisor to numerous academic sports teams as well.

Palmer Peet, DC, FICA of California, a 1983 graduate of Life University, who is the third generation of a four generation chiropractic family. While in practice in Vermont, Dr. Peet served as an officer in the Vermont Chiropractic Association and was appointed to the Vermont Board of Chiropractic Examiners by two different governors where he served as Chair. At Life Chiropractic College West, he has served as Director of Alumni Relations, and Adjunct and Post-Graduate Faculty. Dr. Peet has served as a member of the ICA Assembly representing both from Vermont and California. He is a past member of the President's Circle of Life Chiropractic College (Georgia) is a past instructor for Chiropractic Biophysics – Pediatric and Prenatal Adjusting, and representative to Federation of Chiropractic Licensing Board from the State of Vermont.

These five new board members will begin their terms on July 1. Retiring from the board on June 30 are the ICA Immediate

Past President, George B. Curry, DC, FICA of Connecticut; Andrew Harding, DC, FICA if Kansas: ICA Immediate Past Chairman of the Board Donald Hirsh, DC, FICA of Maryland; Former ICA Vice President Ronald Oberstein, DC, FICA of California; Michael Shreeve, DC, LCP, DPhCS, FICA of Florida; and Claire Welsh, DC, FICA of Georgia.

Input requested on Health Promotion and Preventive Services Clinical Practice Guideline

The Clinical Compass is developing a clinical practice guideline (CPG) on the role of chiropractic care in providing health promotion and clinical preventive services for adult patients with musculoskeletal pain. Part of the process is to get public comments to incorporate into the recommendations. We have just completed an extensive Delphi panel consensus process with 65 DCs and other health professionals. We achieved an unprecedented level of consensus! However, public input is still a vital part of the process. The comment period will remain open until April 12, 2021. To comment, [go to the website](#) and follow the instructions. Thanks for your consideration in this matter.

Share your stories with us!



The IACP News accepts press releases and news items. We want all your news.

Please email press releases and news items in Word doc format to Steve at C&S Publishing:

CandSpublishing@gmail.com



IACP MEMBERSHIP APPLICATION

Contact Information:

Name: _____ License #: _____

Practice Name: _____

Business Address: _____ Business Address 2: _____

City, State, Zip: _____ County: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

IACP Membership Categories: Types of Membership and Benefits:		Full Amount	Monthly	Payment Information:
IACP CENTURY CLUB				Payment Type: <input type="checkbox"/> VISA <input type="checkbox"/> MC (circle one)
All Standard Membership Benefits, plus: <ul style="list-style-type: none">• FREE Convention Member Registration;• FREE Non-DC Staff Member Convention Registration;• Expanded Discounts for Member and Staff on three IACP quarterly seminars;• 25% Discount on advertising via the IACP newsletter and/or website;• 25% Discount on Bronze Level Convention Sponsorship;• Invitation to IACP PAC Dinner(s) for legislative officials targeted for IACP support;• Opportunity to write articles for IACP newsletter editions*;• Two FREE classified ad both online and printed newsletter per year;• First Call - IACP Referrals for patients seeking specific DC techniques/education;• Invitation to the IACP President's Dinner – including other Century Club members, past IACP Presidents, Idaho Legislators & Sponsors;• Portion of C.C. dues fund the IACP PAC - supporting legislative efforts/candidates. <small>** The IACP reserves the right to review articles and edit submissions as it deems necessary.</small>				<input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Check
				Credit Card #: _____
				CVC: _____ Exp. Date: _____
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IACP STANDARD MEMBERSHIP				Optional PAC Donation:
<ul style="list-style-type: none">• \$100 discount on convention registration fees• \$20 discount for each staff member on convention registration fees;• 10% Discount on Online CE Credits offered through the IACP Website;• 10% Discount on ICD Coding Books Offered by the IACP;• 10% Discount on all products, videos and materials sold by the IACP;• Earn at least 6 FREE CE credits each year at district meetings;• Discounts on Quarterly IACP Seminars for Member and Staff;• One FREE classified ad both online and printed newsletter per year;• Find A Doctor Referral Directory and access to members only information regarding Medicare, insurance & legislative insight;				PAC stands for Political Action Committee the fundraising arm of the IACP. All monies donated go directly to supporting campaigns, educating state representatives, and hiring watch groups to guard against harmful legislation that would curtail your right to practice.
RETIRED DC MEMBERSHIP				I wish to support my profession by donating:
<ul style="list-style-type: none">• Annual subscription to IACP Newsletter (12 issues per year);• 10% Discount on all IACP events or classes• Discounts on advertising in the IACP Newsletter or on the IACP website;• Discounts on classified ads in IACP Newsletter or on the IACP website.				<input type="checkbox"/> \$25/mo. <input type="checkbox"/> \$55/mo.
MULTIPLE DC HOUSEHOLD MEMBERSHIP • For dual DC households where both members of the household are practicing DCs. Spouse can choose a discounted Century Club or Standard Membership.				<input type="checkbox"/> Other: \$ _____/mo.
NEW GRADUATE MEMBERSHIP • New chiropractic college graduates receive basic membership for no fee!				

By signing this form you agree to pay for the membership type and frequency listed and the optional PAC donation indicated above. The authority you give the IACP to charge your account will remain in effect until you notify IACP in writing to terminate the authorization, after the agreed upon term has been met. This includes annual renewals. If the amount of your payment changes, we will notify you at least ten days before payment date. You also agree to notify IACP of any changes in account information.

Signing this form acknowledges an understanding that cancellation requests must be made in writing and will only be honored following fulfillment annual timeframe:

Signature: _____ Today's Date: _____

Mail to: IACP, 13601 W. McMillan Rd., Suite 102-331, Boise, ID 83713 or Fax to 888-399-5459

Chiropractic College News

Texas Chiropractic College Annual Gala 2021

Enjoy a candle-lit evening filled with music, appetizers, paired with a silent auction and wine tasting, April 17, 2021 beginning at 6:30 p.m. Sylvan Beach Pavilion, 1 Sylvan Beach Drive, La Porte, TX 77571. Check in will begin at 6:00 p.m.

[Click here](#) for more information or to purchase tickets.



Sherman College Lyceum 2021 scheduled for October 28 - 30, 2021

Sherman College has been carefully evaluating plans for Lyceum 2021 over the past few weeks in accordance with current events and local, state and federal recommendations regarding COVID-19. The college has opted to postpone Lyceum 2021 until October 28-30, 2021, in hopes that we can host our homecoming and continuing education event experience on campus and in person.

Of course, as the year progresses, we will continue to evaluate the safety and potential liability of hosting this event, and we will keep you informed with as much advance notice as possible, keeping in mind your need to arrange travel plans and logistics. No matter what happens, you can count on Lyceum 2021 happening on October 28-30, either in-person or virtually.

We want to see chiropractic flourish, and the Continuing Education staff are committed to doing our part in developing and facilitating the best program we can to support the profession. We will continue to serve you by delivering outstanding content to help you learn, grow and better serve your communities.

We desire nothing more than to host this event in person so we can see our friends, connect with new ones, and celebrate our wonderful profession together, the way B.J.

intended at the first Lyceum so many years ago. Please watch our [website](#) for the latest program information and updates.

Sherman CE Summit: A one-day virtual event

Since Lyceum 2021: Time to Shine has been postponed in hopes of having an in-person event this coming October, the Office of Continuing Education is bringing you another Sherman CE Summit: A One-Day Virtual event to be held on May 1st, 2021. We know that some states have upcoming CE deadlines, and should your state allow this format of learning for earning credit, we're here for you!

The cost of this event is \$197 and up to 10 hours of continuing education credit will be available for D.C.s in a live-streamed format in select states. Please check our website to see the status of your state(s).

Featured speakers include:

- Dr. Jonathan Chung – The Upper Cervical Spine and Concussion: Science, Assessment, and Management
- Dr. Kelcey Wiginton – Progressive Chiropractic in a Global Technology Age
- Dr. Timothy Guest – Creating a Compliance Manual for the Private Practice
- Dr. Krisina Stitcher – Your Integral Role in the Birth Community
- Dr. Ankur Tayal – Evidence-Based Approach to the 33 Principles of Chiropractic

CUKC alumnus receives award at ACA Engage

Dr. Samuel Mark, a 2003 graduate of the College of Chiropractic at Cleveland University-Kansas City (CUKC), was recently named "Alternate Delegate of the Year" by the American Chiropractic Association (ACA). The award was announced during the ACA Engage 2021 meeting, held Feb. 4-6. The annual event is normally held in Washington, D.C., but this year was conducted virtually due to ongoing concerns about COVID-19.

Mark, of Scottsbluff, Neb., is the alternate ACA delegate from his state. He received the honor in recognition of his exceptional service, achievement and leadership in the profession. In particular, his tireless work as a member of the ACA Political Action Committee was noted. Awards are given out each year at the meeting to recognize a variety of contributions to research, education, and humanitarian efforts, along with announcing the coveted "Chiropractor of the Year."

Other business at Engage 2021 included Dr. Maithy Ta, another CUKC alumnus. Ta, a 2019 graduate of CUKC, was announced as a member of the leadership team for NexGen, the ACA's early career practitioners. She will serve as vice chair for the upcoming year.

ACA Engage brings together hundreds of chiropractors, chiropractic assistants and chiropractic students from across the nation each year. While in Washington, D.C., they meet with members of Congress to advance pro-chiropractic legislation. Other highlights include distinguished speakers, panel discussions, and the opportunity to earn continuing education credits. The next ACA Engage will be held Feb. 2-5, 2022.

Dr. Scott Donaldson appointed Provost at Life Chiropractic College West

Dr. Scott Donaldson has been appointed Provost at Life Chiropractic College West. In his new position, Dr. Donaldson will lead the Office of Academic Affairs as well as the Health Center effective March 11, 2021.



Dr. Donaldson has served Life Chiropractic College West over the last 28 years including adjunct faculty, full-time faculty, chair of technique, associate Dean of the Health Center, Dean of the Health Center, Interim EVP, Vice President of Academic Affairs and most recently as the Vice President of Clinical Operations. Dr. Donaldson has had the privilege to serve the college as the accreditation liaison to CCE and WSCUC. He has been instrumental in the communication and organization that is needed to interact with both of these important organizations as well as across the campus in the college efforts to continually improve. He also led the Life West effort toward initial accreditation with WSCUC. Dr. Donaldson has provided professional presentations on topics ranging from the use of EHR, faculty training for research, grand round programs, service and teaching effectiveness. In 2018, he completed a second doctorate program (EdD) including studies, professional

presentations, and publication in "Access to First Professional Degrees with a Focus on Chiropractic to Underrepresented Populations", and student learning styles across students based on admission status.

Dr. Donaldson has been serving in the Life West Health Center as the Vice President of Clinical Operations. During this time the college has seen growth opportunities for interns to participate in preceptorships locally, across the country and even internationally. Dr. Donaldson was instrumental in the development of the Life West Health Clinic in Delhi India. The college has always had a culture of service and during the last few years, Dr. Donaldson participated in the growth of the service outreach programs including India, Tonga and locally in the Bay Area. Efforts in clinical education over the last few years have been important to the college and to the students. Of the achievements in the last few years, developing a common purpose for all who work in the Life West Health Center, ensuring opportunities for consistent advancement, understanding intern competence, and providing excellent service to the patients and interns has been a very rewarding endeavor.

Life University holds Winter 2021 Commencement Ceremony

Life University (LIFE) conferred 129 degrees upon graduates from its College of Graduate and Undergraduate Studies (CGUS) and College of Chiropractic (COC) in a combined commencement ceremony on Friday, March 26, 2020. Twenty-one students earned undergraduate degrees, eight earned master's degrees and 100 earned LIFE's flagship Doctor of Chiropractic (D.C.) degree. Three students were awarded both an undergraduate degree and a D.C., and three others earned their master's degree and D.C.

The physically-distanced ceremony was held on campus with limited attendance and also livestreamed to viewers on the University's YouTube page, which allowed family members, loved ones and fellow members of the LIFE community around the world to celebrate with the graduates during this momentous occasion in their lives.

Sabrina Weaver, the COC valedictorian, gave a rousing valedictorian address that is sure to motivate her fellow Doctor of Chiropractic graduates as they enter the next step in their lives.

"I am extremely honored to be the valedictorian of this amazing group of chiropractors," said Weaver. This group is truly something special." She later continued by saying, "We

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will be the 'flash mob' of our generation. And just like that flash mob grows and grows and grows as the music plays on, you must do the same. Every day, continue to grow yourself and take others with you on that journey.

In her address, Weaver also noted that she was turned down by many medical schools before finding Life University and Chiropractic, but she realized very soon that this is where she was meant to be.

"If we want Chiropractic to be the song of health and wellness, I believe we need to remain who we are sitting in these seats today, so you should never lose that student inside of you," Weaver noted. "Always be hungry to learn more of those dance steps. You should never forget how hard this program was either. When you feel like you might be struggling in practice one day, just humble yourself and remember all this adversity you went through to get here. It was worth it, wasn't it? But if you do struggle, remember that the person sitting next to you, the person sitting in front of you and the person sitting behind you – they're all on your dance team."

New York Chiropractic College President shares message of support for AAPI

I write to share a statement of support for all members of the Asian, Asian American, and Pacific Islander (AAPI) communities, locally and across the world. Last week's tragic events in Atlanta are unacceptable acts of aggression and violence against AAPI people, clearly motivated by racism and hatred. Today, as always, NYCC stands firmly in support of and solidarity with our AAPI community members, and we grieve for those whose lives were senselessly taken.

Our College holds "diversity, inclusiveness, and tolerance in all interactions" as one of our core values. These are more than words; this is a commitment by our College to ensure all members of the NYCC family feel welcome, respected, heard and safe -- because the diversity of each individual's ethnicity, race, beliefs, gender, identity and other qualities is valued and is what makes our #NYCCBlue community strong.

As professionals in healthcare we are called to serve

humanity. To do so, we must mindfully reject systemic racism and actively challenge our own biases while also embracing social justice. We apologize that we may not have reflected this clearly in our past communications; we continue to learn and strive to do ever better in this important work. We encourage our community to explore resources (including those below) that can help us each be better informed and in solidarity with our AAPI friends and colleagues, and with all historically marginalized people.

On a related note, I would like to share sincere thanks with the leadership of NYCC's Students for Social Diversity Awareness (SSDA) club for their advocacy around this and other justice-oriented issues. Conversations about diversity, equity, inclusion and belonging -- particularly when faced with the ugliness of hate-motivated violence -- can be painful and difficult. However, these conversations are critical and silence cannot be acceptable. Thank you to SSDA leadership for engaging in these hard conversations and for pursuing accountability, at our College and beyond.

If you are in need of support around recent or related events, NYCC counselors are here to help. You can contact the counseling office at counseling@nycc.edu or 315-568-3064; you can also call 2-1-1 for Lifeline, or contact your local mental health provider. Employees are also able to reach out to our Employee Assistance Program through Human Resources. If you are a witness to or victim of an instance of bias or discrimination, please report the incident to the College, either by contacting Campus Safety or via our [Community Reporting forms](#).

- [Asian Americans Advancing Justice -- Atlanta](#) - Call for signatories to a statement denouncing systemic violence against AAPI communities and calling for community-centered response.
- [Stop AAPI Hate](#) - Tracks and responds to incidents of hate against Asian Americans and Pacific Islanders in the US.
- [Show Up](#) - Guide to Bystander Intervention
- [How to be an AAPI Ally](#)
- [COVID-19 Fueling AAPI Racism](#)

In solidarity,

Dr. Michael Mestan
President, New York Chiropractic College

New Beginnings' spring event, May 20-23, 2021

Sherman College is set to be the spotlight school at New Beginnings' spring event, scheduled May 20-23, 2021, in Asbury Park, NJ. In celebration of New Beginnings' 30th anniversary, founder Dr. Jim Dubel was asked about the organization's history and accomplishments.

Q. How does New Beginnings support and inspire the profession?

A. New Beginnings is dedicated to preserving, protecting, and perpetuating chiropractic without compromise. We strive to innately serve mankind while enhancing the quality of life today, and to create a healthier and more perfect world. To this end, we have been gathering three times a year since 1991. We support and inspire the profession by sharing our philosophy, fellowship, and passion for chiropractic. We invite other principled chiropractors to share their love for our profession and their success stories and new ideas to help others of like thought and mind.

Q. How and why does New Beginnings support schools like Sherman College?

A. Over the years, doctors from nearly every chiropractic school in the world have attended a New Beginnings Weekend. Those who attend share our values (a principled group) and adhere to the principles of chiropractic set forth by the founder and developer of this incredible profession. The schools that teach this information are those we support both by financial means and in sending students to those institutions. Sherman College is one of those schools!

Q. Did you expect NB to be this successful when founding it 30 years ago? What was your goal then, and what is it now?

A. Thirty years have flown by, and several of our old guard have gone, yet many original board members and attendees, who put our weekends together, are still here helping to keep it strong and fun after all these years. That is a credit to our values of family and the chiropractic principles. It is a lifestyle and gathering three times each year, much like a family reunion. You look forward to it and are happy to see familiar faces and welcome the new ones to the family!

UWS and IFM extend joint educational collaboration

University of Western States (UWS) and the Institute for Functional Medicine (IFM) are pleased to announce the extension of their joint collaboration to incorporate

functional medicine and functional nutrition coursework in the UWS Master of Science in human nutrition and functional medicine (HNFM) and the doctor of clinical nutrition and graduate certificate in HNFM programs.

"Our collaborative relationship with the Institute for Functional Medicine, now entering its 10th year, continues to be of great value for our HNFM students, as it provides access to educational content from IFM that is integrated into the high-quality courses developed and delivered by our expert faculty," said Dr. Daniel Redwood, director of the HNFM program.

The UWS mission is to advance the science and art of integrated health care through excellence in education and patient care. This collaboration will enable UWS to better fulfill this mission and to prepare health professionals to address the 21st century epidemic of chronic diseases.

IFM supports the innovative UWS master's, doctorate and graduate certificate programs through providing faculty training, faculty scholarships, and curricular materials and tools. The UWS HNFM program has been met with enthusiasm and interest among students from around the world and from a variety of backgrounds, including dietitians, nurses, physicians and several other professions.

"The partnership between UWS and IFM is one that is meaningful for both organizations," said Dr. Alisa Bates, dean of the college of graduate studies. "We are thrilled that our faculty and students have access to their timely learning materials that enhance their learning experiences in our programs. Beyond that, we are glad to be part of a collegial community that values and encourages ongoing professional learning in functional medicine and nutrition."

Program Overview: The HNFM program at UWS is the only accredited master's program in functional medicine. It is 100% online and is offered as a collaborative endeavor between UWS and the IFM, the organization that founded and developed the key functional medicine concepts in use today.

Functional medicine is a science-based, patient-centered approach to achieving and maintaining excellent health through natural methods, with diet and nutrition at the forefront. Founded on a holistic view of health, our functional medicine program leverages the biochemical and genetic individuality of each patient so that practitioners can treat the whole person, not just the symptoms.



Idaho chiropractors, do you have something to sell, share, or advertise with your fellow practitioners? List it as an IACP classified ad. These ads will be listed online and included in the IACP newsletter for two months. Email your ad to: iacpcontact@gmail.com

Seeking Associate Chiropractor: Become an associate chiropractor at a fast-paced and well-established Boise chiropractic office. Our practice has been seeing patients for 20 years in the Boise area. We are looking to add another full-time doctor to our team ASAP. Base salary and bonus for our doctors ranged from \$65K-\$95K this year. Benefits include retirement IRA, group health insurance through Pacific Source, paid vacation time, malpractice insurance, 18 CE's/year and reimbursement for your membership to the IACP. We have 2 locations and are planning on opening others in the future. Our associate doctors train in our main office for 2-3 years and then are placed in additional new office locations where they essentially run their own office. We will be opening a 3rd location in the Treasure Valley in 2021/22. The right person could have their own office location in 2-3 years, with the contractual potential to own the office in the future. Applicants should be high-energy and thrive in a busy clinic setting. Must work well with a team environment. We have minimal marketing requirements for our doctors. Applicants MUST be willing to learn and adopt the same adjusting technique methods as the other doctors in the office. We manage our patients as a TEAM...No one has "their own" patients. This allows doctors to take time off easier and makes scheduling for patients more convenient. Interested applicants should contact boiseassociatechiro@gmail.com with a Curriculum Vitae and any other relevant information.

Associate Chiropractor Wanted: We are looking for an associate who is outgoing, self-motivated, and has excellent communication skills. Experience is a plus but not a requirement. Applicants must be proficient in manual diversified adjusting and charting. The doctor applying for the position must be passionate about helping patients, friendly, caring, and professional. Our clinic is fully staffed with Chiropractic Assistants to assist you in providing excellent care to patients including physical therapy rehab, modalities and massage. This is an exciting opportunity to work with regenerative medicine and other medical providers as part of your care plan for patients!

Interested? Contact thrivechiropracticboise@gmail.com

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The IACP News,
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Office Posters



We have created a FREE [printable PDF](#) of the
Easy exercises to keep your neck healthy

poster on the following page, and
the following posters are available online:

Do the right thing

Ways to keep moving with joint pain

Basic Coronavirus protective measures

The drug-free approach to pain reduction

Get up and move!

STRETCHING for better joint health

Be Safe, Stay Safe

Were you pain free this morning when you got out of bed?

Tips for safe stretches

Don't let pain keep you from enjoying life

Go outside and get the benefits of vitamin D

7 simple steps to a longer, healthier life

Please feel free to print out and use any or all of the flyers.
Or, make them available as handouts to your patients.

They are available on the website,
www.IACPnews.com in an easy to print 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).***

Easy exercises to keep your neck healthy

Your neck should be able to move freely forwards, backwards and sideways. Some people, however, find that movement is limited in at least one direction and all of us will suffer at least once in our lives from a stiff neck. When performing neck exercises always stop immediately if symptoms such as dizziness occur. Never force movements and always perform them slowly and carefully. Check with your chiropractors before beginning an exercise program.

Chest Stretch
Sitting at a desk all day shortens the chest muscles and this can be the cause of shoulder pain as tight pecs pull the shoulders forward. Grasp the hands behind the back and move them out behind you as far as possible.



Rotation Stretch
Staring straight forwards at a screen all day isn't good for the neck. Gently stretch by looking over your right shoulder, holding for 10 seconds and then looking over the left shoulder for 10.

Lateral Neck Stretch
Tight muscles in the sides of the neck is a common complaint. Take the head over to the side and apply further pressure using the hand as shown to increase the stretch.



Neck Pain

Posterior Neck Stretch
The muscles at the back of the neck commonly feel tight as they overwork to hold the head upright. Tuck the chin in and tilt the head down towards the chest. Use another hand to apply pressure on the head if necessary.



SCM Stretch
The Sternocleidomastoid is the large, rope like muscle at the front of each side of the neck. This becomes tight with a forward head position. Stretch by looking over the right shoulder, and then tilting the head back.



Upper Back Stretch
The rhomboid and posterior shoulder muscles are often the ones that feel most tight in office workers. Stretch by bringing one arm across your body, keeping the shoulder depressed and pulling it in with the other arm.



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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.

Format: *The IACP News* is produced in a state-of-the-art digital format. It can be opened and viewed online from both the IACP website at <https://iacp.wildapricot.org/> and also from the publication site: www.IACPnews.com. The publication site has both current and back issues of *The IACP News*. Questions about the digital format, the website, or display advertising should be directed to C&S Publishing at CandSpublishing@gmail.com.

Classified Ads: IACP accepts classified ads. They are published without cost for IACP members, but can also be purchased for \$100 by non-members. For additional information about placing a classified ad, contact Caroline Merritt, IACP Executive Director at (208) 515-6263 or caroline@idahotruenorth.com.

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.**

Ad Type	Ad Size	1 run	3 runs	6 runs	12 runs
Full page (bleed)	8 5/8" wide by 11 1/4" tall	\$450	\$414	\$378	\$330
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

Rates are for full color ads **per insertion**. Ads published under a multi-run contract can be changed for each issue at no additional cost. Flash animation (.swf files), animations (.gif format) and video clips can be added to any ad. There is no extra charge for video clips or multi-media in ads unless "assembly" of the ad is required. Some file size limitations apply. For details contact CandSpublishing@gmail.com. Email camera-ready ads in high resolution Adobe Acrobat (.pdf) format to: CandSpublishing@gmail.com. Ad creation and graphic design services are available through C&S Publishing at no additional cost.

Acceptance of Advertising: IACP reserves the right to refuse any advertisement with or without reason or explanation including any ad that, in the opinion of IACP, is unethical, makes extravagant claims, misrepresents, is unfair or harmful to other advertisers; violates postal, anti-trust or U.S. currency regulations; or is deemed inconsistent with the objectives of the IACP.

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