



Collaborative chiropractic management of breastfeeding difficulties in a neonate: A case study

By Catriona McNamara B.Sc; M.Chiro; DACCP; Gonstead Diplomate

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ABSTRACT

Poor weight gain in the neonatal period is concerning. This paper outlines the management of care for a 3-week-old neonate that had significant weight loss and breastfeeding difficulty. Recognition of dysfunction in the mechanical aspects of breastfeeding by the International Board-Certified Lactation Consultant led to referral to a

chiropractic clinic. This case study outlines the role that a chiropractor may play in encouraging the breastfeeding dyad with a collaborative approach. Chiropractic recognition of cervical, temporomandibular and shoulder dysfunction in the infant during the early crucial phase may assist this population in establishing good breastfeeding function. This paper describes the biomechanical, neurological, and clinical indicators, circumstances, and what role they may play in affecting the continuation of exclusive breastfeeding.

Introduction

Chiropractors are often utilised by parents of infants with breastfeeding difficulties. Early intervention to encourage

Continued on page 5

Pediatric headache questionnaire, exam and history forms for the chiropractor

By Sue A. Weber DC, MSc Chiropractic Pediatrics, Chairperson EAC SIG Pediatrics, FEAC, FRCC, Practitioner Stockholm, Sweden

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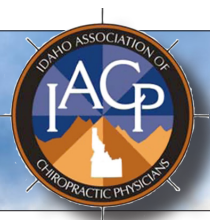
Introduction

Chiropractic education typically includes a cursory level of education within pediatrics¹ which varies from institution to institution. Chiropractors interested in pediatrics can pursue additional education through courses in continuing professional development (CPD), a diplomate, and/or a Master's degree. These are available through a range of

providers. Surveys from 2004 and 2014 assessing random samples of licensed Canadian Doctors of Chiropractic and Naturopaths have shown that the majority of practitioners questioned treated children of all ages, but felt their education did not provide adequate skills in assessment and treatment.¹

Triaging musculoskeletal (MSK) and non-MSK complaints is of the highest priority when assessing the pediatric patient with headache.² Some apparently benign headache presentations may have serious red flag causes, such as increased intracranial pressure, nocturnal epilepsy, possible brain tumor and/or cerebellar dysfunction.³ Table 1 (page 8) provides a check list for Red Flags.

Continued on page 8



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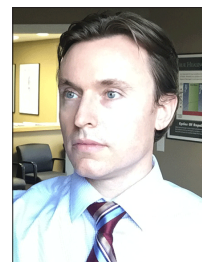
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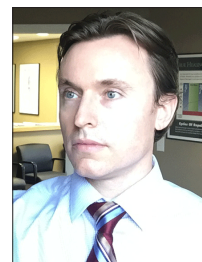
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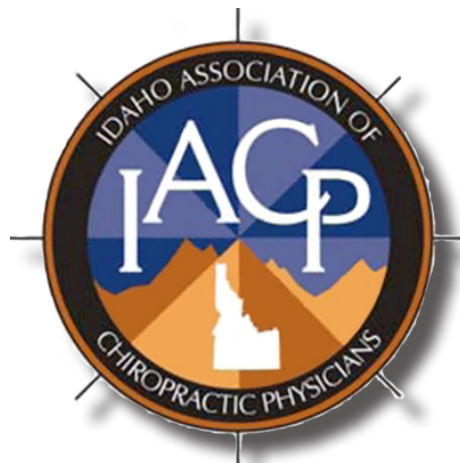
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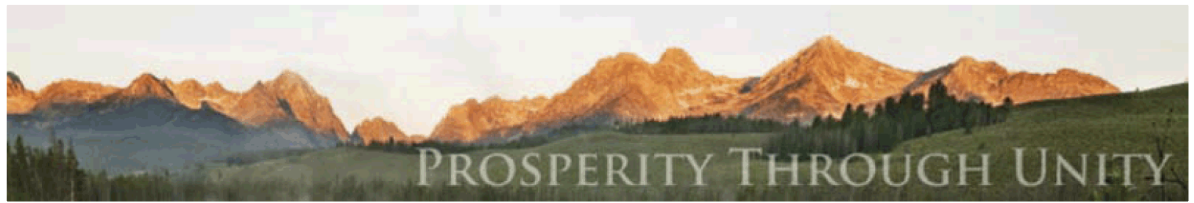
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In This Issue

| | |
|---|---------------|
| IACP Membership Application | Page 4 |
| Collaborative chiropractic management of breastfeeding difficulties in a neonate: A case study (Continued) | Pages 5 - 7 |
| Pediatric headache questionnaire, exam and history forms (Continued) | Pages 8 - 12 |
| RESEARCH: Effectiveness of chiropractic manipulation versus sham manipulation | Pages 7 -9 |
| ChiroHealth USA: Impact of Inflation on Your Practice | Pages 14 - 15 |
| TIME: Why Acupuncture is Going Mainstream in Medicine | Pages 16 - 17 |
| Chiropractic News | Pages 18 - 19 |
| Chiropractic College News | Pages 20 - 21 |
| The IACP Marketplace: Featured Businesses & Suppliers | Page 22 |
| Classified Ads | Page 23 |
| Office poster notice | Page 24 |
| This month's poster: Improve your health — avoid these three carbs | Page 25 |
| IACP News Display Advertising Rates and Sizes | Page 26 |

This table of contents is linked for your convenience. Just click on the page you want.





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Collaborative chiropractic management of breastfeeding difficulties in a neonate: A case study

Continued from front page

and support the breastfeeding dyad is important in establishing a consistent and functional breastfeeding relationship. Chiropractors are well placed to recognise dysfunction that may have been due to a neuromuscular origin from inutero positioning or the birth process. Spinal dysfunction is one aspect that has been recognised as a factor that may contribute to poor latching or sucking.¹⁻³ Hawk et al (2018) concluded that there was a “moderate level of favourable evidence supporting the use of manual interventions for infants with musculoskeletal dysfunctions and suboptimal breastfeeding.”⁴

Breastmilk is, of course, the nutrition of choice for infants and very few mothers set out on their journey as a new mother thinking that they will not be able to engage successfully in this fundamental activity.⁵ Breastfeeding success has lifelong benefits to both mother and child. Formula feeding is not ideal, but it is also a necessary alternative sometimes. When managing this population in clinical practice it is important that the health professional understands the normal mechanics of breastfeeding. The functional aspect of breastfeeding involves many neuromuscular and positional aspects to combine in harmony. A first-time mother faced with a difficult birth or lack of support could be a recipe for early cessation of breastfeeding. Chiropractors can play a significant role, alongside other health professionals, in encouraging exclusive breastfeeding where possible.

Case History

A 3-week-old female neonate was brought to the clinic by her mother and father for chiropractic care after recommendation from their lactation consultant. She had been assessed for tongue tie with an International Board-Certified Lactation Consultant (IBCLC) and suggested chiropractic care due to a complex birth and some ambiguity on whether tongue dysfunction was the main cause for breastfeeding concerns.

The infant had been struggling to attach and latch consistently to the breast. The mother reported pain and frustration at the length of time at the breast and the number of times she had to reattach the infant. The infant would often arch, fuss and cry at the breast while feeding and although the mother reported an abundance of milk supply the infant had not returned to birth weight at 2-weeks.

The parents discussed their distress for the infant and the

fact that it was taking about an hour to feed the baby. She would then fall asleep at the breast waking about 40 minutes later ready for the next feed. Both parents reported they were exhausted and were considering moving to formula as it was all becoming too difficult.

The infant was their first live birth at a hospital, vaginally delivered after 25 hours of labour with use of forceps after 2 hours of final stage. APGAR scores were 7 and 9 at 1 and 5 minutes respectively. Birth weight was 3850g and head circumference was 35cm.

Clinical Findings

Initial physical examination revealed an underweight (3210g), sleepy female infant. All vital signs were within normal limits.

Gentle palpation revealed right occiput restriction and right shoulder A-P restriction. Moro reflex was diminished on the right in first and 2nd phase. Her right TMJ was also restricted, and on opening the jaw, the gape was narrow on the right side. The rooting and suck reflexes were slightly sluggish. On inspection there were some faded red marks on the side of her head which the parents explained were from the forceps. Tongue lateralisation and elevation was good but sluggish on the right, especially noted on crying. All other neurological examinations were within normal range.

Chiropractic Diagnosis

This infant had a restricted C1/Occiput joint, right temporomandibular and glenohumeral joint restriction which could possibly be linked to a long labor and use of forceps at birth.

Chiropractic Treatment

Visit 1: (3 weeks old)

Initial treatment consisted of Gonstead based ASRS occiput rocking articulation within the physiological range of motion in accordance with the Chiropractic Board of Australia's directive for treatment for the under 2-year-old. Appropriate modifications were made according to the infant's size, age, and skeletal maturity.

A right a-p glenohumeral impulse was also made to encourage better motion in right shoulder. The infants' arm held at 90° lateral abduction, the thumb and index finger

Collaborative chiropractic management of breastfeeding difficulties in a neonate: A case study

of the hand holding the humerus contacting the proximal humerus as close as possible to the humeral head with the other hand stabilizing the scapula and clavicle to prevent shoulder girdle movement.

Gentle muscle release was also applied to her sub occipital muscles, right pterygoids, mentalis, orbicularis oris, digastric, suprahyoid and buccinator muscles. Particular attention was given to encourage right TMJ mobility.

Visit 2: (3.5 weeks old)

Three days later, the infant returned. The parents reported slight improvement on attachment and less fuss associated with feeding. Feeding time had reduced to 40 minutes. The same treatment was applied again with encouragement to discuss feeding options with their IBCLC again.

Visit 3 (4 Weeks old)

One week after the initial visit, the parents presented the infant and mother related that there was significant improvement. The mother reported a more comfortable, deeper latch and less fussiness when placed at the breast. Feeding was taking about 30 minutes. The infant had also increased her weight by 350g. The infant had improved in suck strength and function but Moro on the right was still diminished. At this point she did not need another occiput treatment but did require another shoulder adjustment.

Visit 4: (5 weeks old)

She was seen once more a week later and again had gained another 350g. Shoulder function was still slightly decreased, and her jaw was still asymmetrical. Gonstead ASRS occiput rocking articulation was given on this visit along with suprahyoid muscle release, right GH joint adjustment and TMJ release.

During this appointment care options were discussed, deciding that we would leave the next treatment until she was 8 weeks (3 weeks later) and if at that point she continued to improve we would review again at 12 weeks old.

Visit 5: (8 weeks old)

Parent reported continued no maternal pain/discomfort, weight gain and improvement on attachment, alertness, and ability to feed “quickly” (20 minutes). She was no longer falling asleep at the breast and was consistently smiling and relaxed after a feed. Her weight at this point was 5090g. Mild

dysfunction was noted in her right TMJ and Glenohumeral Joint with some mild functional asymmetry still present and gentle adjustments were given.

Visit 6: (12 weeks old)

During this review clinical assessment revealed a weight of 6107g, head circumference of 39cm and good functional head control on tummy time. Pull to sit was good with no head lag. Dysfunction was noted in her right TMJ and glenohumeral joint with some mild functional asymmetry still present.

Discussion

Breastfeeding can be a joyous, engaging time for a new mother or it can be fraught with high anxiety, pain, and frustration. Despite most mothers embarking on this journey, few continue successfully. Breast milk provides many benefits for the mother and infant including valuable nutrition and immunological support. In 2017-18 around 61% of children between 4-47 months had been exclusively breastfed to at least 4 months of age.⁶

The impact of the birthing process and any possible bruising or strain to an infant’s cranium, neck or extremities can be difficult to assess on an infant.⁷ Equally as difficult is establishing any causal properties that can be contributing to suboptimal breastfeeding. In Australia an IBCLC is often the first point of contact for the mother that is struggling with breastfeeding. Irritation and strain on structures such as the cranium, neck, temporomandibular joint or shoulder could impede successful breastfeeding journey.⁸⁻¹² Recognition of dysfunction and management of these infants should be shared among a number of health practitioners to encourage the breastfeeding dyad for as long as possible. Lavigne found that about 50% of IBCLC’s were comfortable recognizing musculoskeletal issues in babies and 91% noticed improvement in breastfeeding after manual therapy.¹³

To swallow with your chin up and neck in an extension, such as a Gonstead listed Anterior Superior Occiput (AS) is near impossible. If there is a restriction at this level, then the stylohyoid and styloglossus muscles which attach to the styloid process will be altered. An infant that has a substantial AS occiput position may also have other associated compensatory muscles in spasm such as levator scapularis and upper trapezius. The sub occipital muscles will also be in contraction and often these infants present with

an abnormally “strong neck” from birth. The hypoglossal nerve exits just lateral to the occipital condyles and next to the occipital bone and atlantooccipital joint capsule. It has been suggested that the hypoglossal nerve can be irritated by cervicocranial dysfunction.¹⁴⁻¹⁵ Dysfunction to the hypoglossal nerve may impair tongue function and an infant attempting to coordinate latch, suck, swallow and breathe. Disruption to this coordination could also be linked with mechanical insult at birth to the normal cervical motion and neurological structures which may lead to breastfeeding difficulties. Sixty muscles and the vagus, trigeminal, facial, hypoglossal, accessory nerves along with the brainstem are involved with the wonderful synchrony of latching, sucking, swallowing, and breathing associated with breastfeeding.¹⁶

Identifying a pattern of restriction in infants, associated with certain presentations, is important for quick recognition and consequent treatment. A Gonstead ASRS occiput on motion palpation will display right lateral flexion restriction, normal extension, and a right occipital flexion restriction.¹⁷ When examining the C0/C1 joint – the practitioners’ hand is looking for the atlanto-occipital space to either open (flexion) or close (extension) under the index finger.^{3,17,18} In this case the right capsular ligament of the condyle lateral mass articulation may become infiltrated with fluid and consequently the capsule can become distended and rise on the ipsilateral side, which is named ASRS.^{3,17,18}

Poor motion in the neck or TMJ can compromise a neonate’s ability to find a comfortable position for feeding and other muscles may be utilised to ‘survive’.¹⁹ This compensation can continue for many months or even years. Infants have a significantly larger range of cervical motion (Rotation 110 degrees and lateral flexion 70 degrees) than in adults and it is important to recognise any decrease in normal infant motion.²⁰

The upper cervical spine function requires normal tone of sub occipital muscles, upper trapezius, sternocleidomastoid, levator scapularis to stabilise and perform normal tasks. Asymmetry in cervical range of motion could also be associated with positional plagiocephaly and upper cervical dysfunction.^{8,9,19,21} Decreased cervical range of motion may lead to compensatory dysfunction in the muscles associated with the temporomandibular joint or shoulder.

Stewart noted that glenohumeral dysfunction was present in 70% of infants presenting with breastfeeding difficulties and Fludder and Keil identified the right glenohumeral joint to be more common than the left for extremity joint dysfunction in this age group.^{3,8} A diminished unilateral Moro Reflex could also be an indication for a glenohumeral joint dysfunction. Marked spasm in the upper trapezius

and or levator scapularis can, along with glenohumeral dysfunction reduce the range of motion of the shoulder. The scapula muscles are involved in stabilising and coordinating efficient glenohumeral motion.²²

Addressing the orofacial myology component of an infant with breastfeeding difficulties has huge benefits for a disorganised suck.¹⁰ Korbmacher 2005 reported orofacial myofunctional disorders in children such as incompetent lips have been linked with functional asymmetry of the upper cervical spine where they found 352 children with asymmetry in occipito-cervical region on x-ray and 70% had orofacial myofunctional disorders.²³

There are so many factors that may influence a poor breastfeeding experience and possible early cessation of breastfeeding. Mothers and babies with suboptimal feeding require appropriate support which is specific to each dyad. It is important to recognise the muscular and biomechanical balances as well as any positional difficulties that may prevent them feeding efficiently. Tongue tie, oral muscle development, cranial nerve dysfunction, latching/ positional issues could be included in a huge list of functional issues that may present to the chiropractor’s office.²⁴ In this case the referral for chiropractic treatment by the IBCLC was indeed a successful outcome. Dysfunction in areas such as the shoulder, cranium, temporomandibular joint and cervical spine can impact on the normal mechanics of the breastfeeding infant.^{14,15,24-27}

Conclusion

The neonate experiencing breastfeeding difficulties in the absence of pathology should be evaluated by a chiropractor to ascertain any neuromuscular dysfunction that could be a contributing factor. Breastfeeding is a coordinated action involving a combination of the tongue, perioral muscles, neck function and jaw mobility. In this case, a 3-week-old infant presented with poor attachment, feeding behaviour and discomfort for the mother. After two chiropractic treatments the mother reported a more comfortable feed, improved suck and latch function and a significant weight gain. In this case, chiropractic intervention played a crucial role in the improvement of breastfeeding success for this dyad.

A collaborative approach including an International Board-Certified Lactation Consultant (IBCLC) is important for the continued support for the breastfeeding dyad. Frank and consistent discussions between professionals in a collaborative case is essential. Low force manual therapy for the infant is specific, repeatable and includes a thorough assessment to ensure that the treatment required is necessary. Further research in this area is warranted with a larger more controlled sample group.

Pediatric headache questionnaire, exam and history forms for the chiropractor

Continued from front page

Other conditions which present with headache at first glance may be due to potentially disabling pathology, including mitral valve disease,⁴ hypothyroidism⁵ and epilepsy.⁶ Ability to triage is therefore a vital skill and knowledge base for practitioners to develop when seeing the pediatric patient with headache, as differential diagnosis and treatment vary significantly from the adult patient.⁷

Aims

The EAC is working to provide postgraduate education for practitioners. One focus of the EAC SIG pediatric group has been to work with the various European chiropractic educational institutions to standardize the level of education within pediatrics. Another primary goal is to raise the advanced education around pediatric practice on an institutional and individual level.

The pediatric SIG is a team of four, each with advanced education within chiropractic and/or pediatrics (post-graduate Master's degree or PhD), and each with expertise in clinical practice, research, and/or education.

Fungible pediatric headache questionnaires, history and examination forms specific to chiropractors and other manual therapists have not yet been made available. Consequently, a key initiative of the SIG over the past year has been to provide special history and examination forms particular to specific problems which present to chiropractors. The headache forms presented in this article have been designed to organize the history and examination for the pediatric headache.

Tables 2 (following page) is a questionnaire for the family to fill out, Table 3 (following page) is the history form and Table 4 (following page) provides an examination for ages 5-16, giving it form and consistency, aiding the practitioner in undertaking a thorough assessment.

These are intended as a screening tool for assessing the pediatric patient presenting with headache. The primary focus is on differential diagnosis of headaches throughout development. Two recent articles focus on headaches in children^{8,9} and are a good complement to these forms. One article focuses on differential

diagnosis of common headaches in children presenting to the chiropractor⁸ and the other details the changing phenotype of migraine headache through growth and development.⁹ By highlighting red flag presentations,³ there is an emphasis on safety, particularly identifying and referring the ill child for medical assessment and care. These forms are helpful in reaching the goal of arriving at the correct diagnosis or diagnoses, in order that the proper management can be recommended.

Process

The pediatric headache questionnaire, history, examination and red flag forms have been reviewed by all members of the SIG in an extensive, iterative process spanning nine months. Within the SIG an initial draft was created, multiple iterations were developed, and meetings were held to discuss and resolve disagreements by consensus. In total, three meetings were held between members of the SIG. This iteration was then shared with and reviewed by chiropractors with expertise in the

Table 1. Red Flags³

✓/✗

| | |
|--|---|
| Features of cerebellar dysfunction: | <input type="checkbox"/> ataxia |
| | <input type="checkbox"/> nystagmus |
| | <input type="checkbox"/> intention tremor |
| Features of increased intracranial pressure: | <input type="checkbox"/> night/early morning vomiting |
| | <input type="checkbox"/> large head |
| | <input type="checkbox"/> papilledema |
| New neurological deficits: | <input type="checkbox"/> recent squint |
| | <input type="checkbox"/> focal seizures |
| Possible brain tumor: | <input type="checkbox"/> progressive symptoms < 3 months |
| | <input type="checkbox"/> "worst headache ever" |
| Nocturnal epilepsy: | <input type="checkbox"/> abnormal movement or behavior during sleep |
| | <input type="checkbox"/> strange noises during sleep |
| | <input type="checkbox"/> extremely tired in the morning |
| | <input type="checkbox"/> tongue biting |
| | <input type="checkbox"/> enuresis |
| | <input type="checkbox"/> falling out of bed |
| Waking up at night due to severe headache | <input type="checkbox"/> |
| Change in behavior | <input type="checkbox"/> |
| Change in personality | <input type="checkbox"/> |
| Change in coordination | <input type="checkbox"/> |
| Change in balance | <input type="checkbox"/> |

pediatric patient, and their comments were reviewed by the author. The questionnaire was then translated into Swedish and used with a subset of patients to test its relevance.

Recommendations for chiropractors

The author recommend adopting these forms for clinical practice and to use them as an adjunct to the basic pediatric history and exam forms presented earlier.¹⁰ Just as these forms reflect the fact that the child is growing and developing, treatment is also adjusted based on age and development.

Additional special exam forms to complement the history and examination forms for common complaints presenting to the chiropractor, such as the crying infant, growing pains, and scoliosis are currently being developed. A series of recorded lectures to accompany these forms are in progress, discussing key aspects of the history and examination of the pediatric patient. These will be soon available through

the European Chiropractic Union home page, European Academy of Chiropractic (EAC) and the General Education Network for Chiropractic (GEN-C).

Conclusion

These forms represent a minimum standard for assessing pediatric headache in patients to ensure safe and effective management. The implementation of these forms should not only raise competence of practitioners, but with widespread use, enable data collection on a large scale for future research. The work to provide specific clinical exam forms is to elevate the safety and quality of musculoskeletal care provided by chiropractors to babies, children, and their families.

Acknowledgements

These forms were developed with significant contributions from Dr. Amy S. Miller (MSc, PhD) and Prof Lise Hestbaek (DC, PhD)

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Table 2. Headache Questionnaire (HA): Children

Genetics: Family history headaches (HA): _____

What kind of headaches: _____

What are symptoms: _____

Do they respond to treatment: _____

Psychosocial situation:

Exposure to abuse or bullying: _____

Neurodevelopmental disorder (ADHD, ADD, ASP, other): _____

anxiety: _____ depression: _____

counselling: _____ gender identity: _____

Biomechanical: trauma history _____

(including fall _____ concussion _____ head _____ mouth injuries _____)

Health history

allergy _____ asthma _____ eczema _____ epilepsy _____

cardiac anomaly _____ CNS infection (borrelia) _____ intracranial bleed _____

Headache characteristics

How old are you today? _____ When did headache or headache episodes begin, what age? _____

Do you have more than one kind of headache? _____

Describe headaches symptoms: _____

Where is the headache pain? _____

Have headaches changed since they started? _____

Do you have neck pain or stiffness? _____

How long does a headache episode last? _____

How strong is the pain? 0= no pain, 10= worst pain ever: _____

Is your headache worse with running or straining yourself? _____

Is your headache worsened by prolonged screen time? _____ Studying or reading? _____

How much screen time (phone, iPad, laptop) per school day? _____ How much on weekends? _____

What triggers your headaches? _____

Are you stressed? _____

What relieves your headache? _____ Does sleep relieve headache? _____

How often do you take medication, what kind? _____ Does medication help? _____

Does the headache interfere with school _____ Sports _____ Social activities _____ Screen time _____

Do you see the board in school well? _____ Have you checked your vision? _____

History of Periodic syndromes

Infancy: colic _____ torticollis _____

Toddler: seeking dark room _____ head banging _____

Child: dizziness _____ leg pain _____ stomach pain _____ repeated vomiting _____ light sensitive _____

sound sensitive _____ nausea _____ vomiting _____ motion sickness _____

episodes of fever not related to an illness _____ joint pain _____

visual disturbances _____ seeing flashing spots _____ feeling pins and needles _____

behavior problems _____ ADHD _____

sleep history _____

sleep disturbances: grinding teeth _____ night terrors _____ nightmares _____ apnea _____ snoring _____

Table 3. Headache history children from 5 year

Family history HA: _____
what kind: _____

Symptoms: _____

Treatment/outcome: _____

Psychosocial situation family and peers: signs of abuse _____ bullying _____

Neurodevelopmental disorder _____ anxiety _____ depression _____

Trauma history: head and/or neck _____ mouth _____ fall _____

Health history

allergy _____ asthma _____ eczema _____

CNS infection (borrelia) _____ intracranial bleed _____ surgeries _____

perinatal complications _____ illnesses _____ epilepsy _____

cardiac anomalies _____ hypothyroidism _____

medications/treatment: _____

other: _____

Headache characteristics

At what age did headaches begin _____ Where is the headache _____

Symptoms: _____

duration _____ intensity _____ frequency _____ neck pain _____

Have headaches changed since they started? _____

Exacerbating factors: physical activity _____ homework/screen time _____ other _____

Headache triggers _____

Aggravating factors _____

Relieving factors: sleep _____ rest _____ other _____

ADL impact (e.g. school attendance, social and sports activities): _____

Medication use and response: _____

screen time: _____ school days _____ weekends _____

Stress pattern of headache during holiday _____ Eye sight checked _____

History of periodic syndromes

Infancy: colic _____ benign paroxysmal torticollis _____

Toddler: seeking dark room _____ head banging _____

Child: vertigo _____ limb pain _____ abdominal pain _____ cyclical vomiting _____ photophobia _____

phonophobia _____ visual aura _____ sensory aura _____ nausea _____ vomiting _____

dizziness _____ pallor _____ motion sickness _____ anorexia _____

Behavior problems: _____

Sleep history: _____

Sleep Disturbances: _____ bruxism _____ night terrors _____ nightmares _____

apnea _____ snoring _____

Thoracic or low back pain: _____

Table 4. Headache Examination Child 5-16**Evaluation of musculoskeletal dysfunction in children with headache**

Postural examination forward head posture _____ kyphosis _____ upper cross syndrome _____
lordosis _____ scoliosis _____ torticollis _____
plagiocephaly _____

Manual joint palpation cervical/costovertebral/thoracic joints _____
cranio-cervical flexion test: _____ flexion-rotation test R: ____ L: ____
active ROM: cervical _____ thoracic _____ lumbar _____
range of motion shoulder joint: R: ____ L: ____ costovertebral joints _____
trigger point palpation cervical/thoracic musculature: _____
TMJ exam with asymmetry or orofacial pain: R: ____ L: ____
eye sight _____ eye tracking _____ accommodation _____ nystagmus _____

Neurological examination

mental Status: interaction with parents _____ following instructions _____
motor function and balance: hop _____ skip _____ jump _____ gait _____
stand on one leg (eyes open): R: ____ L: ____ eyes closed: R: ____ L: ____
finger to nose _____ rapid alternating hand movements: _____
standing eyes shut, feet together, resist gentle push to side : R: ____ L: ____
reflexes: _____
sensation: face _____ arms _____ legs _____
strength: _____ toe walk _____ heel walk _____ walk on toes _____ squeeze fingers _____
Babinski _____

Cranial nerves

CN1: identify specific smell with eyes closed _____
CN2: identify colors _____ numbers _____
CN3, 4, 6: eyes following object through visual field _____ pupillary response _____
CN 5: chewing _____
CN 7: smile, taste _____
CN 8: hearing, balance _____
CN 9: swallowing _____
CN 10: gag, swallow _____
CN 11: shrug shoulder _____
CN 12: stick out tongue _____

Soar with us



This monthly newsletter will get information about your products or services directly into the hands of the Idaho chiropractic community. There is no faster, less expensive way to reach this exclusive market. Advertising rates on the last page of this issue, or email Steve at CandSpublishing@gmail.com for details and discounts.

Impact of Inflation on Your Practice

The cost of essential goods jumped 7 percent last year, outpacing the reimbursement increases to healthcare providers across the board. (Bureau of Labor Statistics, 2022) Evaluating your fee schedule in your practice should be done annually to keep up with inflation and to ensure the profitability of your practice, however, most chiropractors fail to do so. Setting a fee schedule is key to the success of your practice. However, there is very little information on how to find comparative pricing information by region or zip code. Many doctors are left to figure it out on their own. The result is that many chiropractors are leaving money on the table and missing out on revenue that can help grow their businesses.

In times of rapid inflation, it is even more essential to evaluate your fees. The Consumer Price Index reported gas prices were up nearly 50 percent year over year in December, while energy costs jumped 29 percent, and food prices were up 6.3 percent. New vehicle prices increased 11.8 percent, and household furnishings and operations were up 7.4 percent. (Dyrda, 2022) Generally, you should review your fee schedule on an annual basis because everything around your practice is changing: your costs, your salary, what other providers are charging, what insurance is allowing, as well as many other economic considerations. There are websites, such as fairhealth.org, that allow you to see the fees for specific codes representing the 50th, 60th, 70th, 80th, 90th, and maximum percentiles for your zip code area.

As you are reviewing your fees, it helps to also calculate your average cost to provide an office visit. To do this:

- List monthly fixed expenses (rent, business loan payments, equipment leases, etc.) and a 12-month average of variable and non-monthly expenses (utilities, payroll, taxes, etc.)
- Determine your average number of office visits per month for the past 12 months.
- Determine your average ACTUAL reimbursement per visit (Total income divided by total visits for the year)
- Divide the average overhead expense by the average number of office visits. This is your Average Cost per Visit.

- Divide the Average Cost per Visit by the Average Income per Visit to determine your Average Overhead Percentage.

- [Click here](#) for access to a simple spreadsheet that will allow you to identify your cost of providing an adjustment and a ballpark idea of your percentage of overhead. This chart is interactive to allow you to modify the numbers and determine “what if” scenarios for your practice.

Inflation’s impact on the healthcare industry could be severe. Not only could higher inflation widen the gap between public and private reimbursement forcing physicians to charge more from their private sector clients, but also causes a spike in insurance premiums. Fewer payers would be able to tolerate upticks in the cost of healthcare related costs, resulting in fewer insured or underinsured patients. (Andrews, 2021) If one of your primary reasons for not evaluating or increasing your fees over the years is a desire to keep care affordable for your cash and underinsured patients, then consider using a DMPO. A Discount Medical Plan Organization is a great way to continue offering affordable care to your patients while still maximizing reimbursements when they are available. To learn more about the benefits of a DMPO in your office, click [here](#).

Dr. Ray Foxworth is a certified Medical Compliance Specialist and President of ChiroHealthUSA. A practicing Chiropractor, he remains “in the trenches” facing challenges with billing, coding, documentation and compliance. You can contact Dr. Foxworth at 1-888-719-9990, info@chirohealthusa.com or visit the ChiroHealthUSA website at www.chirohealthusa.com. Join us for a free webinar that will give you all the details about how a DMPO can help you practice with more peace of mind. Go to www.chirohealthusa.com to register today.

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TIME: Why Acupuncture is Going Mainstream in Medicine

Sarah Weaver, MFA, MOm, BCTMB, LAc, DiplOM, was quoted in the TIME article "Why Acupuncture is Going Mainstream in Medicine" by Elizabeth Millard.

Why Acupuncture Is Going Mainstream in Medicine **By Elizabeth Millard at TIME**

When the opioid addiction crisis began to surge in the U.S. about a decade ago, Dr. Medhat Mikhael spent a lot of time talking to his patients about other ways to heal pain besides opioids, from other types of medications to alternative treatments.

As a pain management specialist at MemorialCare Orange Coast Medical Center in Fountain Valley, Calif., he didn't anticipate leaving behind the short-term use of opioids altogether, since they work so well for post-surgical pain. But he wanted to recommend a remedy that was safer and still effective. That turned out to be acupuncture. "Like any treatment, acupuncture doesn't work for everyone, but the majority of my patients who have tried it have found relief," he says. "When I started looking into studies, I discovered how much evidence there was behind this treatment, and that made me feel comfortable suggesting it as an alternative or a complement to pain medication and other treatments."

That blend of anecdotal success, research-backed results, and growing level of openness from the medical community are all driving the popularity of acupuncture as a therapy. According to a 2021 [World Health Organization report](#), acupuncture is the most widely used traditional medicine practice globally, and it's [gaining traction in the U.S.](#) In 2020, the Centers for Medicare & Medicaid services [began covering acupuncture](#) for the first time for chronic low back pain.

Although scientists don't yet understand all the nuances of how it works, research indicates it can have a significant effect on certain conditions, and it shows promise for others.

What is acupuncture?

The goal of acupuncture is the same now as it was thousands of years ago when it was first [developed in China](#): restoring balance to the body, says Kevin Menard, a sports medicine

acupuncturist and Traditional Chinese Medicine practitioner in Sag Harbor, New York.

The practice is based on how energy, or qi, flows through the body along a series of channels called meridians—similar to the way nerves and vessels carry messages and blood throughout every system.

"According to Chinese medicine theory, each meridian is related to a specific organ, and placing thin needles at certain points along these meridians can effect certain changes in the body to restore homeostasis," says Menard. The needles aren't the type you'd use to draw blood; they're very thin and flexible, almost like bits of wire.

Placement along the meridians is believed to cause reactions like sending more blood or lymphatic fluid to specific organs or allowing muscles to release in a way that reduces tension on joints and bones. The needles may also stimulate nerves and tweak nervous system regulation to result in a relaxation response, which relieves pain, Mikhael says.

Acupuncture is also thought to stimulate the immune system and control inflammation, Menard says, two effects that can bring benefits throughout the body. Depending on the condition or injury, relief might happen with just one treatment, but it usually takes a series of sessions, Menard says, especially if an issue is complex or chronic.

What the research says

Research on acupuncture has been extensive, and so far, robust evidence supports its effectiveness for some, but not all, conditions. According to one analysis published in February 2022 in the BMJ that analyzed more than 2,000 scientific reviews of acupuncture therapies, the science is strongest behind acupuncture's efficacy for post-stroke aphasia; neck, shoulder, and muscle pain; fibromyalgia pain; lactation issues after delivery; lower back pain; vascular dementia symptoms; and allergy symptoms.

The National Institutes of Health (NIH) finds that acupuncture for pain relief tends to have the most evidence, especially for conditions that have become chronic like osteoarthritis and lower back pain, as well as tension headaches.

A review of 11 clinical trials also suggests that acupuncture may help with symptoms associated with cancer treatment, the NIH notes.

That's been a booming area of interest for the field, says Sarah Weaver, an acupuncturist and massage therapist at Northwestern Health Sciences University in Minnesota, which focuses on integrative health professions, such as acupuncture, chiropractic, and Traditional Chinese Medicine. For cancer patients, sessions there can focus on reducing nausea, numbness, and tingling (called neuropathy), brain fog, low appetite, acute and chronic pain, and mood challenges that come with cancer care.

"Often, people with cancer want to add complementary treatment that doesn't affect their chemotherapy or radiation, and that's where an option like acupuncture can be helpful," she says. "It's the reason more healthcare systems are bringing this treatment into their integrative care options."

What's next in the field

Acupuncture is far from a proven and accepted therapy for most conditions—even for the ones that show promise. That's in part because the studies that support it are sometimes not high quality, and the field lacks standardized protocols that would better allow it to be scientifically evaluated, the recent WHO report finds.

For instance, one 2016 research review analyzed studies looking at acupuncture for substance abuse and addiction. Among the 83 research articles included in the review, the researchers found substantial variations in study quality, acupuncture frequency, how long needles were left in the body during treatment, which points along the meridians were used, and other potentially important factors.

That made it difficult to evaluate how effective the acupuncture really was. The field also lacks clear terminology and universally accepted agreement about the location of acupuncture points, researchers argue. Issues like these will have to be resolved to get more clarity, and to earn recommendations from reputable organizations in the future. International experts in the field are pushing to make clinical trials more rigorous in order to prove acupuncture's utility for patient care and to help providers adopt the best practices as more benefits become clear.

Some potential directions for future studies include studying how acupuncture may affect hormonal regulation, such

as alleviating hot flashes in menopause or addressing menstrual irregularity. Research indicates that the practice can boost estrogen and other hormones, and acupuncture for gynecological issues is becoming more popular, says Menard. Some researchers are also focused on studying acupuncture's impact on fertility; some small, preliminary studies indicate its use may be linked to getting pregnant sooner and having better outcomes from IVF treatments.

Acupuncture for mental health issues like depression and anxiety is another major research direction, especially in terms of how these issues affect overall health. For example, chronic pain has often been linked to depressive symptoms, so researchers are looking at whether acupuncture can address both: a person's pain and their depression. Researchers are hopeful. A study published in 2020 in the journal *Frontiers in Neurology* found that people with migraines who did acupuncture treatments had a lower risk of depression and anxiety, and tended to use medical services less often, compared to migraine patients who didn't do acupuncture.

As the evidence base expands, acupuncture will likely continue to grow in popularity. Although acupuncture has been used for centuries, only in the past decade has there been a seismic shift in acceptance by both Western medical doctors and patients, Menard says. Ongoing research efforts and increased interest from health systems means that the treatment may be part of more conversations like Mikhael had with his patients.

"At the end of the day, doctors want their patients to feel better, and many people are looking for non-pharmaceutical paths for wellness," Menard says. "Depending on the condition, those little needles can make a huge impact."



Chiropractic News

Chiropractors from around the globe will converge at the Fountainhead of chiropractic for Palmer College's 125th anniversary

Palmer College of Chiropractic will celebrate the 125th anniversary of its being the first chiropractic school in the world Sept. 15-17, 2022.

The three-day event will recognize Palmer's place in the history of chiropractic, and its commitment to continuing to educate the world's best chiropractors and drive the profession forward.

The 125th anniversary comes during a time of unprecedented growth at Palmer College, which has invested more than \$35 million into recently completed and upcoming building projects to support the academic and campus experience for students, all while growing scholarship opportunities for incoming students.

The event will honor and celebrate the science, art and philosophy of chiropractic through continuing-education speakers, alumni gatherings, commemorative events and a can't-miss celebration that will unveil the vision for the future of Palmer College.

To register, or for more information about the 125th anniversary celebration, visit palmer.edu/125.

hiroCongress 2022 St. Louis Convention November 10 - 12, 2022

We can't wait to see you in St. Louis!

Stay and play beside Ballpark Village and Busch Stadium! The Hilton St. Louis at the Ballpark hotel is the destination that connects you with an innovative guest experience. Walk outside the door and you are just steps away from the Busch Stadium - home of the St. Louis Cardinals, the Gateway Arch, America's Center, Enterprise Center, the Riverfront, restaurants, and all of St. Louis, Missouri's major attractions.

The hotel is a masterful architectural design with a soaring lobby, spectacular city views of the Busch Stadium and Gateway Arch, with an oversized, state-of-the-art business center, concierge amenities, and a first-rate array of food

and beverage venues, including a 360 of-St. Louis, Market Street Bistro, Ballpark Pizza, Starbucks, and outdoor patios with spectacular views of the downtown skyline. Whether traveling to Missouri on business or pleasure, guests of the Hilton hotel can escape to their own field of dreams in their guest rooms with views of the Busch Stadium and the Gateway Arch.

Convention will be held at the Hilton St. Louis at the Ballpark!

[2022 Covention Website](#)

The World Spine Day theme for 2022 will be EVERY SPINE COUNTS

The theme emphasizes diversity of spinal pain and disability as part of the global burden of disease and addresses the need for access to quality essential spinal health services worldwide. With an estimated 540 million people in the world suffering with low back pain at any one time, it remains the leading cause of years lived with disability.

Taking place on October 16 each year, World Spine Day highlights the burden of spinal pain and disability around the world. With health professionals, exercise and rehabilitation experts, public health advocates, schoolchildren and patients all taking part, World Spine Day is celebrated on every continent.

World Spine Day highlights the importance of spinal health and well being. Promotion of physical activity, good posture,



responsible lifting and healthy working conditions will all feature as people are encouraged to look after their spines and stay active.

An estimated one billion people worldwide suffer with spinal pain. It affects people across the life course and is the biggest single cause of disability on the planet. Effective management and prevention is therefore key and this year's World Spine Day will be encouraging people to take steps to be kind to their spines.

This World Spine Day, we are calling for action to focus on the global burden of spinal disorders while emphasizing #EVERYSPINECOUNTS, highlighting the diverse challenges of living with low back pain in all regions, cultures, backgrounds, and across the life course; prioritizing a condition that is more prevalent than cancer, stroke, heart disease, diabetes and Alzheimer's Disease combined.

The campaign calls for greater global commitment to tackling spinal pain and disability by governments, communities, and public health bodies.

World Spine Day also recognizes the lack of access to qual-

ity spine care and rehabilitation in under-served communities, which results in chronicity and permanent deformity. For many populations, spinal pain and disability is not just a minor inconvenience – it can mean not being able to work and provide food and sustenance.

#EVERYSPINECOUNTS will focus on highlighting ways in which all people can help their spines by staying mobile, avoiding physical inactivity, not overloading their spines, and adopting healthy habits such as weight loss and smoking cessation.

Believed to be the largest global public health event dedicated to promoting spinal health and well-being, World Spine Day is observed by health professions and public organizations concerned with spine care throughout the world.

#EVERYSPINECOUNTS will focus attention on the diverse nature of spinal pain and disability at home, in the workplace, in schools and in our communities.

[Download](#) the World Spine Day 2022 Press Release

[Check out the WSD Toolkit 2021](#)



“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 now and be a part of the “pack” that will lead us into the future!

Chiropractic College News

University of Western States Launches Doctor of Naturopathic Medicine Program

The new graduate program of professional study features a whole-person, individualized approach to health and well-being, integrating principles of naturopathic medicine and functional medicine.

University of Western States (UWS), an independent, non-profit health sciences university serving Portland since 1904, is expanding its robust academic offerings with a new Doctor of Naturopathic Medicine (NMD) degree program.

The UWS NMD program champions a whole-person and individualized approach to health and well-being. The integration of functional medicine principles distinguishes this curriculum from other naturopathic medicine programs.

An evidence-informed, patient-centered approach

Naturopathic medicine and functional medicine are evidence-informed, patient-centered approaches to achieving and maintaining health by optimizing function and addressing root causes of dysfunction, not just suppressing symptoms. Functional medicine's focus on biochemical and genetic individuality, and the diet, lifestyle, and nutrition of each patient, integrates well with the full range of assessments and treatment modalities of naturopathic medicine.

Increased demand and shortage of primary care physicians predicted

"Doctors of naturopathic medicine are trained as primary care physicians and have established the primary care designation in a number of jurisdictions," said Prenguber. "The need for whole-person primary care services will continue to rise. University of Western States is uniquely positioned for integration and collaboration with our new and established programs."

[Learn more about naturopathic medicine and career pathways here.](#)

The Association of American Medical Colleges (AAMC) projects a shortage of between 21,100 and 55,200 primary

care physicians by 2032. The U.S. Census Bureau reports that the number of persons over age 65 will increase by 48% by that same year, driving the demand for primary care. In addition, census data indicate that one-third of all currently active doctors will at retirement stage as the population ages.

A community of learning

The UWS NMD program is a 14-quarter doctoral curriculum, taught year-round. Students can complete the program in three and a half calendar years. UWS will deliver the NMD program at its vibrant, state-of-the-art campus in Northeast Portland. The curriculum includes anatomy, physiology, pathology, clinical nutrition, botanical medicine, physical medicine, and pharmacology to provide graduates with a broad array of modalities and procedures for the clinical care of patients. The course of study is offered in hybrid format that embodies a community of learning through synchronous online delivery and in-person teaching, with clinical competencies reinforced through in-person laboratory experiences.

[Visit the UWS naturopathic medicine website to learn more.](#)

Northeast College of Health Sciences Named Business of the Month

The Seneca County Chamber of Commerce and CFCU Community Credit Union have recognized Northeast College of Health Sciences as the June 2022 Business of the Month.

In addition to offering services, classes, and amenities through its affiliate health centers and fitness center, Northeast College of Health Sciences provides jobs to over 200 full- and part-time employees and enrolled 689 students in its various programs in the last academic year. As an example of Northeast College's dedication to the community, 100% of the doctor of chiropractic students participate in community service as a required part of their graduate study.

Employees are also committed to giving back to the community they call home. Involvement in the last year has

included volunteering with and providing support to groups such as the American Red Cross, Habitat for Humanity of Seneca County, Seneca County United Way, Seneca County House of Concern, and a number of community sporting events where students and faculty clinicians provided free chiropractic care.

Logan University Breaks Ground on Fuhr Science Center

Logan University broke ground on the Fuhr Science Center on its campus in Chesterfield, Missouri, yesterday and construction is officially underway. The renovation project represents a major investment in the university's continuing commitment to quality experiential learning for its chiropractic and health sciences students and to advancing education and transforming lives through evidence-based, patient-centered health care.

The building is named after Arlan W. Fuhr, DC ('61) and Mrs. Judi Fuhr, who donated a \$1 million lead gift in support of the Advancing Education, Transforming Lives campaign that will fund the renovation and expansion of the Fuhr Science Center as well as portions of the Administration Building. Dr. Fuhr is founder and chairman of Activator Methods International and co-inventor of the Activator Adjusting Instrument and the Activator Method Chiropractic Technique—the world's most widely used instrument adjusting chiropractic technique. Judi Fuhr is CEO and co-owner of Activator Methods International.

With a nearly 48,000-square-foot remodel and addition, the updated Fuhr Science Center will house anatomy labs, a simulated imaging center, technique labs, faculty offices, additional student collaboration and study areas, and anatomage tables—which are the most advanced 3D-simulation systems used by leading health care institutions throughout the world.

Guided by Logan's mission and vision, the "Advancing Education, Transforming Lives" campaign will be funded through three efforts: financing through an existing long-term relationship with the university's banking partner, a strategic spend in cash reserves and a fundraising campaign. Stay up to date on construction online and view photos from the ceremony on the university's Flickr page.

Are You Eligible for Scholarships? How to Know for Sure

Want to be recognized as a recipient of a CUKC scholar-

ship? You'll first want to see what scholarships CUKC offers that might be right for you.

Now is a good time to review the descriptions of scholarships available and determine which scholarships make sense for them, Ramirez said. For the coming academic year, \$100,000 in scholarship funds will be awarded. The \$100,000 is in line with CUKC celebrating 100 years of continuous operations in 2022.

The application window will be open from Aug. 1 through Oct. 15, 2022. On Aug. 1, visitors to the website will have access to an application link. An announcement of the link's availability will be promoted on CUKC social media and as a news item.

Recipients are recognized at the Cleveland College Foundation Awards Banquet, held each December. In 2021, 52 students receiving scholarship awards for the 2022 academic year, a 20% increase over 2020.

2022 Annual Convention, July 21-23 Galveston TX

Join us for our Annual Texas Chiropractic College Convention! From July 21 to July 23, you will have the opportunity to attend 24 hours of live sessions, access 12 hours of virtual content, and network with plenty of speakers, exhibitors, and attendees. Click here for more information: <https://online.txchiro.edu/pages/2022-convention>

2022 Wave Chiropractic conference Aug. 5

The WAVE at Life West is back! Registration is now open! If you're a DC, we invite you to get your tickets to Life West's WAVE in-person event to celebrate chiropractic! We might have lost our heads but we're offering this special event FREE, to the first 500 DC's. At this time, we are only offering tickets to registered DC's. After COVID, we want to bring everyone together in one place, on campus, in the SF Bay Area for our live event!

Get Your FREE Pass for WAVE 2022 August 5th. Live on the Life West Campus in the San Francisco Bay Area! For \$69 receive 12 live CE hours + 5 online x-ray hours. CE credit fee is Non-refundable. WHEN: Friday, August 5th 8am – 5pm and Saturday, August 6th 8am – 3pm. WHERE: Life Chiropractic College West Standard Process Assembly Hall, 25001 Industrial Blvd., Hayward, CA 94544.

[More info here.](#)

IACP Marketplace

The IACP News,
this monthly newsletter of the Idaho
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Well-Established Chiropractic Practice and Office for Sale :

A 32 year established practice and office building for sale in Grangeville, Idaho. Doctor retiring.
A free standing building of 1624 sq. ft., with a private patient parking lot, on a 10,000 sq. ft. corner lot. 3 treatment rooms, therapy bays, X-ray room, reception area, waiting room, private Dr.'s office, storage room.
Equipment includes: 2020 Imaging digital X-ray, Chattanooga adjusting tables, Zenith high-low table, intersegmental traction table, ultrasound, interferential, hot packs and ChiroTouch software.
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Average collections of \$210,000 per year, for the last 3 years, on 3.5 days a week. Low overhead.
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Cell #: (208)983-6537, please leave a message; Email: Jazzman14@msn.com

Established Practice for Sale – Lewiston, Idaho:

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Phone: 503.277.8220
Kristy.Fresh@FreshHCA.com
Price: \$450,000.00
Established chiropractic business for 30+ years. Owner is retiring. Will hand off well established, stable practice, support transition with practice panel and introduction into community. Sale includes practice equipment; PEMF, Hyperbaric Chamber, Laser Units, Massage Chairs, Digital X-Ray, Leander Tables, LSI System, Ultra Sound and Rapid Doc Software. Office building with ample parking. Long standing patient base, solid reputation in community and established insurance contracts. Practice currently is a 3 day a week, Ability to increase volume and services.

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Go outside and get the benefits of Vitamin D

The drug-free approach to pain reduction

Get up and move!

STRETCHING for better joint health

Easy exercises to keep your neck healthy

Chiropractic care will help you work from home more comfortably

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

Walking touted as “wonder drug”

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) .***

Improve your health — avoid these three carbs

Inflammation can cause a lot of serious health issues, especially when it becomes chronic. Not only is this a painful condition that can impact your overall health and lead to conditions like heart disease, cancer, and diabetes, but it can also be detrimental to your weight loss goals because inflammation can cause your metabolism to slow down.

Eating certain carbohydrates could be one major reason you're experiencing high levels of inflammation—and, in turn, weight gain. There are three main carbs that you should stop eating if you want to avoid inflammation and lose weight faster: white bread, pasta, and high-sugar cereals.

White bread

If you're still choosing white bread over whole-grain options, there is some unfortunate news: this food is seriously bad for your health. It's a major culprit of inflammation, weight gain, and more.

Pasta

Pasta is one high-carb food that may lead to or worsen inflammation and weight gain. Too many diets contain more carbohydrates than our bodies need—and more often than not, those carbs are coming from highly processed foods like pasta. Many pastas today are processed and enriched which can cause inflammation, gastrointestinal issues, and ultimately weight gain.

High-sugar cereals

High-sugar cereals can lead to major health complications, including inflammation. For this reason, it may be a good idea to cut this breakfast food out of your diet—even the types that label themselves as “healthy.” Many cereals are made with refined carbohydrates which are highly inflammatory and turn to sugar quickly in the body. Always check the ingredients before buying and find cereals that don't include any enriched flour or sugars — these may be listed as HFCS, fructose, sucrose, caramel, castor sugar, sorghum syrup, invert sugar, evaporated cane juice, or agave nectar.

The truth is that no diet is perfect, and everyone slips up now and again. But if you're serious about improving your health, avoiding inflammation and sticking to your weight loss goals, it may be best to cut these carbs out of your diet. Your doctor of chiropractic can provide additional help and tips.



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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.

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| Full page (boxed) | 8" wide by 9 3/4" tall | \$450 | \$414 | \$378 | \$330 |
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| One Third (H) | 8" wide by 3 1/8" tall | \$190 | \$174 | \$159 | \$140 |
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