



Dr. Christie Hafer named IACP 2018 Chiropractor of the Year



During IACP's 2018 Annual Convention on April 28th, IACP members recognized two of their fellow chiropractors with awards for their contributions to our profession.

Dr. Christie Hafer — 2018 IACP Chiropractor of the Year
Nominated by Dr. Jeremai Hafer

and **Dr. Jason Van Sickle** — 2018 IACP Rising Star Award
Nominated by Dr. Tom Bench

Here is a little about each winner:

By Dr. Jeremai Hafer: My nomination for Dr. Christie Hafer as Chiropractor of The Year was a no-brainer, but difficult to put on paper, knowing the bias I have toward her. Despite our connection, I knew I had to put her name on the ballot. She is

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New studies find chiropractors integrating well

A new study by the Palmer Center for Chiropractic Research has found that a majority of doctors of chiropractic working in multidisciplinary health-care facilities such as hospitals, are reporting high levels of integration, including co-managing patients with medical staffs and sharing health records.

[An article](#) about the study was published in the February 2018 issue of the *Journal of Manipulative Physiological Therapeutics*. Scientists from the Palmer Center for Chiropractic Research (PCCR) and collaborating part-

ners, described the characteristics, benefits and challenges of doctors of chiropractic working in medical facilities in the U.S.

“Recent clinical practice guidelines have encouraged greater use of non-drug based therapies, like spinal manipulation, for the treatment of people with back pain,” said Stacie Salsbury, Ph.D., R.N., the study's lead author. “We know from previous studies conducted by the PCCR that chiropractic patients would like their D.C.s to collaborate with medical personnel. Chiropractors who work in in-

tegrated health-care settings, like the ones described in this paper, are well-placed to practice in just such a collaborative style. This survey describes some of the benefits and challenges faced by D.C.s who practice in typical medical facilities. Future studies will need to explore the impact of such integrated care on patient outcomes.”

The online survey, funded by the NC-MIC Foundation, included 38 D.C.s, mostly mid-career professionals, who worked in integrated health-care facilities, such as hospitals, multispecialty

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IACP

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

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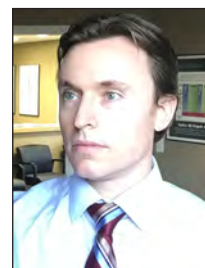
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IACP continuing to establish political relationships



By Dr. Scott Crawford
IACP President

I can't believe June is already here! It's a good time to start marketing to potential new patients, especially those who are coming in droves to Idaho. They say our state is growing faster than any other in the country, and it's evident with

the traffic. So, as an IACP member, make sure that you and your practice stand out as they look for a new doc in their area.

It's also a great time to get out and meet incoming legislators and other elected officials who just won their party's nomination for the general election in November. We are constantly being challenged by new laws and rule changes that infringe on our rights as chiropractors. It is best to establish relationships with our elected officials now and communicate that we can be a resource to them as related policy issues arise. In addition, we may be calling on them to do us a favor in the near future. A simple congratulatory phone call is a good way to start.

2018 Convention Follow-up: Copies of the presentations made by the excellent group of Convention speakers are now available to IACP members [online](#) in PDF format.

Dr Scott Crawford

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



“Join the Pack” – Become a member of the IACP

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



Latest chiropractic research results

Continued from front page

offices, ambulatory clinics, or other health-care settings. Most (68 percent) were salaried employees. The majority reported high levels of integration in their facilities, such as co-managing patients with medical staff, using the same health record, and working in the same clinic.

The study results, from the [abstract](#), are: “The response rate was 76% (n = 38). Most respondents were men and mid-career professionals with a mean 21 years of experience in chiropractic. Doctors of chiropractic reported working in hospitals (40%), multispecialty offices (21%), ambulatory clinics (16%), or other (21%) health care settings. Most (68%) were employees and received salary compensation (59%). The median number of DCs per setting was 2 (range 1-8). Most DCs used the same health record as medical staff and worked in the same clinical setting. More than 60% reported co-management of patients with medical profes-

sionals. Integrated DCs most often received and made referrals to primary care, physical medicine, pain medicine, orthopedics, and physical or occupational therapy. Although in many facilities the DCs were exclusive providers of spinal manipulation (43%), in most, manipulative therapies also were delivered by physical therapists and osteopathic or medical physicians. Informal face-to-face consultations and shared health records were the most common communication methods.

The conclusion of the research was: “Doctors of chiropractic are working in diverse medical settings within the private sector, in close proximity and collaboration with many provider types, suggesting a diverse role for chiropractors within conventional health care facilities.”

From: *The Journal of Manipulative and Physiological Therapeutics*, [Volume 41, Issue 2](#), February 2018, Pages 149-155.

Dr. Christie Hafer – IACP 2018 Chiropractor of the Year

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so well known for her work in pediatrics, which has been amazing, but I also wanted others to see her heart. She is a shining example of what a chiropractor “should” be. She has made chiropractic less about her, and more about the patient, their body, and their ability to heal. She came to a place where she understands that chiropractic is about giving life back to a patient; giving back what was lost, or what may have never been found. It’s about knowing the potential of the human body, and finding what’s interfering with it. It’s as simple as removing the interference, and letting the body heal itself, just the way it was designed. You cannot “trick” the human body into working the way it should. You must work with it. She has figured out how to do that, how to talk about that, and how to empower the patient to find that. Over the last 3 years Christie has taken a HUGE stand on pediatric health after one of our own kids was struggling. A picture of his “bones” on an x-ray, and musculo-skeletal condition via physical examination did not answer the questions of why? Why was he struggling? Why, despite our best efforts, could he not hold a pencil, read or write, speak clearly, see clearly, sleep through the night, focus, had escalated meltdowns, and suffered with croup every winter? Crooked bones and tight muscles didn’t answer those questions for us, but stress and interference to the delicate nerve fibers inside did. Christie spent an entire summer cramming years worth of advanced pediatric training and studied deeply

the neuro-developmental conditions many of our children are struggling with today. She brought that knowledge to our son and to our practice. Everything changed. It changed for our family, and it changed for our patients’ families. The neurological and developmental health of our son and the children in our practice sky-rocketed. Seizures stopped, ADHD, sensory, and spectrum conditions, symptoms, and diagnosis were lifted. Chronic ear infections, which were not helped by ear tubes and antibiotics, were disappearing. Behavioral and emotional instability was stabilized. Quality of lives were improved. And most importantly, stress on families and in their homes was lightened. God made chiropractors so His design could shine though.

By Dr. Tom Bench: I nominated Dr. Jason Van Sickle for this year’s rising star award for a couple of reasons, but mainly for his humility. Dr. Jason has had to re-invent himself as a chiropractor the past few years. He is humble and teachable, and has come to be known as one of the go-to health care professionals in Eastern Idaho. Because of his eagerness to learn and train he has been able to integrate into a growing practice and help the community be more health-minded.



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The fallacy of the perfect new patient script...

Getting OFF script to dramatically improve every NP consult and recommendations you deliver

By Josh Wagner, DC

Many DCs believe and are taught it's the perfect script and delivery that plays the biggest role in new patient care acceptance. Unfortunately, this couldn't be further from the truth. While your communication plays the most important role in patient perception, trust and decision making, how you communicate in today's chiropractic practice, not taught in school, practice management, or continuing education classes is what will distinguish you from all other doctors your new patients have seen in the past. It will produce far easier care acceptance and referrals than you could ever imagine also. So consider learning how to drop the script, and start communicating in a "patient-centered" paradigm this year.

Strategic patient communication is key. Strategic means your communication adapts to the conversation and your words change with every single new patient. Instead of thinking this new model will be harder, it's actually easier to do. You'll never have the feeling of being a scripted robot, repeating the same exact monologues to new patient after new patient, day after day and year after year with the same nodding head response but no enthusiasm or immediate care acceptance. Now, you can choose to separate yourself and escape that practice experience.

The utilization rate in chiropractic hasn't changed in the last 30 years. What's being taught to chiropractors clearly isn't working to make a difference in public perception. And especially as third-party reimbursement declines, chiropractors need the latest tools to maintain and grow their practices effectively. Those tools are now here. And the very first and most important is patient centered communication and dropping scripts.

The use of scripting is a heavily outdated model. The general public is keener than ever before when someone is scripting because of technology influence. In person conversations are more rare than ever now in place of texts, emails and social media. People are far more attuned when you speak to them. They can pick up when it's a script. You hold your body differently. Your tone and pace of speech is different. It's not real or authentic. And everyone has an internal filter that detects this. Breaking rapport and trust is the quickest way to lose new patients after the first or second visit. Besides, I've rarely met a DC who enjoys scripting. It's either

Josh Wagner, DC, is a native New Yorker raised in Chappaqua, New York. He was a pre-med student at New York University, then went on to Atlanta, Georgia to earn a doctorate in Chiropractic at Life University. After graduation, he interned with the largest Torque Release practice in the country – Exodus Chiropractic in Knoxville, TN.



The renowned founder of the Torque Release technique, Dr. Jay Holder, of Miami, Florida, became his educator and mentor in the specialty. Wagner chose to study the Torque Release Technique because it parallels his healing philosophy: Doctors don't heal, yet assist in creating an environment where the body can heal itself. His teachings, videos and event information can be found online at PatientMastery.com.

draining and monotonous, or, even worse, they don't believe in every word they're saying.

Too often DCs are instructed to memorize and recite scripts by practice management coaches that aren't fully congruent with their values... and that always leads to practice sabotage. It may be the use of pressure, force, coercion, or even fear when it comes to getting a patient to accept and understand your care through a script.

So in order to be able to drop your script and increase patient rapport, respect, and trust, you need to understand patient centered communication. This form of communication can only be accomplished when you begin by truly listening. This does not mean just giving the patient time to speak, either.

During a new patient consult, many DCs think patients are listening when in fact they're not. 99% of all new patients are in pain or symptomatic who show up to your practice. They are nervous and anxious about their diagnosis and prognosis. They're in an emotional state. In an emotional state a new patient cannot truly comprehend or retain any chiropractic education you impart.

If you begin your consult the way traditionally taught in chi-

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The fallacy of the perfect new patient script

Continued from last page

ropractic (logic based education), the new patient will rarely remember the important details you say to them later — what their problem is and how you may be able to help. This is because they stopped listening to you early on.

You don't want to jeopardize that part of their visit. If you don't start by listening to your prospective new patient, you're dramatically reducing the chance of them listening to you, following your recommendations, and referring to you.

At the beginning of a new patient visit, tell the patient exactly what to expect from start to finish on the entire visit, even if your CA has already done so. Let them know how long it's going to take. Don't leave a new patient in suspense. They're already anxious as to whether or not you can help. Build rapport by asking your patient about their referrer or something else that establishes common ground and builds rapport and connection (how long have you lived in the community?). These two pre-consult strategies are crucial for establishing rapport and leadership with a new patient.

Then you must do what most other DCs fail to do: Listen carefully to your new patient and find out why he or she is coming to see you, paying particular attention to the specific language the patient uses.

Only after you fully listen to your new patient is it possible to communicate effectively so they listen to you.

Usually, when a person is sharing health concerns with you, they will use descriptive adjectives. They may describe their "excruciating headaches" or "stabbing sciatica."

The words your patients use are not accidental. They're personal and important to them. If you say "sharp sciatica" after they told you "stabbing sciatica," or you say "horrible headaches" when they said "excruciating headaches," you'll leave the patient feeling like you didn't listen or don't understand what they're going through. That's causes a disconnect and less patient listening and trust going forward.

Now you move from words to their emotions to connect with your new patient. Find out how your patient's health concern is making them feel in emotional terms, such as "frustrated," "scared" or "desperate."

Emotional feelings can count even more than physical ones.

Get to level two of building the best possible connection with new patients by understanding their emotional states. You want every new patient to think, "This doctor actually cares about me because he/she knows how I feel."

Finally, find out what your new patients REALLY want. Patients come into your office with back and neck pain, fibromyalgia, and a host of other issues you can help with, but this issue alone is never entirely what the person wants resolved. It's the more important issues in their life that their conditions are effecting that's their true goal. They are always missing a vital part of their lives due to their health issues. And that's what they want back in addition to a clean bill of health and being pain free. When you find this, your care and recommendations take on an entirely new level of meaning and value and significance to your patients. And since every single patients' wants and lives are different, it's impossible to script this. In fact, scripting will sabotage your success because you will never tap into your new patients deepest desires.

For example: a patient's underlying desires could be the elderly man who can't play 18 rounds of golf every weekend with his best friends due to his back pain, or the woman who wants to lose 15 pounds before her son's wedding but can't exercise with her sciatica, or the man whose migraines is effecting his work performance and compromising his ability to provide for his family. For everyone, regardless of their physical condition, the loss will be different. You may have to dig for it. But when you discover what a patient's larger desire is in healing and you frame your basis of care around it (instead of around your findings OR just their symptoms), you'll see a significant increase in care acceptance, retention and referrals.

Some patients will start telling others about you even before their very first adjustment. That's how magical patient centered communication works. It's common for doctors using this approach for their patients to comment, "This is the best experience I've ever had in a doctor's office in my life."

All because they felt, heard, understood, and know that you want what they want, which unfortunately is not the norm in healthcare today.

Drop the script, truly listen to your patients and apply these communication insights and you'll need fewer new patients and less marketing expense and energy while your practice grows. That's the practice every great DC deserves.



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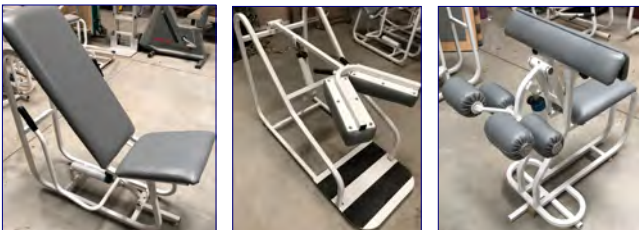
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Dr. Ty Talcott is the presenter.

More info coming right here in the *IACP News*

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**Sitting is
the new smoking!**

The older we get, the more likely we are to lapse into a sedentary lifestyle. In fact, an estimated 67% of older adults report sitting for more than eight hours per day, and only 28% to 34% of adults ages 65 to 74 are physically active, according to the Department of Health and Human Services.

Evelyn O'Neill, manager of outpatient exercise programs at the Harvard-affiliated Hebrew Rehabilitation Center, sees the consequences of too much sitting every day. "Sitting is the new smoking in terms of health risks," she says. "Lack of movement is perhaps more to blame than anything for a host of health problems."

A sedentary life can affect your health in ways you may not realize. For example, prolonged sitting, like spending hours watching television, can increase your chance of developing venous thrombosis (potentially fatal blood clots that form in the deep veins of the legs), according to a study of more than 15,000 people. In fact, people who watched television the most had a 70% greater risk of suffering from venous thrombosis compared with those who never or seldom watched TV.

Focus on adding just 30 minutes of extra activity into your day, three days a week. "You can break it down into smaller segments, too, like 10 minutes in the morning, afternoon, and evening," says O'Neill. What can you do during that time? Here are some strategies to help you move more every day:

- Use soup cans as dumbbells and do 10 to 20 reps of biceps curls.
- Perform up to 10 reps of stand-and-sit exercises, where you rise from a chair without using your arms and then sit down again to complete one rep.
- Get up and walk around or march in place during TV commercials.
- Do a few sets of heel raises, where you stand on your toes.
- Always stand or walk around when you're on the phone.
- Do a set or two of push-ups against the kitchen counter.
- Walk for five minutes every two hours.



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Chiropractic News

Study shows chiropractic care increases maximal bite force in healthy adults

A recent study from leading chiropractic researchers shows that chiropractic adjustments are effective at improving neuromuscular function of the temporomandibular joint. The study by Heidi Haavik, Mustafa Görkem Özyurt, Imran Khan Niazi, Kelly Holt, Rasmus Wiberg Nedergaard, Gizem Yilmaz and Kemal Sitki Türker found:

“Recent research has shown that chiropractic spinal manipulation can alter central sensorimotor integration and motor cortical drive to human voluntary muscles of the upper and lower limb. The aim of this paper was to explore whether spinal manipulation could also influence maximal bite force. Twenty-eight people were divided into two groups of 14, one that received chiropractic care and one that received sham chiropractic care. All subjects were naive to chiropractic. Maximum bite force was assessed pre- and post-intervention and at 1-week follow up. Bite force in the chiropractic group increased compared to the control group ($p = 0.02$) post-intervention and this between-group difference was also present at the 1-week follow-up ($p < 0.01$). Bite force in the chiropractic group increased significantly by 11.0% ($\pm 18.6\%$) post-intervention ($p = 0.04$) and remained increased by 13.0% ($\pm 12.9\%$, $p = 0.04$) at the 1 week follow up. Bite force did not change significantly in the control group immediately after the intervention ($-2.3 \pm 9.0\%$, $p = 0.20$), and decreased by 6.3% ($\pm 3.4\%$, $p = 0.01$) at the 1-week follow-up. These results indicate that chiropractic spinal manipulation can increase maximal bite force.”

The full study can be [found here](#).

This study is important for two reasons:

First, other research has also found that chiropractic adjustments can affect muscle strength in other parts of the body than where the adjustment takes place. This research shows that chiropractic adjustments can affect the functioning of the nerves in the brain, brainstem, and spinal cord, which can, in turn, improve nerve and muscle function in other parts of the body.

Second, previous studies have found that chiropractic is beneficial for patients with TMJ pain, and there seems to be

a strong link between jaw problems and dysfunction in the cervical spine. By adjusting the neck, chiropractic is able to restore the normal spinal function and relieve the problem in the jaw.

The authors conclude:

“Knowing that spinal function can have an impact on jaw function has functional implications for patient populations. It is possible that chiropractic spinal manipulation may influence the clinical outcomes for patients with TMJ disorders, as has been suggested by individual case studies. Future research should further investigate this using properly powered clinical trial designs.”

Missouri and Washington fight the opioid epidemic with chiropractic care

As a sign of how state legislatures are increasingly recognizing that it is possible to fight the opioid epidemic with chiropractic, the Missouri Senate, in a vote of 32-0, passed HB 1516, which opens Medicare program to chiropractic treatment in Missouri. The law, taking effect at the end of August, provides patient access “up to 20 visits per year for services limited to 45 examinations, diagnoses, adjustments, and manipulations and treatments of malpositioned articulations and structures of the body provided by licensed chiropractic physicians.”

Notably, to fight the opioid epidemic with chiropractic care, the state’s AMA lobbyists were vigorously opposed to this language and were able to limit the chiropractic scope of practice to an extent, but on the whole they were defeated.

In Washington State, Gov. Jay Inslee signed a budget in May that included a provision titled “Better Access to Healthcare.” Legislation that provides up to six visits that require no insurance pre-authorization for physical, occupational, or massage therapy as well as acupuncture and chiropractic services. Here also, the measure was spurred by a desire to stem the tide of opioid addiction that has hit the state hard.

Action continues at the federal level as well. In May, U.S. Rep. Jackie Walorski (R-IN) introduced a bill aiming to expand non-opioid pain treatment in Medicare. It would direct the U.S. Department of Health and Human Services to

improve patient access to cognitive behavioral therapy, and alternative approaches including acupuncture, biofeedback, and chiropractic treatment. Upon completion of a study, HHS would prepare formal recommendations for Congress. The proposed legislation is named for Todd Graham, MD, of South Bend, Indiana, who was killed in July 2017 after refusing to prescribe an opioid painkiller.

West Virginia also fighting the opioid epidemic by mandating chiropractic care

A new law in West Virginia aims to reduce the use of opioids by mandating that health practitioners who treat new patients in acute or chronic pain first refer them to any of several alternative treatments before prescribing opioids.

The list of alternatives includes physical therapy, acupuncture, occupational therapy, massage, osteopathic manipulation, chronic pain management program and chiropractic services. The law, S.B. 273, which goes into effect June 7, also requires the Public Employee Insurance Agency, the state Medicaid program and any insurance provider in the state to cover at least 20 visits per case for the alternative treatments.

Foundation for Chiropractic Progress welcomes KMC University as corporate sponsor

The Foundation for Chiropractic Progress (F4CP), a national not-for-profit organization dedicated to educating the public about chiropractic care, is pleased to welcome KMC University, the largest team of certified reimbursement and compliance experts in the chiropractic profession, as its newest Corporate Sponsor. In addition to KMC University's impressive level of monetary support to the positive press campaign, Founder & CEO Kathy Mills Chang, MCS-P, CCPC, CCCA, manages and coordinates the Foundation's recently launched monthly webinar series, Pump Up Your Progress, designed specifically for chiropractic assistants.

"The objective of KMC University parallels that of the Foundation's, which is ultimately to help the chiropractic profession achieve success," shares Mills Chang. "We are proud to have the ability to support the Foundation on its journey to educate the public about the value that the safe, effective and drug-free chiropractic approach brings to the table."

KMC University's team consists of nearly 30 individuals with over 300 years combined experience in chiropractic. As the largest team of certified specialists under one roof in the profession, they are dedicated to providing the largest online compendium of training in their subject-matter ex-

pertise available to doctors of chiropractic and their teams. Kent S. Greenawalt, chairman, F4CP, is grateful for the new level of support shown by KMC University, stating: "We are honored to call KMC University a proud sponsor of the Foundation's positive press campaign. I am confident that we will continue to work together seamlessly to move the needle forward for the chiropractic profession."

AMEN Boise Free Clinic Seeks Volunteers

There were many who received life-renewing services at the last AMEN Boise Clinic. The clinic is returning to Boise Sept 12-14, and there is a great need for chiropractors. Dr. Spainhower volunteered at the last one and he was the only chiropractor. The demand was for many more! If ANYONE wants to volunteer, they are in need of NON-PROFESSIONALS as well. Potential volunteers with questions may contact Tracy Spainhower at Boise Chiropractic, (208) 853-7221. Or, [click here for more information](#) or to register as a volunteer.

To make that a reality, we need you. There are a wide variety of positions to choose from so your skills can be used for the best possible good. We are also looking for a few more directors. The roles we need to fill are: Medical Clearance Director (preferably a licensed Doctor) and Co-Director, Vision Director, Marketing Director and Co-Director, Lifestyles Director and Co-Director, Transportation Director, and possible Pharmacy Director (if applicable). If you or someone you know would be an asset in one of these roles, please let us know and we can set up a meeting.

We're so thankful for the early birds who have already signed up to volunteer! We're just 5 months away now, and it's a great time to [sign up!](#) We know life can be unpredictable, so we're happy to work with you to accommodate any schedule changes later if needed. We appreciate you and your willingness to help! If you have any connections with possible Sponsors for the clinic, please let us know so that we may follow up and continue to provide these free services for our patients!

AMEN Boise Free Clinic
5610 N Glenwood St, Garden City, Idaho 83714
September 12th-14th

Many newborn screening recommendations do not assess key evidence on benefits and harms

Many national recommendations on whether to screen newborn babies for rare conditions do not assess the evidence on the key benefits and harms of screening.

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The warning is made by University of Warwick researchers in a [study](#), *Association between use of systematic reviews and national policy recommendations on screening newborn babies for rare diseases: systematic review and meta-analysis* published by The BMJ.

Effective screening programs can save lives, whereas ineffective programs can do more harm than good, yet decisions about which conditions to screen for vary widely between countries, despite similar populations and healthcare systems. Reasons for these differences are unclear, but it has been suggested that differences in the evidence review process used to generate policy — in particular the use of systematic reviews — may play a role.

Systematic reviews bring together evidence from existing studies and use statistical methods to summarize the results, to help make evidence-based decisions.

To explore this further, a team of researchers led by Dr Sian Taylor-Phillips associate professor at Warwick Medical School, assessed whether use of a systematic review affects national decisions on whether to screen for a range of conditions using the newborn blood spot test, which is offered to every baby to detect rare but serious health conditions. Their analysis included 93 reports that assessed 104 conditions across 14 countries, giving a total of 276 recommendations.

Screening was favored in 159 (58%) recommendations, not favored in 98 (36%), and not recommended either way in 19 (7%). Only 60 (22%) of the recommendations were based on evidence from a systematic review. Use of a systematic review was associated with a reduced probability of screening being recommended (38% v 63%).

Evidence for test accuracy was not considered in 115 (42%) of recommendations, while evidence around the benefits of early detection and the potential harm of overdiagnosis were not considered in 83 (30%) and 211 (76%) of recommendations, respectively.

The researchers point to some study limitations, the key one being that use of systematic review methods may have been

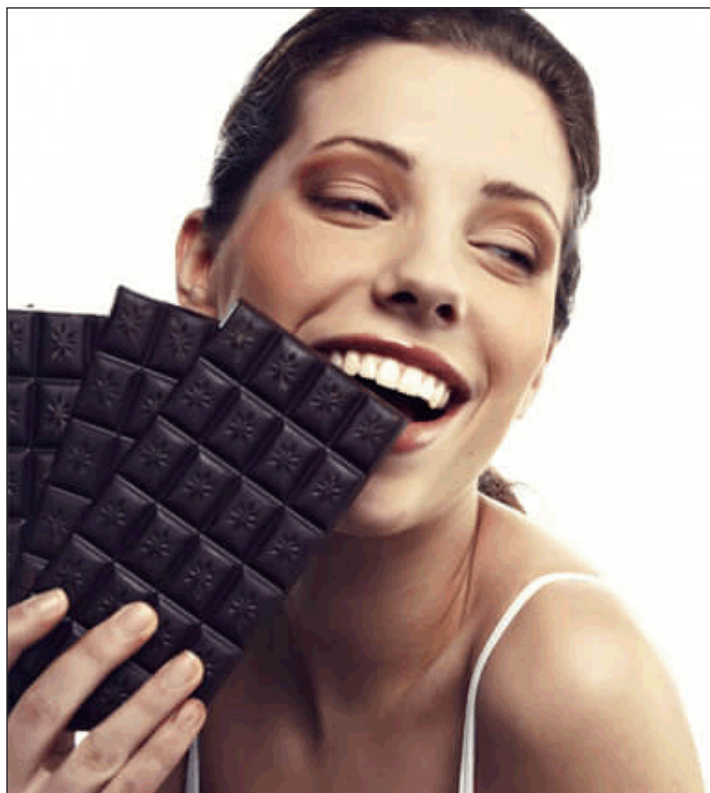
driven by country level factors. However, strengths include the large number of documents analyzed and the ability to take account of potentially influential factors across different conditions.

Dr Sian Taylor-Phillips said: “This study showed that many national policy decisions about whether to screen for conditions are being made without systematically reviewing the evidence. Yet it remains essential to make evidence-based policy decisions because once screening programs are started they are difficult to stop.”

She calls for further research “to understand why policy makers do not employ systematic review methods in their evaluations of evidence” — and they propose more international collaboration to undertake such reviews.

New research shows there might be benefits to eating certain types of dark chocolate

Findings from [two studies](#) being presented recently at the Experimental Biology 2018 annual meeting in San Diego show that consuming dark chocolate that has a high concentration of cacao (minimally 70% cacao, 30% organic cane



sugar) has positive effects on stress levels, inflammation, mood, memory and immunity. While it is well known that cacao is a major source of flavonoids, this is the first time the effect has been studied in human subjects to determine how it can support cognitive, endocrine and cardiovascular health.

Lee S. Berk, DrPH, associate dean of research affairs, School of Allied Health Professions and a researcher in psychoneuroimmunology and food science from Loma Linda University, served as principal investigator on both studies.

“For years, we have looked at the influence of dark chocolate on neurological functions from the standpoint of sugar content — the more sugar, the happier we are,” Berk said. “This is the first time that we have looked at the impact of large amounts of cacao in doses as small as a regular-sized chocolate bar in humans over short or long periods of time and are encouraged by the findings. These studies show us that the higher the concentration of cacao, the more positive the impact on cognition, memory, mood, immunity and other beneficial effects.”

Berk said the studies require further investigation, specifically to determine the significance of these effects on immune cells and the brain in larger study populations. Further research is in progress to elaborate on the mechanisms that may be involved in the cause-and-effect brain-behavior relationship with cacao at this high concentration.

Source: Loma Linda University Adventist Health Sciences Center. *Dark chocolate consumption reduces stress and inflammation.* Data represent first human trials examining the impact of dark chocolate consumption on cognition and other brain functions.” ScienceDaily. 24 April 2018.

ProACT study shows procalcitonin guideline has little impact on antibiotic prescriptions

The overuse of antibiotics has become a serious threat to global public health, causing [antibiotic resistance](#) and increasing health care costs. Medical physicians have long known that antibiotics are usually unnecessary for acute bronchitis and for some other cases of lower respiratory tract infections, and that antibiotics treat only bacterial infections, not viral.

“But in daily practice, many physicians often prescribe them,” said lead author David Huang, M.D., M.P.H., of the Procalcitonin Antibiotic Consensus Trial (ProACT), a 5-year randomized clinical study coordinated by researchers at the

University School of Medicine. The findings were published in the May issue of the *New England Journal of Medicine*.

Previous research had reported that using a biomarker blood test and following an antibiotic guideline tied to the test results could reduce antibiotic use in lower respiratory tract infections. In February 2017, the [U.S. Food and Drug Administration](#) approved the biomarker test that measures procalcitonin – a peptide that typically increases in bacterial infections, but not viral. The ProACT trial involved 14 predominantly urban academic hospitals. Researchers enrolled 1,656 adult patients who presented to the hospital emergency department and were initially diagnosed with a lower respiratory tract infection. All the patients were tested for their procalcitonin levels, but the results were shared only with the physicians of the patients randomly assigned to procalcitonin-guided antibiotic prescription.

The ProACT trial showed that the procalcitonin guideline had little overall impact on whether or not the physicians prescribed antibiotics, although in patients with acute bronchitis, antibiotic prescription in the emergency department was cut in half in patients whose physicians were provided the procalcitonin guideline. Huang said, “In other words, it seems likely that physicians already commonly withheld antibiotics based on clinical signs alone, and, therefore, instead of the magic bullet that I and many others hoped procalcitonin might be, it offered only limited incremental value over clinical judgment.”

Foundation for Chiropractic Progress launches new website

The Foundation for Chiropractic progress has launched a new [website](#), [www.F4CP.org](#). The agency’s mission is to generate positive press for the chiropractic profession. In 2017, the F4CP secured a multitude of media opportunities in national publications including: FOX News, SHAPE Magazine, McKnights Senior Living, The Observer, New Theory and more, touting the benefits of chiropractic care as a safe, effective and drug-free option to manage pain and maintain optimal health and wellness.

For the year ahead, the F4CP plans to build out its initiatives nationally and at the grassroots level, boost its successes, and bring new opportunities to the chiropractic profession. In 2018, doctors can expect a surge of new membership benefits to be introduced, including the Practice Progress Webinar Series for Doctors, Pump Up Your Progress Webinars for CAs, weekly podcasts, Facebook Live Events, and a wide-array of new marketing resources.

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Chiropractic College News Update

Sherman College gives out awards and honors

Sherman College honored alumni, chiropractors, and supporters during its 45th Lyceum, a homecoming and continuing education event attended by hundreds of chiropractors and students throughout the U.S. and internationally. Lyceum is held each spring in Spartanburg, SC, and involves three days of seminars, special events, and other programs; this year more than 700 were in attendance. The college is proud to announce the following 2018 award recipients:

Thom & Betty Gelardi Service Award: **Peter Kevorkian & Patti Giuliano, DCs**

Chiropractor of the Year: **Darcy Andersen, DC**

Regents of the Year: **Gordon Brown, D.C. & the late Helen Brown, DCH**

Chiropractic Advocate of the Year: **Vince Scarpino**

Spirit of Sherman College Award: **Mitzi Schwartzbauer, DC, ACP, '96**

Spirit of Sherman College Award: **Christine Theodossis, DC, DCCJP, '10**

Service to the Profession Award: **Leslie Wise, DC**

Distinguished Service Award: **George Auger, DC, '93**

ROAR Advisor of the Year: **Tim Hartman, DC, '17**

Rising Star Award: **Jessica Bradburn, DC, '15**

Sherman College of Chiropractic to host the 15th annual IRAPS

Sherman College of Chiropractic will host the 15th annual International Research and Philosophy Symposium (IRAPS), a peer-reviewed conference on vertebral subluxation research and the philosophy of chiropractic. The conference will be held in Spartanburg, October 6-7, 2018 at the Summit Pointe Conference Center. Registration opens July 1.

The goal of IRAPS 2018 is to bring leaders in philosophy and research together, along with practitioners who are centered on vertebral subluxation practice, to build a stronger academic community worldwide regarding the subluxation model of chiropractic. The intent is to foster a view that the chiropractic profession is:

- Centered on vertebral subluxation
- Based on vitalism
- Dedicated to research
- Developing a discipline of philosophy

Parker University launches *Journal of Contemporary Chiropractic*

Parker University has launched the *Journal for Contemporary Chiropractic* to facilitate the need for more access to scientific publications throughout the chiropractic profession. Parker believes so strongly in the value of the journal that costs are subsidized by the university in an "open-access" format. Open-access publication allows the greatest opportunity for dissemination of information to those interested, at no cost. Further, authors will be able to immediately publish papers upon acceptance, approval, and editing.

Dana Lawrence states, "I am pleased to announce a new journal serving chiropractic and integrative health professions. Our journal provides high-quality, scientific and educational research and information that will help enhance the practice and delivery of integrative health care."

The journal's mission is to provide high-quality, scientific and educational research and information that helps enhance the practice and delivery of integrative health care. Emphasis will be placed on gaining the best information covering the scientific basis, clinical practice, educational practice, and sociological and political aspects of chiropractic.

"Parker University's commitment to chiropractic research, scholarly activity, and intellectual dialog is exemplified in the creation of this new scientific journal. There was a need for a journal that focused on chiropractic with an emphasis on modern thought, science, and research. Having Dana Lawrence, DC, as the editor ensures that the highest standards in peer-reviewed content will be maintained. Parker is proud to create and sponsor this journal," adds Bill Morgan, DC, Parker University President.

Submissions are now being accepted. Submissions may be at the journal home page at journal.parker.edu. Those new to the site need to register before submitting. The "make a submission" button is located on the right-hand side of the

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home page, once registered. For questions about submissions, or for more information about the JCC, contact Dana Lawrence, DC, at dlawrence@parker.edu

NYCC Goes Green with “Grow Zone”

Once, on the south end of New York Chiropractic College’s campus, you might have expected to putt on the well-groomed green. Now, however, you’re more likely to peer through binoculars into the natural green habitat created by the former golf course’s designation as a “Grow” conservation zone.

The College has dedicated 45 acres of the NYCC campus grounds -- formerly the area known as the Executive Links Golf Course -- to the creation of a sustainable landscape, allowing native plants to naturally populate the area. This pilot “Grow Zone” program is expected to help the College further its goals of embracing sustainable operations, creating natural green spaces, and practicing conservation whenever possible.

With this new program, NYCC will eliminate the typical need for the fertilizers or similar treatments used in the maintenance of golf courses. As well, the Grow Zone will significantly reduce the College’s carbon footprint, eliminating the need for more than 14 hours of mowing a week and more than 6400 lbs. of carbon dioxide emissions annually. The reduction in mowing will also save an estimated 360 gallons of fuel each year, supporting both good environmental and fiscal stewardship.

“Our campus sits at the heart of one of the most naturally beautiful areas in the United States, and it’s our responsibility to strengthen the ecosystems that make the Finger Lakes region such a treasure,” said Dr. Mike Mestan, president of New York Chiropractic College. “Creating a space for native flora and fauna to flourish benefits our whole community and supports the natural healthcare tenets to which our College is committed.”

NYCC hopes to work with established conservation groups going forward, potentially establishing areas for wildlife observation and considering how the Grow Zone project might be expanded to other areas of the College’s property.

Cleveland University-Kansas City names Agocs Assistant Dean of Chiropractic Education



Cleveland University-Kansas City (CUKC) has announced that Dr. Steve Agocs has been named Assistant Dean of Chiropractic Education. Agocs takes over for Dr. Jon Wilson, who was recently named Dean of the College of Chiropractic at CUKC. Agocs has already begun the duties associated with his new post.

Wilson said Agocs’ commitment to the institution and the chiropractic profession, made him an ideal candidate for the position.

“Dr. Agocs has served in many roles since joining CUKC as a clinical educator in 2007, and has been active in faculty council, serving as vice president and secretary,” Wilson said. “He has also been instrumental in building the relationship between CUKC and the KC Care Clinic, where he continues to deliver quality patient care. I am pleased to welcome him to this new role at the University.”

Agocs is an active member of the Association for the History of Chiropractic, and recently concluded a four-year term on its board of directors. He has been published in *Chiropractic History* and the *American Medical Association Journal of Ethics*, and has presented his work numerous times at the Association of Chiropractic Colleges Research Agenda Conference.

Prior to accepting the assistant dean position, Agocs was an associate professor at the University who had served in the classroom and as a clinical educator for more than a decade. He earned his undergraduate degree in chemistry teaching from the University of Northern Iowa, and his Doctor of Chiropractic degree from Palmer College of Chiropractic.

Kathleen Galligan hired as dean of the college of chiropractic at the University of Western States

University of Western States (UWS) is proud to announce the hiring of Kathleen Galligan, DC, as the dean of the college of chiropractic. Galligan has practiced in the state of Or-



egon since 1982 and joins UWS after most recently owning and operating Kruse Park Chiropractic Clinic in Lake Oswego. The clinic has also served as a UWS preceptorship program site since 2000, providing in-the-field training to 12th quarter chiropractic students.

Galligan's ties to UWS, stem from the late 90s, when she served as the director of the King Road clinic within the school's clinic system. As director, she was responsible for the direction of the clinic, patient care and education of the student interns.

Galligan received her doctor of chiropractic degree from Palmer College of Chiropractic in Davenport, Iowa. She earned a bachelor of science degree from University of the State of New York, Regents College.

Galligan brings with her knowledge and experience gained from participation and membership in chiropractic professional organizations and accrediting bodies. Currently, she is a member of the Oregon Chiropractic Association (OCA), and the Council on Chiropractic Education (CCE) Site Team Academy, and has served in leadership positions within the OCA and CCE.

Life West launches Smile for LIFE

Life West has launched a new and exciting AmazonSmile program to help fund it's outreach programs. Each time someone makes a purchase on Amazon, if they will do it on AmazonSmile, a half a point gets donated to the non-profit of their choice. Of course, the college is asking that chiropractors make Life West their non-profit of choice.

There is much work to do in the world to bring more people under the chiropractic fold. Life West will be using these donations to do just that. Life West is asking for your support. [More information here.](#)

Palmer College elects future chiropractic leaders

Palmer College of Chiropractic's West campus in San Jose, Calif., recently conducted elections to select the Associated Student Government (ASG) officers who will serve for the 2018-2019 term.

The new ASG executive council taking office effective Summer Quarter '18 (which begins in July) will include:

- President: Nick Westfall (Camden, Mich.)
- Vice President: Felisha Truong (Vancouver, B.C., Canada)

- Secretary: Cheyenne McCarthy (Fallbrook, Calif.)
- Treasurer: Vivie Bojilov (Vancouver, B.C., Canada)
- Athletic Director: Nathan Clark (Libertyville, Ill.)
- Social Director: Monica Vetter (Parkland, Fla.)
- Community Service Director: Maggie Juarez (Toronto, Ont., Canada)

"I look forward to another year of ASG service," said Westfall, who earned his B.S. (interdisciplinary health services) from Western Michigan University in 2015, and received his Associate of Applied Science (medical assisting) from Baker College in 2011.



New Palmer West Associated Student Government (ASG) officers (from left): Vivie Bojilov, treasurer; Monica Vetter, social director; Maggie Juarez, community service director; Nick Westfall, president; Felisha Truong, vice president; Cheyenne McCarthy, secretary; and Nathan Clark, athletic director.

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and news items, from both

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One Third (V)	2 3/8" wide by 9 3/4" tall	\$190	\$174	\$159	\$140
One Third (H)	8" wide by 3 1/8" tall	\$190	\$174	\$159	\$140
Quarter Page	3 7/8" wide by 4 3/4" tall	\$160	\$146	\$134	\$115
One Sixth	3 5/8" wide by 2 7/8" tall	\$105	\$97	\$88	\$75

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