



Prosperity Through Unity Exceptional Care for Idahoans

November 2021

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Expanding primary care to include chiropractic

A thought leadership article about reducing healthcare costs by expanding primary care opportunities to include a doctor of chiropractic (DC) was featured in the [October issue](#) of *The Self-Insurer*, the world's leading alternative risk transfer journal and the official publication of the Self-Insurance Institute of America. The article was contributed by the Foundation for Chiropractic Progress (F4CP) and marks the first time an article by the not-for-profit organization was published in the outlet.

How Broadening The Primary Care Scope Can Lower Costs For Employers, (pages 36-40 of the October 2021 issue of *The Self-Insurer*) was written by Sherry McAllister, DC, president of F4CP. In the article, Dr. McAllister educates employers on how employees with back, neck, joint, headaches and other types of neuro-musculoskeletal pain should seek care from a DC first instead of another type of primary care doctor, such

as a family physician or an internal medicine physician.

Dr. McAllister illustrates the benefits of DCs as primary care doctors, particularly to self-insured employers, who must pay healthcare bills for their employees. For example, Dr. McAllister highlights a workers' compensation study in Texas that found if a worker received at least 75% of their care from a DC, the total cost dropped by nearly one-quarter to \$12,202. If the DC delivered at least 90% of the care, the average cost declined to \$7,632.

"Not all employers are aware of the significant healthcare cost savings that a DC can help deliver for their business, particularly for employees with higher rates of neuro-musculoskeletal pain and injury such as those in manufacturing, construction and other industrial

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The unlimited potential of the mentor mentee relationship

The following article by Sharon Vallone, DC, FICCP, was first published in the November issue of the The Journal of Clinical Chiropractic Pediatrics (JCCP), available [online](#).

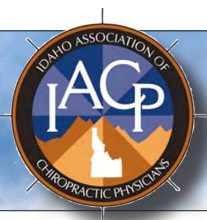
Recently, I had a wonderful conversation with a young, highly motivated colleague who has played a role in linking up doctors of chiropractic with students of chiropractic in a mentor-mentee relationship. She was inspirational! Our talk was a walk down memory lane for me and a reminder of how much gratitude I have for those who have mentored me.

The Merriam-Webster Online Dictionary¹ defines a mentor as "a trusted counselor or guide." In my personal experience it has been individuals who have helped me achieve educational and career goals, projects (like completing another issue of the JCCP) or general life advice with all out generosity of spirit. While in school, I was lucky enough to have a 10th Trimester student "adopt" me the first week of

school and remain a friend for life as well as the wonderful chiropractor who cared for this penniless chiropractic single parent and her two children in exchange for hugs through my entire education. These mentors, along with Dr. Lorraine M. Golden, founder of Kentuckiana Children's Center, who was the epitome of who I wanted to be as a chiropractor, kept me in school when I would have given up under the weight of just life in general.

But today, I really want to focus on mentorship and writing! My very first "paper" ever published was written by another author who used notes that I had taken in a class to create a paper and named me second author. Upon reflection, I was pleasantly surprised but didn't understand how I deserved that status. That seemed too easy! Her explanation was that I had done the work of collecting all the data and made a substantial contribution to the writing of the paper. She wrote the paper with the information I gathered to show

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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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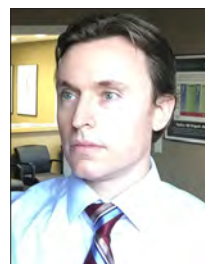
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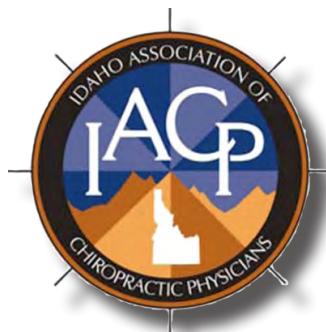
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occupations,” said Dr. McAllister. “Reaching these employers through a well-read and trusted journal such as *The Self-Insurer* will help spread this awareness and hopefully more workers will access the care they need to achieve an optimal outcome and get back to work sooner.”

The Self-Insurer article also describes the far-reaching impact of workplace injuries in addition to increased healthcare costs. Caused by a single workplace accident or repeated movements over the years, injuries created \$171 billion in costs in 2019. The figure includes wage and productivity losses of \$53.9 billion, medical expenses of \$35.5 billion and administrative expenses of \$59.7 billion, according to the National Safety Council (NSC). DCs can reduce this impact, as the Texas workers’ compensation study showed, and enable a faster return to work through more rapid pain relief and improved mobility. Chiropractic care can also help employees avoid surgery, which would result in significantly more time away from the job.

Further reducing employers’ costs and risk, Dr. McAllister writes, is that DCs do not prescribe drugs. Considering that 75% of employers polled say opioids have negatively impacted their workplace, seeking drug-free care first can avoid the potential risk associated with employees

accessing care from an allopathic (MD) or osteopathic (DO) doctor who prescribes opioids and other medications that contribute to absenteeism or impaired work performance.

McAllister cites a 2021 study in her article where researchers found nearly half of the patients with new low back pain that later became chronic received treatment from an MD or DO that was not recommended by most clinical guidelines, such as a prescription for opioids, benzodiazepines (such as Valium or Xanax), and orders for expensive imaging tests.

In this article, Dr. McAllister recommends that other than spreading awareness about chiropractic care, employers can remove access barriers, such as high co-pays or visit limits to a DC. UnitedHealthcare, the nation’s largest health insurer, for example, eliminated copays to DCs or physical therapists on some employer-sponsored health plans if employees sought care from these providers for acute low back pain.

“Joint and back pain are the second and third most common reasons people seek care from a doctor; they are also two of the most common problems that DCs manage,” Dr. McAllister said. “By broadening the definition of a primary care doctor, as our article encourages, self-insured employers can experience lower healthcare costs, improved productivity and happier, more engaged employees.”

From our family to yours: Happy Thanksgiving from the IACP Board of Directors and staff



The unlimited potential of the mentor mentee relationship

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me that I had information worth sharing but it had to be presented in a venue where that information could be found. She continued to encourage me by saying, "now it's time to step up and write something on your own. Stop being the student and become my colleague." She sent me off with paper and pen to write!

So, I ventured out on my own and wrote a case report that was submitted to a prestigious journal who's editor was kind enough not to laugh at my efforts (which would have, I promise you, probably kept me from writing anything else for a good long while and stick to what I did best - my clinical practice), but instead, he used his red pen and illustrated where I needed to make changes, rewrite, find more recent citations, etc. He walked me through, step by step how to write a decent case report before there were things like the C.A.R.E. Guidelines² to help guide me. When complete, it did not meet the requirements for the original journal but he directed my submission to a more appropriate journal who accepted my submission.

Without the first mentor, I wouldn't have attempted an article. Without the second mentor, I would not have continued to write. And without my current co-editors, I would not be able to coordinate the publication of this journal. They both are individuals who've mentored more students (including me!) over the years than I imagine they can even remember.

Mentors make amazing differences in people's lives. I, like my colleagues, would like to encourage mentorship (as well as mentee-ship), to advance pediatric chiropractic by writing and publishing in professional journals. Whether conducting a randomized control study or writing a case report, your efforts are mentoring others in the field, expanding their knowledge, giving them guidance and encouraging them to try, try, and try again until you succeed (whether that's being a better diagnostician, creating a successful treatment plan (and perhaps knowing when to refer), or using a new manual technique, perfecting your adjustment. You are an instantaneous mentor to anyone who reads your publication.

And we who would like to be mentored (whether in the art, science or business of chiropractic) or, perhaps, in writing, we need to be courageous and seek out a mentor and ask for their support. A mentor is not a "coach" but someone who takes a personal interest in our long-term growth, helps us see how to get to our goals without drawing out every detail, empowers and encourages us to stay with it until we accomplish our goals (which sometimes will require calculated risks! It's great to have someone to bounce those off of!).

You, as a mentee, need to be prepared to focus on your project and be willing to hear your mentor's feedback, without fear of their advice or critique whether or not it is "positive." Listen, process and then take what you want and execute the recommended steps or changes, and leave the rest. You can always counter the advice with your reason why you want to do something or write the way you have written it. Mentor and mentee exchange intellectually, fostering curiosity and initiative. As a mentee, you have to commit yourself to take steps towards your own developmental progress and continued education.

Mentor and mentee commit to each other to be respectful, responsible and accountable to each other until the project is complete. For some of us, these relationships guide us along our life process and not just a single project, but either way, the value of the relationship should never be underestimated nor unappreciated. I encourage you to look for and ask for support. Authors, look at papers that are similar to what you would like to write and contact the author or authors and ask if they might be willing to mentor you in your own efforts to publish. Mentors, please be open to communicating with potential mentees and sharing your knowledge and leadership with them. Together, we will create a stronger foundation of chiropractic pediatrics whether in our clinical practice, in the publications of case reports and case series or academic commentaries, our research foundation or being awarded an advanced academic degree.

We work better together!



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Safety in chiropractic care for the pediatric patient: Can we rest on our reputation?



The following article by Joyce Miller DC, Ph.D., was first published in the November issue of the *The Journal of Clinical Chiropractic Pediatrics (JCCP)*, available [online](#).

The top priority in chiropractic care for the pediatric patient, in fact, the only priority, is the safety of our care for that child. When I have spoken to a wide scope of clinicians and health care providers on this topic, I realized that they could not hear any details about our care until they were assured of the safety of our care. A hospital midwife familiar with our service and who referred many infants to our university-affiliated clinic* stated,

**“Chiropractic care may not help EVERY baby,
but it will not hurt ANY baby.”**

She based this statement upon her experience of years of cooperative care between the hospital and chiropractic clinic. It was very reassuring to hear that statement from a colleague. However, as clinicians who manage the most precious entity in the world, newborns, infants and children, we cannot rest on our past performance but must stay constantly updated.

The purpose of this editorial is to provide the briefest of reviews of the safety record of chiropractic manual therapy for children along with suggesting some reminders for maintaining safety within our practices. The goal is to improve confidence in the safety of our care, based on more than our personal experience, although that is an important element as well.

To be fair, I must start with a disclaimer. I cannot guarantee

that this investigation is definitive because this is an editorial and not a systematic review, so it is a given that the search cannot be considered exhaustive, but based upon opinion (as well as word count) as to what is included or not.

Once upon a time, in what now seems to be ancient history, there were very few but very compelling reports in the peer-reviewed literature of harm to children treated by chiropractors. Table 1 lists specific published adverse events in chiropractic pediatric practice.¹⁻⁴

Table 2 shows audits that have been done of specific practice notes along with percentage of side effects.⁵⁻⁷

Table 3 shows systematic reviews of manual therapy for children and their conclusions.⁸⁻¹¹

Table 4 shows parent reports of side effects, in multiple chiropractic practices in two different countries.^{12,13}

Side effects are divided into three categories: (1) mild (transient and requiring no healthcare), (2) moderate (requiring additional health care) or (3) severe (requiring hospital care).¹⁴

Mild side effects have been reported in chiropractic care for children in approximately 1% of cases. Mild side effects include increased crying for up to 24 hours after treatment, slight restlessness and most commonly, increased sleep.¹³ These are not considered outside of the norm in routine health care. Any event requiring additional medical care is considered an adverse event, and these have been exceedingly rare.

Description of event	Reference
1. 1959- 12 YOA girl with congenital occipitalization resulted in hospitalization	Vohra et al., 2007
2. 1978 - 7 YOA male with recurrent unilateral headaches, often following gymnastics, DC adjusted cervical spine in flexion and extension. Child suddenly became ill with severe occipital bifrontal headache, vomiting and left facial weakness. DC resumed cervical manipulation the following day, again accompanied by severe headache, vomiting and diplopia. Child hospitalized and radiographic studies found defect in distal basilar artery and occlusion of left vertebral artery in the middle of body of C2.	Zimmerman et al., 1978
3. 1983 — treatment of a 12-year-old girl with osteogenic imperfecta resulted in paraplegia	Vohra et al., 2007
4. 1992 — 4-month-old male with torticollis, first noticed 1 week after birth and termed congenital. At 16 weeks, taken to chiropractor. Baby was not able to extend his head when prone. Manipulation included flexion, extension, axial loading and unloading. On the day after treatment, baby was difficult to rouse from a nap and was limp, pale and moaning. Parents took him back to the chiropractor who manipulated again. He immediately began to moan and groan, developed a temperature and was taken to hospital with 39.3 fever, tachypnea (40) and tachycardia (160). He later had a generalized seizure. He was diagnosed with a spinal cord astrocytoma from C3-T8. He was on ventilation for 3 months; at 18 months of age, he was able to use his arms, but never his legs, resulting in paraplegia.	Shafir and Kaufman, 1992
5. 1940-1997: 19 cases of missed diagnosis or delayed medical treatment with three adverse events between 1940 and 1969	Vohra et al., 2007
6. 1992-1997: 16 cases of delayed treatment without adverse event	Vohra et al., 2007
7. 2012: 16 day old baby presented to chiropractor with colicky crying. Chiropractor adjusted the infant with an instrument. Five days later, the baby was presented to a pediatrician for “unusual bulges in the back.” X-rays found 2 posterior rib fractures.	Wilson et al., 2012

Table 1. Total of 8 adverse events (1940-2012) after chiropractic care reported in peer-reviewed literature.⁴

The few adverse events reported in the literature occurred from one to eight decades ago (Table 1). Although a few authors have suggested that adverse events are under-reported, it is unlikely that parents are standing by and watching children being hurt and not speaking out. In fact, there are virtually no reports of legal suits against chiropractors from the pediatric age group of patients. It is an extrapolation, but my thought process suggests that chiropractors are staying educated and updated on recognition of red flags, gentle treatment procedures and safe practices in our youngest population of patients, and thus, continue to maintain safety in practice.

Potential harm in pediatric patients are the same as in all patients and usually stated in four categories:¹⁴

1. Failure to diagnose correctly
2. Delay of correct treatment (usually indicating delay of referral of an ill patient)
3. Misapplication of technique: too much force, poor skills, incorrect technique for the patient causing an unexpected effect
4. Accident – possibly involving office equipment not suitable for the size or age of patient or an unintended use

The incidents reported in Table 1 precisely demonstrate these four categories. What went wrong? In case 1, there was failure to correctly diagnose; manual treatment resulted in headache, unsteady gait, poor coordination and neck pain. The 12-year-old girl was hospitalized after chiropractic treatment and subsequently diagnosed with congenital occipitalization.

In case 2, the chiropractor failed to stop treatment and refer the patient after the 7-year-old developed headache, facial weakness and vomiting after treatment. After continuing chiropractic care, the child was admitted to hospital for treatment, but retained persistent right-sided dysmetria with reduced quadrantanopia (blindness in visual field) as long-term effects.

In case 3, the chiropractor applied inappropriate treatment to a child with osteogenic imperfecta, where manipulation is contra-indicated.

In case 4, the chiropractor failed to recognize signs of 4-month-old ill child, delayed referral for correct treatment,

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but instead applied a second treatment (after an adverse event) which resulted in life-long paraplegia.

Between 1940 and 1997, there were 35 cases of delayed treatment or referral for correct treatment resulting in three adverse events, which were not further defined. In 2012, a chiropractor likely applied an incorrect treatment with too much force to a 16 day-old neonate. Rib fractures were subsequently diagnosed by a pediatrician after the mother noticed “odd bumps” in the baby’s back.

These cases come under a Legal Standard of Care, indicating that doctors of chiropractic (DCs) have the same ethical duty to recognize our own limitations and when necessary, recommend more appropriate type of care. The courts have determined the standard of care for DCs is the same that apply to physicians: “that degree of care, diligence, judgment and skills which is exercised by a reasonable chiropractor under like or similar circumstances.” As such, DCs must ensure that they have the necessary knowledge, skills and training to treat the patient’s condition, comply with regulatory and institutional policies and are legally authorized to provide the treatment proposed in the jurisdiction in which they practice.

A key rule in safety is to know when to stop treatment and to refer. Anytime a patient gets worse or fails to get better is the right time to stop treatment and to refer. Applying another treatment after an adverse event is always contraindicated.

It is prudent to think about common issues in daily practice so that we don’t miss difficult cases. Failure to diagnose is a common issue and usually stems from inadequate history or examination that would identify illness resulting in diagnostic errors which delays correct treatment. A high index of suspicion is appropriate in all practice and the younger the age of the patient, the higher the index of suspicion should be raised. In our teaching clinic, we instituted helpful guidelines:

- Determine that it isn’t a serious or life-threatening condition before determining what condition it is; do a careful diagnosis, with thorough differentials, before instituting any therapy.
- Determine risk/benefit ratio before performing any procedure.
- Document heart rate, respiratory rate and temperature each visit to assess health of child
- In cases where research evidence is unavailable, the best way forward is a short (3-4 treatments) therapeutic trial. If improvement isn’t verifiable after the first or second treatment, reconsider the appropriateness of care. Always be willing to refer.
- The course of therapy must “beat” the natural history of the disorder; if the condition of the child worsens or stays the same, refer for a different type of care.

These simple guidelines will remind the chiropractor to take a pro-active stance to incorporate safe practice strategies into daily practice. It goes without saying that the safety and protection of all patients is our highest goal and we are grateful for these types of discussion to keep this foremost in our minds.

Number of side effects/number of patients	Auditor/Location/year
1 side effect/250 million patient visits	Pistolese/USA/1998
1 side effect for 7,303 patient visits	Jensen/EU/2003
0 side effects in 483 pediatric patient files	Coote/AECC Clinic UK/2003
1% of cases, >7000 pediatric patient treatments	Miller and Benfield/AECC Clinic UK/2008
1% of cases, >300 pediatric patient files	Rawson/AECC Clinic files, UK/2009
1% of cases in >300 pediatric patient files	Alcantara/ICPA files, USA/2011

Table 2. Side effects in chiropractic care for children found in clinical audits.^{5,6,7} An audit is research done on information that was gathered for a different reason. The problem with this is that it is secondary research and it is possible that the side effects may not be included in the record. For example, parents may have just quit care and not reported the side effect.

The conclusion is the same as our previous discussion in 2009.¹⁴ At this moment in time, based on the published research literature, it appears that manipulation, when given by a skilled chiropractor with years of training, carried out with low forces recommended for pediatric care, has few side effects for the healthy infant and child and their

recorded incidence is exceedingly low. Using fungible forms such as those presented by Miller and Weber in this issue is a helpful way to avoid mis-diagnosis.

**AECC University College Clinic, Bournemouth England*

Conclusion of review	
Serious adverse events from spinal manipulation (performed by chiropractors, osteopaths, physiotherapists, or medical manipulators) were 'exceedingly rare'	Auditor/Location/year Todd, et al., 2015 Driehuis et al., 2019 Parnell Prevost, et al., 2019 Corso et al, 2020
Systematic analysis of the effectiveness and harms of spinal manipulation found "gentle, low-velocity spinal mobilizations seem to be a safe treatment technique."	
Side effects of manual therapy are rarely reported	
The incidence of mild adverse events ranged from 0.3% (95% CI: 0.06, 1.82) to 22.22% (95% CI: 6.32, 54.74). The risk of moderate and severe adverse events is unknown in children treated with SMT. It is unclear whether SMT increases the risk of adverse events in children < 10 years	

Table 3. Systematic reviews since 2015 of safety of manual therapy for children.⁸⁻¹¹

Parent report of side effects or adverse events	Size and type of study (author)
There were no adverse events reported after chiropractic care in responses from 26,600 parents	Open government large survey in Victoria, Australia (Keating, 2021)
Eleven mild side effects reported in a population of 2001 infant patients treated by chiropractors	Prospective study of outcomes in 16 chiropractic practices in the UK (Miller et al., 2019)

Table 4. Side effects or adverse events reported by parents after chiropractic care.^{12,13}

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By Sue Weber DC, MSc, Chiropractic Pediatrics FRCC, FEAC

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By Anna E. Papadopoulou, MChiro, DC, MSc, DACNB, FRCC

Mastitis : a guide for the chiropractor working with the breastfeeding dyad

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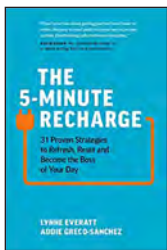
Chiropractic history and examination forms for the infant, pre-school, and school-aged child

By Sue Weber DC, MSc, FEAC, FRCC and Amy Sarah Miller MSc, PhD, FEAC



Navy SEAL tricks to help you perform better under pressure

When's the last time you paid attention to your breath? Most of us take it for granted and don't stop to think how deeply we inhale or exhale. But most of us also survive on shallow breaths that have us living on edge constantly.



"We are a nation of shallow breathers," says Lynne Everatt, coauthor of *The 5-Minute Recharge: 31 Proven Strategies to Refresh, Reset, and Become the Boss of Your Day*.

"Deep breathing comes naturally to children, but we lose the ability because we're in a constant state of fight-or-flight, low-level stress. Our breathing migrates up in our bodies; it's an anxious breath." Controlled breathing, on the other hand, is the fastest, most effective way to trigger the relaxation response, enabling you to think more clearly and perform better under pressure, she says.

"We take better care of our phones than ourselves," says Everatt. "When our phone battery goes from green to red, we immediately stop and recharge. But when our own bodies go into the red zone, we push through. Living in the red zone means living in a zone of depletion where we're more susceptible to burnout, anxiety, or depression."

The Navy SEALs use two breathing techniques that force the body into a more relaxed state when they're in a high-pressure situation, and anyone can use them to control stress, says Everatt.

The first is called "Tactical Breathing." This is a technique to use when you feel yourself having a fight-or-flight response. It involves all your breathing muscles—from chest to belly. Here's how it works: Place your right hand on your belly,

pushing out with a big exhale. Then breathe in through your nostrils, slowly drawing the breath upward from your belly to your upper chest. Pause and exhale, starting from your chest and moving downward to the air in your belly. Imagine your belly button touching your spine. Once you're comfortable with a full, deep breath, repeat it, this time making the exhale twice as long as the length of the inhale. For example, inhale to the count of four, pause briefly, and exhale to the count of eight. Repeat three times.

Box Breathing

The second Navy SEAL technique is called "Box Breathing," and it's meant to ground you, sharpen your concentration, and leave you feeling alert but calm. It uses the tactical breath technique over a longer period of time in a "box pattern." You inhale, hold, exhale, hold—each for the same duration. Start by pushing the air out of your chest, keeping your lungs empty for the count of four. Then start the tactical breathing, inhaling through your nose for a count of four, drawing air into your belly and moving up into your chest. Hold the air in your lungs for a count of four. The movement should feel fluid and open; don't clamp down at the back of your throat. Exhale smoothly, starting at the chest and moving to the belly, for four slow counts. Complete the box with a pause of four before beginning another repetition. Continue this technique for five minutes, building your breath strength by using your full range of breathing muscles as you draw in and push out breath.

"Unfortunately, we don't have a battery reading on our wrist telling us to take a break," says Everatt. "We need to sprinkle in small breaks that can energize us when we're feeling depleted." So the next time you feel that way, just give these techniques a try.

Future of Chiropractic Strategic Plan Interim Leadership Committee elects new leaders for 2021-2022

A vision for how to move the Chiropractic Profession to new levels was born in November of 2019 when stakeholders from across the profession gathered at The Future of Chiropractic Forum in San Diego, CA. These stakeholders agreed that there was a real need for a profession-wide strategic plan, and in January 2020 in Washington, D.C., the first leadership committee was formed to take on this task.

Over the course of the last 20 months, a broad, inclusive, and intensive process was launched that included data collection, think tanks, focus groups, workgroups, and more. Students, colleges, new doctors, researchers, established doctors, companies with chiropractic products and services, and other key chiropractic profession stakeholders participated in this process. Approximately 4,000 individuals provided input which led to the development of the first ever profession-wide strategic plan which was revealed on June 4, 2021.

Individuals who participated in Phase I (data collection) and Phase II (plan development) processes were invited to serve in Phase III (implementation) as interim (90 day) leaders. This work started on July 1, 2021. These leaders have launched the implementation phase and through numerous workgroup sessions and committee meetings, have laid the foundation for the next five years of plan implementation.

In order to provide appropriate structure for advancement of the strategic plan, on September 16, 2021, elections were concluded, and the following leaders will continue the work of implementing the strategic plan by serving on the overarching Leadership Committee. In addition, some of the leaders will chair workgroups focused on stakeholder-identified targeted areas of the Plan. The following leaders will lead the strategic plan process over the next year:

- Marc Abila, Chairperson (Executive Director, Illinois Chiropractic Society)
- Tiffany Stevens, Vice-Chairperson (Executive Director, Tennessee Chiropractic Association)
- Barbara Contessa, Ex-Officio Member (Executive Director, New York Chiropractic Council and Treasurer, Chiro-Congress Cares)
- Elizabeth Klein, Ex-Officio Member (Executive Director, Congress of Chiropractic State Associations)
- Dr. Ray Foxworth, At Large Member (Owner, Chiro-Health USA)
- Dr. Rachel Wendt, At Large Member (Executive Director, Kentucky Chiropractic Association)

- Dr. Karlos Boghosian, At Large Member (Immediate Past President, Federation for Chiropractic Licensing Boards)
- Dr. Thomas Wetzen, At Large Member (1st Vice-President, Congress of Chiropractic State Associations)
- Dr. Michaela Edwards, Chairperson Public-facing Communications Workgroup (President, American Black Chiropractic Association)
- Kristine Dowell, Chairperson Intra-profession Communications Workgroup (Executive Director, Michigan Association Chiropractors)
- Dr. Jay Greenstein, Chairperson ChiroTech Consortium (Owner, Kaizenovate)
- Dr. Heidi Haavik, Chairperson Research Workgroup (Founder, Haavik Research)
- Dr. Don Reno, Chairperson Government Affairs Workgroup (Executive Director, MichiCare)

In addition, Vice-Chairpersons were elected to each workgroup and will work in partnership with the Chairpersons in the implementation phase. The Vice-Chairpersons elected include:

- Dr. Thomas Kearn, Vice-Chairperson Public-Facing Communications Workgroup
- Dr. Bill Lauretti, Vice-Chairperson Government Affairs Workgroup
- Dr. Mark Sanna, Vice-Chairperson Intra-Profession Communications Workgroup
- Brad Cost, Vice-Chairperson ChiroTech Consortium
- Dr. Dana Lawrence, Vice-Chairperson Research Workgroup

These workgroups and the Leadership Committee are tasked with the monumental task of advancing the mission of the Future of Chiropractic Strategic Plan.

“The level of involvement in this process from all facets of the chiropractic profession is remarkable,” stated Marc Abila, the new Leadership Committee Chairperson. “These newly elected leaders and so many other chiropractic profession stakeholders are continuing to ensure this plan becomes a reality.”

In addition to the above listed workgroups, a fundraising interim workgroup has also launched and is developing a fundraising plan to support the financial requirement of the Plan’s goals. For more information about this project, to sign up for e-news updates, or to support the effort financially, visit ChiropracticFuture.org.

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How to prepare for and manage payer audits

There isn't a chiropractor alive who doesn't shudder at the thought of being audited. The feeling that every payment request is being scrutinized for the slightest error is a huge pressure, but it can be lessened by proactively prepping and managing the process yourself.

The more thorough you are about in-house documentation, the less chance that auditors will call you out for a refund. Put these best practices in place as part of your everyday operations and you'll feel much less apprehensive about justifying expenses.

Set a Baseline

Starting from the bottom up helps you discover if your practice is getting the basics right. Exposed weaknesses will help you create a road map on how to be better prepped for audits. Begin with coding: products, supplies, and services all require the [proper HCPCS codes](#). These are updated annually so it's vital your team stays up to date. Don't forget that there were [other big changes](#) in coding that came into play this year.

After accuracy comes clarity. Does everyone in your practice have neat handwriting? Scrawled dates, codes, and signatures are very hard for auditors to read which can lead to them to question your records. Make everything you write legible beyond doubt. Better yet, record everything digitally on chiropractic software and electronic health records. Your data will be crystal clear, and it can be backed up in the cloud or on removable devices to prevent loss.

Next, make sure every service you provide to patients is necessary as per the payer's guidelines. These guidelines may vary from payer to payer based on their individual medical policies. Diagnoses must match procedures in every instance, and treatment must only last as long as it is considered medically necessary, again, often according to the payers' guidelines. Every patient should have a care plan drawn up after your consult and examination that outlines your plan of, along with timelines. Progress will be organic, of course, but if a payer audit is triggered, you'll be able to prove that you had purpose, direction, and an end goal and weren't just aimlessly prolonging treatment.

Manage Audits Through Confident Challenge

An eye-opening [article](#) by *The Strategic Chiropractor* reveals



some very lax practices on the part of auditors. From note requests and vague descriptions to bundling, extrapolated refunds, and shaky credentials, there's a lot for practices to challenge when an audit letter arrives.

Managing an audit can involve contesting it in court; an unpleasant and expensive scenario that may sway some chiropractors into accepting they're "wrong" to avoid further hassle. However, if you've implemented a compliance plan that self-monitors practice procedures, clearly defines policy and performance expectations, and takes action against internal violations, then you're in a stronger position to challenge payer audits. The good news is, when you have your records in order, you have a great chance of winning.

ChiroHealthUSA Can Help You Get Your Practice Ready

Solid preparation empowers you to respond promptly and confidently to a payer audit. ChiroHealthUSA is here to help pre-and post-audit. We provide a documentation audit package as part of [ChiroArmor](#), and up to \$1 million in protection through [CHUSAdefense](#) in case your audit results in fines, legal defense costs, or other regulatory expenses.

We're here to protect you and your practice so you can provide compassionate, compliant care. [Connect with us today](#) for more information.

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. He has served as president of the Mississippi Chiropractic Association, former Staff Chiropractor at the G.V. Sonny Montgomery VA Medical Center and is a Fellow of the International College of Chiropractic.

You can contact Dr. Foxworth at 1-888-719-9990, info@chirohealthusa.com or visit the ChiroHealthUSA website at www.chirohealthusa.com.

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Chiropractic management of Tendinopathy

First published by Cleveland University, Kansas City, on Oct. 25, 2021. [Click here](#) for the original article.

Pain in the wrists, elbows, shoulders, knees, and ankles is commonly associated with tendon pathology. Chiropractors routinely see patients with a variety of tendon-based problems, which are often associated with repetitive overuse from work or sports-related activities.

Tendonitis, tendinosis, and tendinopathy are terms used to describe the same entity. Although colloquially known as tendonitis, this term is misleading because the condition is rarely associated with inflammation. In most cases, rather than tendonitis, the preferred term for this condition is tendinopathy or tendinosis, as these terms carry no causative implications.

Common tendinopathies include rotator cuff (shoulder) tendinopathy, heel or Achilles tendinopathy, elbow tendinopathy (tennis or golfer's elbow), patellar tendinopathy (knee), and various wrist tendinopathies.

These common disorders place a burden on healthcare resources, particularly with regard to occupational and sports-related injuries. Tendon injuries are associated with

significant time away from work and can interfere with recreational activities.

According to Dr. Mark Pfefer, director of research at Cleveland University-Kansas City (CUKC), tendon issues are often linked to athletics, but they can also result from daily office-based tasks.

"Sometimes people develop painful tendon problems associated with repetitive or excessive use of a computer keyboard or mouse," Pfefer said. "It is theorized that the painful condition is not caused by inflammation, but more likely degenerative changes in the tendon structure with associated changes in the tissue architecture."

Tendons are well suited to sustaining high tensile loads, but repetitive and forceful exertion has been implicated as a causal factor in the development of tendinopathies. Another risk factor is old age, which alters tissue recovery.

The onset of most tendinopathies is insidious – not associated with a specific traumatic event. The pain is typically localized and described as "sharp" or "stabbing," with activity. Often there has been a history of a recent increase or change of activity that coincides with the onset of pain.

Sometimes the pain improves with some movement and warm-up.

Imaging is not always needed to diagnose tendinopathy. Provocative palpation of the tendon tends to reproduce the patient's pain in a well-localized pattern. Tests that load the tendon similarly to inciting activities can also recreate the pain and help support the diagnosis.

Medical interventions such as anti-inflammatory medications (NSAIDs and corticosteroids) are sometimes used as an intervention, although research evidence supporting this approach is lacking, especially based on current understanding of the underlying tissue dysfunction and the lack of inflammation found associated with tendinopathy pain. Surgery is used rarely to release painful structures, typically in tendon problems that have failed to respond well to multiple conservative interventions.

Painful tendon problems are one of the most commonly seen conditions among chiropractors. They regularly treat this with a variety of conservative interventions, including

joint and soft tissue manipulation, cryotherapy, bracing/orthotics, electrical stimulation, therapeutic ultrasound, shockwave and laser interventions, acupuncture-type procedures, and therapeutic exercise.

"Gold-standard treatment approaches for tendinopathy include eccentric exercise combined with other tissue modulating interventions such as low-level laser and low-level shockwave therapies," Pfefer said. "Other conservative interventions such as ultrasound or instrument-assisted soft tissue mobilization can provide pain relief and allow easier implementation of a therapeutic exercise program, which should focus on eccentric loading of the muscle/tendon that is affected."

More research is needed to assess the best use of combinations of joint and soft-tissue manipulation, eccentric exercise, ultrasound, shockwave, and laser interventions. The combinations of instrument-assisted soft tissue mobilization, eccentric muscle/tendon loading, and laser/shockwave intervention are quite promising to help patients quickly resolve a variety of tendinopathies.

TELL THE CHIROPRACTIC COMMUNITY

The IACP News accepts press releases and news items.

Please email your news to Steve at C&S Publishing,
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Chiropractic News



The American Chiropractic Association (ACA) will hold the annual ACA Engage event February 2-5, 2022 in Washington D.C. ACA's annual conference is part of ongoing efforts to position members for success by bringing them cutting-edge education, networking and leadership-development opportunities. Due to COVID-19 precautions and enhanced security procedures on Capitol Hill, ACA's Lobby Day will be conducted virtually in 2022. Details on ACA's 2022 Virtual Day on the Hill will be announced in the near future.

ACA Engage includes a wide variety of education offerings (with CE credit available), presentations from respected thought leaders and panel discussions that delve into some of the profession's most compelling and important topics. [Click here](#) to view the full schedule of events.

There is also a [current list of event speakers](#) available online.

ACA members receive discounted registration fees for ACA Engage. If you're not an ACA member, please visit [acatoday.org/join](#) to find out more about membership.

Earn CE credit from industry-leading presenters. Engage 2022 offers an unmatched education program, featuring 19 virtual and in-person sessions that offer high-quality, innovative presentations. Engage 2022 educational session themes include a focus on:

- **Innovation:** adapting to new realities in practice and putting evidence into practice
- **Integration:** building interprofessional bridges and collaborative care
- **Inclusivity:** expanding access to chiropractic to diverse populations and increasing parity

In person sessions will be held Friday, February 4 and Saturday February 5. Virtual sessions will be made available beginning January 27.

New Research: Widely used chemical linked to 100,000 US deaths per year

Daily exposure to phthalates, a group of chemicals used in everything from plastic containers to makeup, may lead to approximately 100,000 deaths in older Americans annually, a study from New York University has warned. The chemicals, which can be found in hundreds of products such as toys, clothing and shampoo, have been known for decades to be "hormone disruptors," affecting a person's endocrine system.

The toxins can enter the body through such items and are linked to obesity, diabetes and heart disease, said the study published in the journal *Environmental Pollution*.

The research, which was carried out by New York University's Grossman School of Medicine and includes some 5,000 adults aged 55 to 64, shows that those with higher concentrations of phthalates in their urine were more likely to die of heart disease. However, higher concentrations did not appear to increase the risk of death by cancer.

"Our findings reveal that increased phthalate exposure is linked to early death, particularly due to heart disease," said study lead author Leonardo Trasande. "Until now, we have understood that the chemicals connect to heart disease, and heart disease in turn is a leading cause of death, but we had not yet tied the chemicals themselves to death."

Trasande cautioned, however, that the study does not establish a direct cause and effect relationship between phthalate exposure and death, in part because the specific biological mechanisms of that relationship are unclear.

"Our research suggests that the toll of this chemical on society is much greater than we first thought," Trasande said, adding that it "is undeniably clear that limiting exposure to toxic phthalates can help safeguard Americans' physical and financial wellbeing."

Other studies have already linked phthalates to more than 10,000 deaths per year associated with reduced testosterone levels in adult men. The study added that the economic loss due to phthalates is between \$40 billion and \$47 billion—more than four times what was previously estimated.

ICA thanks Senate Armed Services Committee

October 14, 2022, Falls Church, VA. Today the ICA sent a letter thanking the members of the Senate Armed Services Committee for language in the National Defense Authorization Report of FY 2022 related to the commissioning of Doctors of Chiropractic in the military. Almost 30 years ago, in 1993, the ICA played a significant role in the passage of Section 505 of the National Defense Authorization Act for Fiscal Year 1993 (Public Law 102-484) which authorized the military departments to appoint “chiropractors who are qualified under regulations” issued by the military departments as commissioned officers in the Army Medical Specialist Corps, Navy Medical Service Corps, or Air Force Biomedical Service Corps.

While the ICA reported last year finding an active duty military officer who is a doctor of chiropractic, his duties within the military were not related to delivering chiropractic care. There are over 1.4 million active duty military personnel and over 330 reserve military personnel relying on the military health system for care. That system, currently has less than 100 chiropractors delivering chiropractic care at military facilities. These doctors are not active duty military members. They are either hired as civilian employees or as contractors. The mission of the military health system also includes that they are to provide medical benefit commensurate with the service and sacrifice of more than 9.6 million active duty personnel, military retirees and their families.

Chairman of the Senate Armed Services Committee, Jack Reed (D-RI) and Ranking Member Jim Inhofe (R-OK) and members of the committee have now directed the Secretary of Defense to brief both the Senate and House Armed Services Committee by March 1, 2022 on their assessment of the feasibility of using the Department’s statutory authority to commission chiropractors as military officers. The Committee instructed the Secretary to include in the assessment the following:

1. Any combatant commander requirements for chiropractors as part of operating or generating forces;
2. The potential role of military chiropractors in deployed medical units;
3. The conditions under which the Department would deem military chiropractors as a critical wartime medical specialty; and
4. Any recommendations, as may be required, for the committees to clarify related authorities or adjust end-strength allowances for the commissioning of chiropractors as military officers.

1 in 4 Americans would pay up to a \$40 co-pay for chiropractic care

One third of Americans (33%) say physical therapy is among the out-patient type of medical services they would be most likely to pay a co-pay of \$40 or less for without hesitation. Other health care services Americans would be most likely to pay a co-pay of \$40 or less for without hesitation include urgent care visits (55%), regular screening/check-ups (35%), prescriptions (33%) and chiropractic services (24%).

“While it’s unclear if these results are directly related to the experience of many Americans during the COVID-19 pandemic, it seems the impact of extended work-from-home on our bodies, coupled with the extra focus on health care costs and services, are shifting consumer perceptions of priority, preventive health services,” said Dr. Charles Thigpen, Sr. Director of Practice Innovation and Analytics at ATI Physical Therapy.

In October the American Chiropractic Association (ACA) and doctors of chiropractic nationwide promoted the benefits of movement during National Chiropractic Health Month with the theme “Keep Moving!” highlighting how moving more can enhance physical and mental health.

“With their expertise in musculoskeletal health, doctors of chiropractic have helped many people to keep moving over the past year, including those with physically demanding front-line jobs,” said ACA President Michele Maiers, DC, MPH, PhD. “Chiropractors are a resource for anyone who seeks a natural approach to pain relief, health promotion and physical fitness.”

Worldwide, back pain is the single leading cause of disability, preventing many people from engaging in work as well as other everyday activities. Back pain accounts for more than 264 million lost work days in one year — that’s two work days for every full-time worker in the country, and an estimated 80% of people will experience back pain during their lives.

This survey was conducted online within the United States by The Harris Poll on behalf of ATI Physical Therapy between July 29–August 2, 2021, among 2,099 adults ages 18 and older. This online survey is not based on a probability sample and therefore no estimate of theoretical sampling error can be calculated.



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Chiropractic College News

Logan University begins \$28 million campus renovation campaign

As part of its ongoing commitment to advancing education and transforming lives through evidence-based, patient-centered health care, and thanks to a generous lead gift from Arlan W. Fuhr, DC ('61) and Mrs. Judi Fuhr, Logan University recently announced plans to renovate and expand the newly named Fuhr Science Center (formerly Science and Research Center) as well as renovate portions of the Administration Center on its campus.

Following the renovation of the building's existing 33,426 square feet and the construction of an additional 14,400 square feet, the updated Fuhr Science Center will house state-of-the-art 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. These features are important and necessary as the university continues to expand, add more degree programs and enroll even more students in both the College of Chiropractic and College of Health Sciences.

Hands-on, applied learning has always been a cornerstone of the Logan experience. Since Logan founder Dr. Hugh B. Logan's first class of seven students, the university's curriculum has incorporated real-world, evidence-informed, patient-centered practice into daily instruction. Now, more than 85 years since its founding, Logan remains dedicated to teaching its students the long-standing traditions of chiropractic technique while also preparing them to work in an integrated and ever-evolving health care environment.

"Logan University provides a strong education rooted in

science, research and evidence, and its graduates are solid and balanced in their practice. I've dedicated my career to innovation so that we, as chiropractors, can help patients improve their health, and it's an honor to give back to the university that has given me so much," said Dr. Fuhr, 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.

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.

CUKC offers Student Mission Trips in 2022

Vacationing on a Caribbean island is about as ideal as it gets. Or is it? Ask any Cleveland University-Kansas City (CUKC) mission trip participant, and you'll hear how a vacation doesn't compare to a mission trip, which revitalizes and energizes entire communities.

According to Dr. Jeffrey Baier, CUKC director of clinical education, mission trips impact those who choose to get involved. "These week-long mission trips offer our students volunteer opportunities that provide experience interacting with underserved populations," Baier said. "Each trip transforms a trimester break into a meaningful and memorable experience for our future healthcare professionals."

CUKC is offering student mission trips in 2022 to the Dominican Republic, the second largest and most diverse Caribbean country. Two trips have been scheduled for April 23-30 and Aug. 20-27 in conjunction with the Christian Chiropractic Association.

Any CUKC student may apply for and serve on a mission trip. Chiropractic students in trimesters seven and above may provide hands-on patient care under the supervision of a licensed practitioner. CUKC students, faculty members, and alumni interested in learning more about the mission trips are encouraged to visit cleveland.edu/mission-trips/ and contact Dr. Baier at missiontrips@cleveland.edu



Homecoming 2021 “a grand success”

The Cleveland University-Kansas City Homecoming event was back in-person in 2021. On Oct. 8-10, the University hosted attendees at the Marriott Overland Park. Alumni from 11 states and a Canadian province journeyed to Kansas City to participate in reunions and continuing education presentations.

CUKC President Dr. Carl S. Cleveland III noted that of the 10 continuing education presenters, three were alumni: Dr. Branon McMichael '92, Dr. Steven Gould '89, and Dr. Jessica Tallman '13. In addition to acknowledging the anniversary classes of 2011, 2001, 1991, 1971, and 1961, Dr. Cleveland announced the formal beginning of the University's yearlong celebration of its 100th anniversary.

In his address to alumni on Saturday, Dr. Cleveland outlined how 2022 will be filled with celebratory events and activities, culminating in a larger, activity-filled Homecoming event Oct. 20-23, 2022. Central to the 100th-anniversary celebration is the launch of the “100 Years, 100 Stories” campaign. Over the next year, CUKC will be gathering accounts of landmark events, friendship stories, and “When I was there” remembrances.

Alumni who wish to share their stories can do so by going online to this website: bit.ly/cukc100stories. Here, alumni can sign in and respond to story-starter questions, such as “Describe a time where you have made an impact on the lives of others,” and “How have you seen your work impact the lives of others?”

CUKC now a PACE Recognized Provider for Chiropractic Continuing Education

Cleveland University-Kansas City (CUKC) has become a PACE Recognized Provider for continuing education by the Federation of Chiropractic Licensing Boards (FCLB). PACE, Providers of Approved Continuing Education, is the signature program of FCLB.

Earning the PACE status required that CUKC, as a continuing education provider, meet 25 different criteria, including appropriate qualifications of staff and faculty and appropriate course content, assessment, and evaluation. CUKC is one of 96 PACE-approved institutions and organizations.

CUKC President Dr. Carl S. Cleveland III noted the PACE provider designation increases the number of states where CUKC continuing education courses are approved for continuing education license renewal.

“Achieving PACE recognition is another step forward for serving the practicing field practitioner,” Dr. Cleveland said. “As a PACE provider, this expands CUKC's continuing education program license renewal approval to now include more than 32 states.”

PACE provides a web-based, searchable database on the FCLB website that includes all information necessary for board re-licensure requirements. PACE courses promote high-quality chiropractic continuing education programs, present scientifically sound educational updates, and data on effective clinical protocols. PACE also helps connect practitioners through peer-related educational activities.

Logan University acquires Erler-Zimmer radiology phantom

Students in Logan University's Radiographic Positioning and Foundations of Diagnostic Imaging courses are now able to practice patient positioning and exposure techniques using a new Erler-Zimmer radiology phantom that was delivered in October. A highly specialized object used in medical imaging for education, the new phantom contains a human skeleton as well as outlines of the larynx, lungs, heart and kidneys, which enables students to take real X-ray images. With moveable joints, the phantom can also be arranged into many different imaging positions.

“When students set up positions on each other, they are not making exposures; therefore, they do not have an image to evaluate their positioning and technical factors,” said Cheryl Burtle, DC ('99), RT(R)(ARRT), assistant professor. “Creating radiographic images using the phantom enables students to identify errors and critically think through solutions that will improve image quality.”

Before acquiring the full-body phantom, Logan only had foot, hand, thorax, elbow and lumbar spine phantoms.

“We have sectional teaching phantoms, but positioning them does not simulate interacting with a real person,” Dr. Burtle said. “Now that we have a full-body phantom, there's so much more we can do to allow students to simulate radiographic exams on patients and make exposures.”

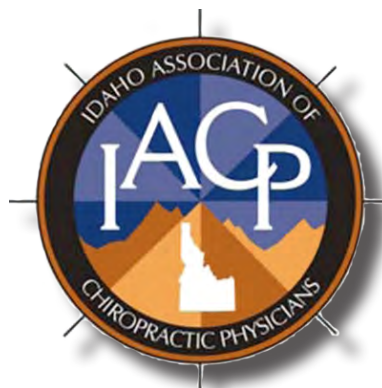
The students and faculty who have interacted with the phantom were impressed. “Last week I showed the phantom to a group of trimester 4 students, and even though they are still early along in their education for radiology, they were amazed and excited that she has all the bones in the human body and thrilled with the quality of the images that can be made.”



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

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Winter Tips for Healthy Living

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STRETCHING for better joint health

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

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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
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Winter Tips for Healthy Living

Holidays, stress, post-holidays, even more stress— who has time for taking care of ourselves? You do! Resolve to follow these simple diet, exercise, and lifestyle tips, and you can be good to yourself this winter - and all year long.

1. Enjoy the Benefits of Yogurt: It's creamy smooth, packed with flavor -- and just may be the wonder food you've been craving. Research suggests that that humble carton of yogurt may: help prevent osteoporosis, reduce your risk of high blood pressure and aid gastrointestinal conditions like inflammatory bowel disease and constipation. When buying think low-fat, make sure the yogurt contains active cultures and vitamin D, and keep tabs on sugar content.

2. Help Holiday Heartburn: Getting hit with heartburn over the holidays? Help is at hand! Try these hints and you can stop the burn before it starts: Nibble: Enjoy your favorite foods -- but in moderation. No need to heap on the goodies (or go back for seconds and thirds!). Packing your stomach with food makes heartburn much more likely. Know Your Triggers: Certain foods feed heartburn's flame. Typical triggers include foods full of sugar and fat -- think pumpkin pie slathered with whipped cream. Instead reach for complex carbs like veggies and whole-wheat breads -- or at least share that dessert! Get Up: Stretching out for a nap post-meal is a great way to guarantee you'll get reflux. Instead, keep your head higher than your stomach -- or keep right on walking, away from the dinner table and out the door. Light exercise is a great way to prevent heartburn.

3. Start a Winter Tradition: Family Workouts: Grandparents are in town, a flurry of kids is underfoot, and you're wondering where you'll find time for a quick winter workout. Here's a thought: Why not get everyone involved with these simple workouts? Walking: It's suitable for young or old, with a pace that's sedate or speedy. Try these ideas to get the gang on their feet: do laps at the mall. If you shop, cart your own packages and then unload them in the car after every store. Disguise the walk as something else. Toss a ball as you stroll, fling a Frisbee, or take the dog to the park. Instead of driving, walk over to your favorite local restaurant.

4. Try These 3 Simple Diet & Exercise Tips: Go Slow: You don't need to do a diet slash-and-burn. If you cut just 200 calories a day you'll see slow (and easy) weight loss. Skip a pat of butter here, a cookie there and you're on your way! Start Small: Banning junk food from the cupboards or boosting fiber may be your goal, but think baby steps. Switch from potato chips to low-fat popcorn, for example, or toss a carrot into your brown bag lunch. Just Show Up: Don't feel like working out today? Don those exercise clothes anyway. Still not in the mood? Fine. But chances are good that once you're dressed, you're also motivated and ready to go!



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

The Idaho Association of Chiropractic Physicians

The IACP News

Display Advertising Policy, Rates and Information

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

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

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

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

Ad Type	Ad Size	1 run	3 runs	6 runs	12 runs
Full page (bleed)	8 5/8" wide by 11 1/4" tall	\$450	\$414	\$378	\$330
Full page (boxed)	8" wide by 9 3/4" tall	\$450	\$414	\$378	\$330
Half page	8" wide by 4 3/4" tall	\$267	\$264	\$224	\$190
One Third (V)	2 3/8" wide by 9 3/4" tall	\$190	\$174	\$159	\$140
One Third (H)	8" wide by 3 1/8" tall	\$190	\$174	\$159	\$140
Quarter Page	3 7/8" wide by 4 3/4" tall	\$160	\$146	\$134	\$115
One Sixth	3 5/8" wide by 2 7/8" tall	\$105	\$97	\$88	\$75

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