Prosperity Through Unity
Exceptional Care for Idahoans

October, 2018 *The IACP News,* Vol. 2, No. 10

Smartphone app identifies bacteria in an hour

Whether you own an Android, an iPhone, a Blackberry, or a basic cell phone, chances are you check your phone for messages, alerts, or calls even when your mobile device isn't ringing or vibrating, reports a Pew Internet & American Life Project survey. The modern convenience that cell phones provide is responsible for everyone's increased daily use. According to the Morningside Recovery Rehabilitation Center, the average American spends 144 minutes a day using his or her phone during a 16-hour period. With an estimated six billion subscriptions worldwide and counting, cell phones have become one of the fundamental means of communication in society.

Now there is a new, revolutionary use for the cell phone. In a potential game changer for the health care industry, a new phone app and lab kit enables a smartphone to identify bacteria from patients anywhere in the world. With the new app, doctors will be able to diagnose diseases and prescribe the appropriate antibiotic within a one-hour office visit, meaning faster re-

covery—and lower treatment costs—for patients.

Developed by a research team of UC Santa Barbara scientists and col-

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Daily aspirin may be harmful for healthy, older adults, large study finds

Researchers are now saying there is no detectable benefit seen from regular use of low-dose aspirin for people 70 and older who don't have heart disease.

For decades, a daily dose of aspirin has been widely considered a way to protect healthy people from cardiovascular disease and even cancer. In 2014, Professor Walter Mischel of Columbia University asserted that his reearch suggested that taking a couple of aspirin might be the best way to get over a break-up! He wrote that the psychological pain of a failed relationship is similar to physical pain and should be treated in the same way.

But a large, new, international study finds that, even at low doses, long-

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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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In This Issue

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President's Corner

IACP advocating for chiropractic profession

By Dr. Scott Crawford
IACP President

Autumn is here and we are seeing a lot of change. Some of those changes include proposed board rules pertaining to CE requirements from the Idaho Bureau of Occupational Licenses. We have been monitoring their activity and advocating on behalf of DCs for the past several months, and we will keep you informed of new developments.

Along those same lines, we are gearing up for a new legislative session and encourage all of you to continue communicating with your local representatives. If you don't know who they are, look it up, and reach out to them. We have one lobbyist representing us and, although she's amazing, legislators want to hear from their constituents! Nurture those relationships, and please get involved.

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

Research finds daily aspirin may be harmful

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term use of aspirin may be harmful — without providing benefit — for older people who have not already had a heart attack or stroke.

The new research reinforces the results from a study published in late August, which found that daily low-dose aspirin was too risky to be prescribed to patients at moderate risk of heart disease. In the August study and the new one, researchers found a significant risk of internal gastric bleeding caused by the medication, which thins the blood. Older patients experienced no health benefits from taking aspirin, according to the new report, published in the *New England Journal of Medicine*, "We knew there would an increased risk of bleeding with aspirin, because there has always been," said study coauthor Dr. Anne Murray, a geriatrician and epidemiologist at the Hennepin Healthcare Research Institute and the University of Minnesota, Minneapolis. "But not only did it not decrease risk of disability or death, it did not decrease the risk of heart attack and stroke, and there was an increase in the rate of death."

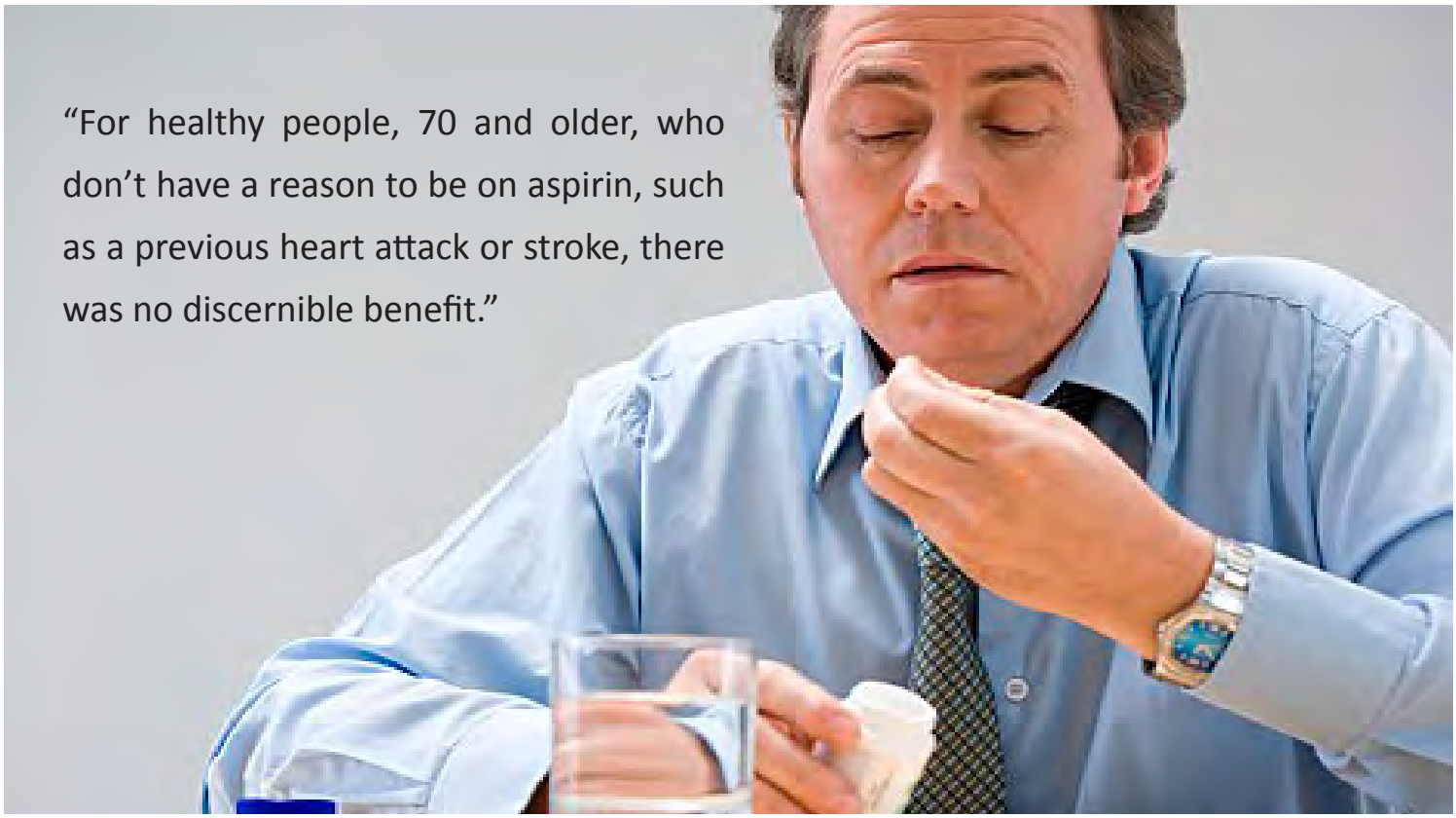
The current guidelines recommend a daily aspirin for adults in their 50s who are at high risk of cardiovascular disease, such as high blood pressure, high cholesterol or a history of smoking. The new study was designed to find out whether low-dose aspirin could prolong healthy, independent living in seniors who had not shown signs of heart disease.

The trial followed 19,114 seniors — 2,411 from the U.S. and 16,703 Australians — for an average of 4.7 years. The minimum age for Caucasian participants was 70 and 65 for African-American and Hispanic volunteers, due to their higher risk of dementia and cardiovascular disease.

At the end of the trial, 90.3 percent of the aspirin-treated patients were still alive, compared to 90.5 percent of those who received placebos. Rates of physical disability and dementia were similar between the groups. The rates of coronary heart disease, heart attacks and strokes were also similar. The big difference between the groups was in the rate of internal bleeding. Hemorrhagic stroke, bleeding in the brain, gastrointestinal bleeding and bleeding in other sites that required transfusion or hospitalization occurred in 361, or 3.8 percent, of participant in the aspirin-treated group and 265, or 2.7 percent, of those in the placebo group.

There was also an increase in cancer deaths in the aspirin-treated group, which surprised the researchers. Previous studies found aspirin may be protective against certain kinds of cancer.

"There was a small increase in the number of death overall in the aspirin group, with the largest proportion of deaths due to cancer," said Murray. "It is possible pre-existing cancers may have interacted with the aspirin."



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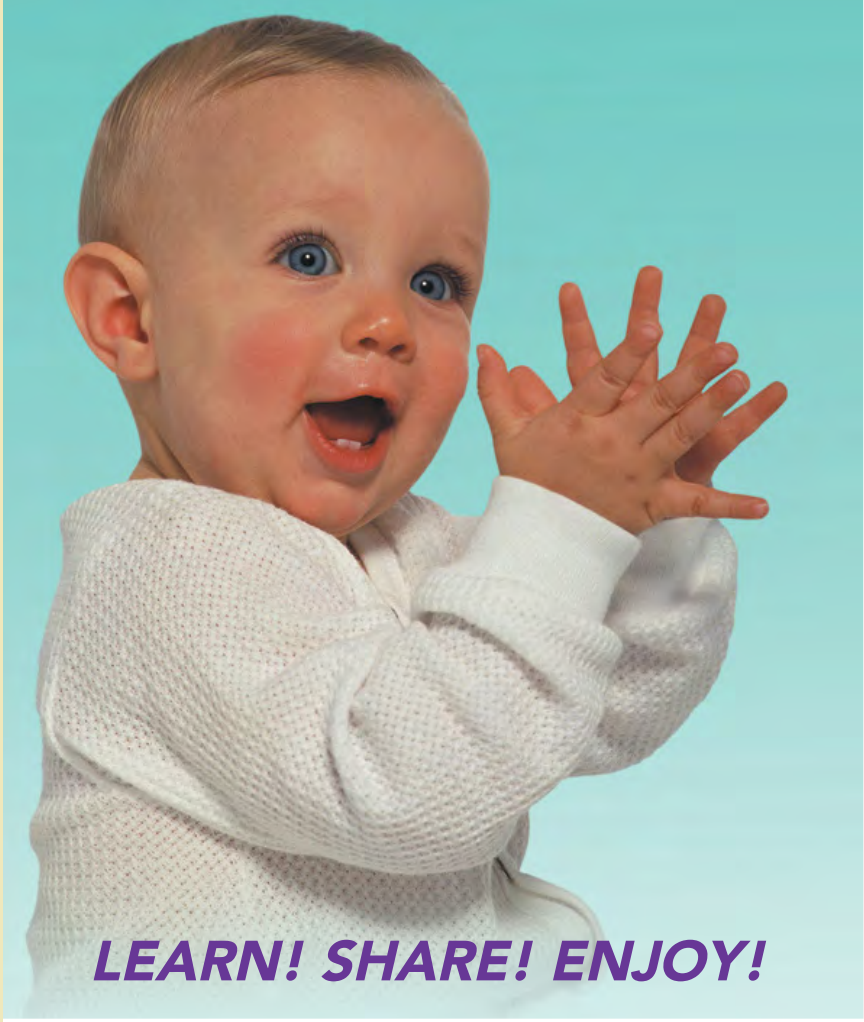

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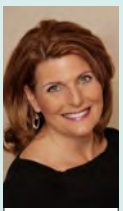
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Sharon Vallone, DC, DICCP, FICCP


Meghan Van Loon, PT, DC, DICCP


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Smartphone app identifies bacteria in an hour

Continued from front page

leagues, the study "Smartphone-based pathogen diagnosis in urinary sepsis patients" was published in the journal *EbioMedicine*. The detection system succeeded in achieving rapid diagnosis of urinary tract infections, which is one of the most common type of infection globally.

The app uses a smartphone's camera to measure a chemical reaction and determines a diagnosis in about an hour. The simple, low-cost test can be performed in the world's most remote locations.

The project was led by professors Michael Mahan of UC Santa Barbara and Tom Soh of Stanford, along with Santa Barbara Cottage Hospital physicians Jeffrey Fried, M.D. and Lynn Fitzgibbons, M.D. Additional collaborators include UCSB scientists Lucien Barnes, Douglas Heithoff, Scott Mahan, Gary Fox and Jamey Marth—who is also also a professor at Sanford Burnham Prebys Medical Discovery Institute (SBP)—as well as Cottage Hospital scientists Andrea Zambrano, M.D., and Jane Choe.

"This simple test for urinary tract infections can be conducted in a fraction of the time and cost of clinical diagnostics—one hour versus 18 to 28 hours," lead author Mahan explained. "We believe that this lab test holds exciting potential to bring state-of-the-art diagnostics within easy reach of non-expert users."

The process is simple and straightforward. A small volume of the patient's urine sample is collected and analyzed by the smartphone app using the phone's camera and the diagnostic kit. No additional specialty materials are required.

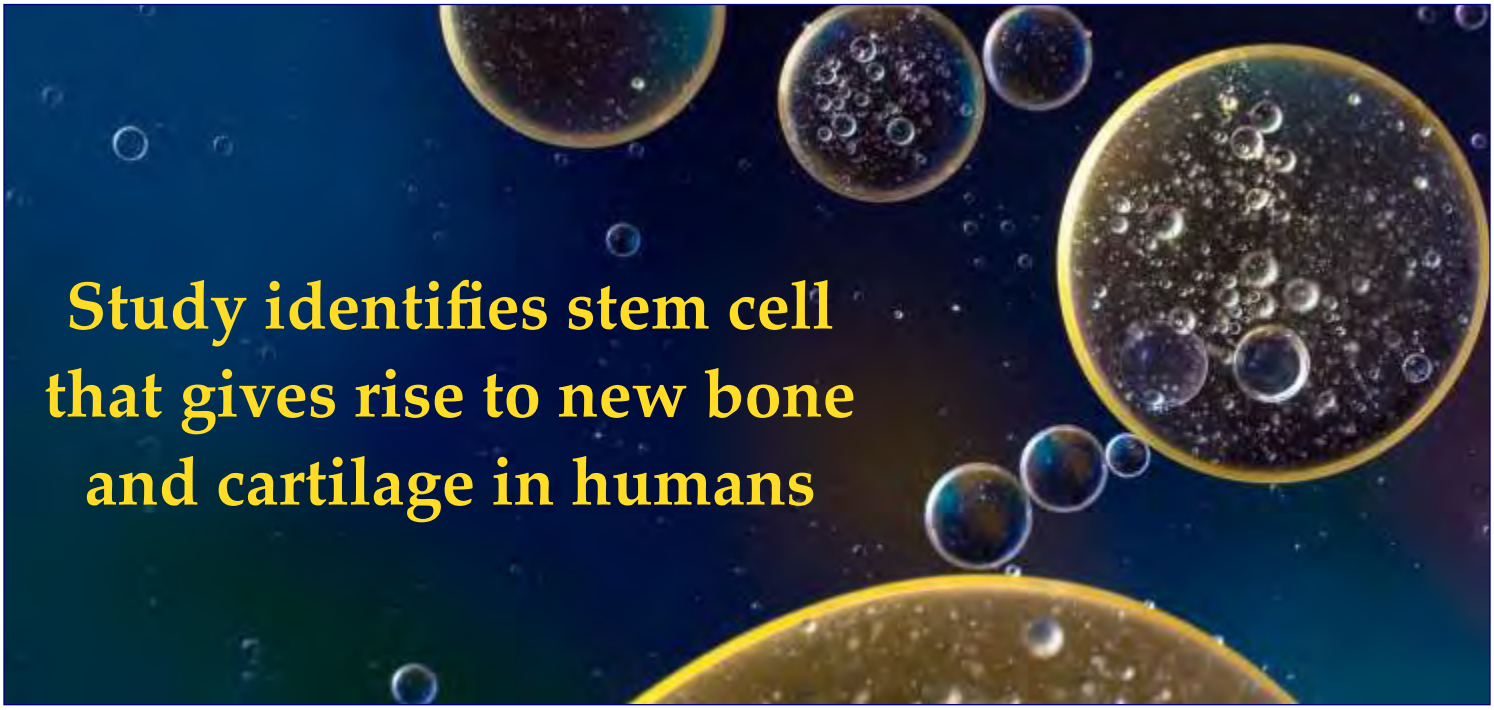
The simple lab test works on a variety of pathogens and diverse patient specimens (blood, urine and feces), enabling clinical utility for a number of infectious diseases. Additionally, the test can be modified to detect emerging pathogens that pose an ongoing threat to human health.

"The app enables early-stage diagnosis and intervention, which is particularly important in the context of multidrug-resistant pathogens for which treatment options are highly limited," said Fried, a clinical care physician. "Such early treatment also reduces the risk of the emergence of multidrug-resistant pathogens."

The free, custom-built app was developed for the Android operating system and can be downloaded and installed from the Google Play Store. Upon opening the app, the user is presented with an option for a step-by-step tutorial prior to running test samples.

More information: Lucien Barnes et al. Smartphone-based pathogen diagnosis in urinary sepsis patients, EBioMedicine (2018). DOI: 10.1016/j.ebiom.2018.09.001.

A smartphone-based real-time loop-mediated isothermal amplification (smaRT-LAMP) system was developed for pathogen ID in urinary sepsis patients. The free, custom-built mobile phone app allows the phone to serve as a stand-alone device for quantitative diagnostics, allowing the determination of genome copy-number of bacterial pathogens in real time. The smaRT-LAMP system is effective against diverse Gram-negative and -positive pathogens and biological specimens, costs less than $100 US to fabricate (in addition to the smartphone), and is configurable for the simultaneous detection of multiple pathogens. SmaRT-LAMP thus offers the potential to deliver rapid diagnosis and treatment of urinary tract infections and urinary sepsis with a simple test that can be performed at low cost at the point-of-care.



Study identifies stem cell that gives rise to new bone and cartilage in humans

A decade-long effort by scientists at Stanford University School of Medicine has been rewarded with the identification of the human skeletal stem cell. The cell, which can be isolated from human bone or generated from specialized cells in fat, gives rise to progenitor cells that can make new bone, the spongy stroma of the bone's interior and the cartilage that helps our knees and other joints function smoothly and painlessly.

The discovery allowed the researchers to create a kind of family tree of stem cells important to the development and maintenance of the human skeleton. It could also pave the way to treatments for regenerating bone and cartilage in people.

"Every day children and adults need normal bone, cartilage and stromal tissue," said Michael Longaker, MD, professor of plastic and reconstructive surgery. "There are 75 million Americans with arthritis, for example. Imagine if we could turn readily available fat cells from liposuction into stem cells that could be injected into their joints to make new cartilage, or if we could stimulate the formation of new bone to repair fractures in older people."

A paper describing the finding, which follows the discovery by the same group of the mouse skeletal stem cell in 2015, was published online Sept. 20 in *Cell*.

The skeletal stem cells are distinct from another cell type called the mesenchymal stem cell, which can generate skeletal tissues, fat and muscle. Mesenchymal stem cells, which can be isolated from blood, bone marrow or fat, are considered by some clinicians to function as all-purpose stem cells. They have been tested, with limited success, in clinical trials and as unproven experimental treatments for their ability to regenerate a variety of tissues.

"Mesenchymal stem cells are loosely characterized and likely to include many populations of cells, each of which may respond differently and unpredictably to differentiation signals," said Charles K.F. Chan, Ph.D., assistant professor of surgery and one of the lead authors. "In contrast, the skeletal stem cell we've identified possesses all of the hallmark qualities of true, multipotential, self-renewing, tissue-specific stem cells. They are restricted in terms of their fate potential to just skeletal tissues, which is likely to make them much more clinically useful."

Skeletal regeneration is an important capability for any bony animal evolving in a rough-and-tumble world where only the most fit, or the fastest-healing, are likely to survive very long into adulthood. Some vertebrates, such as newts, are able to regenerate entire limbs if necessary, but the healing ability of other animals, such as mice and humans, is more modest. Although humans can usually heal a bone fracture fairly well, they begin to lose some of that ability with age. And they are completely unable to regenerate the cartilage that wears away with age or repetitive use. Researchers have wondered whether the skeletal stem cell could be used clinically to help replace damaged or missing bone or cartilage, but it's been very difficult to identify.

Unlike embryonic stem cells, which are present only in the earliest stages of development, adult stem cells are thought to be found in all major tissue types, where they bide their time until needed to repair damage or trauma. Each adult

stem cell is lineage-restricted—that is, it makes progenitor cells that give rise only to the types of cells that naturally occur in that tissue. For our skeleton, that means cells that make bone, cartilage and stroma.

Chan, Longaker and their colleagues had hoped to use what they learned from identifying the mouse skeletal stem cell to quickly isolate its human counterpart. But the quest turned out to be more difficult than they had anticipated. Most cell isolation efforts focus on using a technology called fluorescence activated cell sorting to separate cells based on the expression of proteins on their surface. Often, similar cell types from different species share some key cell surface markers.

But the human skeletal stem cell turned out to share few markers with its mouse counterpart. Instead, the researchers had to compare the gene expression profiles of the mouse skeletal stem cell with those of several human cell types found at the growing ends of developing human bone. Doing so, they were able to identify a cell population that made many of the same proteins as the mouse skeletal stem cell. They then worked backward to identify markers on the surface of the human cells that could be used to isolate and study them as a pure population.

"This was quite a bioinformatics challenge, and it required a big team of interdisciplinary researchers, but eventually Chuck and his colleagues were able to identify a series of markers that we felt had great potential," Longaker said. "Then they had to prove two things: Can these cells self-renew, or make more of themselves indefinitely, and can they make the three main lineages that comprise the human skeleton?"

The researchers showed that the human skeletal stem cell they identified is both self-renewing and capable of making bone, cartilage and stroma progenitors. It is found at the end of developing bone, as well as in increased numbers near the site of healing fractures. Not only can it be isolated from fracture sites, it can also be generated by reprogramming human fat cells or induced pluripotent stem cells to assume a skeletal fate.

Intriguingly, the skeletal stem cell also provided a nurturing environment for the growth of human hematopoietic stem cells—or the cells in our bone marrow that give rise to our blood and immune system—without the need for additional growth factors found in serum.

"Blood-forming stem cells love the interior of spongy bone," Chan said. "It's the perfect niche for them. We found that the stromal population that arises from the skeletal stem cell can keep hematopoietic stem cells alive for two weeks without serum."

By studying the differentiation potential of the human skeletal stem cell, the researchers were able to construct a family tree of stem cells to serve as a foundation for further studies into potential clinical applications. Understanding the similarities and differences between the mouse and human skeletal stem cell may also unravel mysteries about skeletal formation and intrinsic properties that differentiate mouse and human skeletons.

"Now we can begin to understand why human bone is denser than that of mice, or why human bones grow to be so much larger," Longaker said.

In particular, the researchers found that the human skeletal stem cell expresses genes active in the Wnt signaling pathway known to modulate bone formation, whereas the mouse skeletal stem cell does not.

The ultimate goal of the researchers, however, is to find a way to use the human skeletal stem cell in the clinic. Longaker envisions a future in which arthroscopy could include the injection of a skeletal stem cell specifically restricted to generate new cartilage, for example.

"I would hope that, within the next decade or so, this cell source will be a game-changer in the field of arthroscopic and regenerative medicine," Longaker said. "The United States has a rapidly aging population that undergoes almost 2 million joint replacements each year. If we can use this stem cell for relatively noninvasive therapies, it could be a dream come true."

*Article provided by Stanford University Medical Center, and pubished by Medical Press. Stanford University Medical Center is a teaching hospital affiliated with Stanford University. In addition, the Lucile Packard Children's Hospital, the Veterans Administration Hospital in Palo Alto and Santa Clara Valley Medical Center is managed by Stanford University. The Beckman Center for Molecular and Genetic Medicine and the Richard M. Lucas Center for Magnetic Resonance Spectroscopy and the Clark Center for interdisciplinary research and bioengineering are associated with the Stanford University Medical Center. The first heart/lung transplant was per*formed at Stanford University Medical Center. It is ranked in the top 20 of University hospitals and is awarded a long list of research grants to its preeminent medical researchers and scientists.

New Model of Care

By Tim Maggs, DC

We are facing a health crisis. According to the American Academy of Orthopedic Surgeons, one in two adults in the U.S. is affected by a musculoskeletal condition and treatment for musculoskeletal conditions is one of the largest costs in U.S. healthcare today. Many of these patients are being prescribed pain killers, including opioids, to relieve their pain but they do nothing to address the problem. With 115 people dying a day due to opioid overdose, there is a great need for a drug-free, holistic approach to care by doctors who are biomechanics experts.

Doctors who are currently seeing most of these patients have little or no training in biomechanics, pain, and pain management. They are prescribing pain killers as their first approach to treatment. In 2009, a study found that opioids were prescribed to sixty percent of patients who visited the emergency room due to low back pain[1].

Dr. Marc Seigel recently wrote that medical students have been notoriously undereducated when it comes to pain and pain management and they have over-prescribed opioids, which has contributed to the opioid crisis today.

One only has to read the news to learn about the destruction the opioid crisis is having in our communities. One hundred and fifteen people die a day because of an opioid overdose[2]. In 2015 alone, more than 33,000 Americans died because of an opioid overdose, according to drugabuse.gov. In most cases, their addiction started with being prescribed opioids by a medical professional to relieve their pain symptoms.

Chiropractors are the largest non-drug profession and the most qualified to be the primary care provider for musculoskeletal systems. We are the medical professionals who know the biomechanics of the body. No other profession has the expertise. While many doctors mask pain symptoms with pills, we have the expertise to treat the problem and improve the patient's quality of life without ever prescribing a drug in the process. Chiropractic care is the primary answer to the musculoskeletal health crisis, including the opioid crisis, in our communities today. However, it is going to take a new model of care. One that focuses on caring for the musculoskeletal health of the whole body from the feet up and not just where the patient feels pain.

Most chiropractors see patients who are experiencing an acute condition such as low back pain. As a profession, we focus on relieving the patient's pain often without understanding the patient's musculoskeletal condition. As soon as the patient's pain goes away, they stop scheduling appointments for treatment. The problem is that while their pain might be gone, often, the cause of their pain is not.

I see patients who are experiencing low back pain in my

practice. If I just focused on treating where they are experiencing pain, in most cases, I would never address the problem. By looking at the whole body, many times I find that their low back pain is a result of imbalances in their feet. Armed with this information, I can work towards not just relieving their pain but correcting the problem and preventing future issues by prescribing custom orthotics. By looking at the whole body and not just where my patients are experiencing pain I am able to deliver better patient outcomes.

As chiropractors, we are the medical professionals who are best positioned to care for the musculoskeletal system and the overall health of the body. The chiropractic scope of practice is broader than all other professions combined when it comes to the diagnosis and care of the musculoskeletal system. We are the only profession that can perform biomechanical testing and x-rays, digitally scan the feet, order MRI's, provide chiropractic adjustments, physical therapy, recommend rehabilitation, and make nutritional recommendations.

To care for the whole body, we must evaluate and determine the cause of pain versus just relieving the pain. As a profession, we must utilize digital foot scans, x-rays, and MRI's to get an accurate picture of the patient's musculoskeletal health and an understanding of imbalances and overloading. Seeing the visual evidence and showing proof to the patient produces an understanding of what is causing the pain and what is needed to "fix" it. Seeing is believing. Being able to visually show and educate patients on how their musculoskeletal condition and overall health has improved under your care is critically important.

TV commercials promoting pain medications highlights the ignorance that happens to be pervasive today. A managed care company, CDPHP, writes to its members that the first thing to do is take an over the counter drug for the relief of low back pain. Imagine a dentist using that approach. We need to help our communities change their thinking with regards to who their primary care physician is for their musculoskeletal health. Our communities need to know that the best care to not only relieve their pain but care for the health of their whole body is not taking pills but treatment for a biomechanics expert, their local chiropractor.

Every chiropractor needs to become an Ambassador of this message and be willing to educate their communities. We need to educate the public that we are not just here to relieve their pain, but to care for and support the health of their whole body. This is one of the reasons why I am a part of Foot Levelers Practice Xcelerator, an event where we teach chiropractors how to implement this holistic approach

As chiropractors, we are the medical professionals who are best positioned to care for the musculoskeletal system and the overall health of the body. The chiropractic scope of practice is broader than all other professions combined when it comes to the diagnosis and care of the musculoskeletal system. We are the only profession that can perform biomechanical testing and x-rays, digitally scan the feet, order MRI's, provide chiropractic adjustments, physical therapy, recommend rehabilitation, and make nutritional recommendations.

to care and be the musculoskeletal expert in his or her community. A new model of care that is focused on treating the whole body and the musculoskeletal structure from the ground up.

If you have not attended a Practice Xcelerator, I would encourage you to do so. They are free and are focused on teaching this new model of care. For more information, visit FootLevelers.com/PX for upcoming dates and cities. Together, we can be the answer for the health crisis going on in America today and be the primary doctors for musculoskeletal health our communities.

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2. Al-Muslim, A. & Whalen, J. (2017, Dec 1). "FDA Approves Monthly Injection for Opioid Addiction." Retrieved from http://www.wsj.com

Dr. Tim Maggs has been in private practice for 35 years. He specializes in the diagnosis and treatment of sports injuries. In 2004, he recognized the need for improved diagnosis and treatment of sports related injuries in the middle and high school age group. It was at this time he developed the Concerned Parents of Young Athletes™ Program. His goal is to have all middle and high school athletes go through not only the standard medical exam at the start of each season, but also a biomechanical exam. This would look at the musculoskeletal system, in detail, and allow these young athletes to begin correcting imbalances, weaknesses and biomechanical faults long before they become injuries that create disability and premature degeneration. Today, Dr. Maggs works with athletes from more than 25 high schools.

Increasing Patient Care Acceptance

By Josh Wagner, DC

Many DCs think it's charisma, confidence, or marketing that plays the biggest role. Others believe it depends on how many new patients a practice gets every month or the quality of patient results. While those factors do play a role, there is another set of factors often not considered in today's chiropractic practice, nor taught in school, practice management, or continuing education classes: it's the Three Essentials.

Preparation first

Of course strategic patient communication is key. Most chiropractors are good at it. But a look at the evidence suggests it hasn't made much difference in retention or referrals. The utilization rate in chiropractic hasn't changed in the last 30 years. As third-party reimbursement continues to decline, chiropractors need the latest tools to maintain and grow their practices effectively.

But before incorporating the Three Essentials in your consult, you have to know what isn't currently working for you. For example: Do you begin a new patient consult by describing your specific technique or approach, your background, or what chiropractic care is?

Many DCs do it this way and think patients are listening when in fact they're not. 99% of all new patients are in pain or symptomatic. They are nervous and concerned about their diagnosis and prognosis. They're in an emotional state. In an emotional state a person can't comprehend and remember logical education.

If you begin your consult the traditionally taught way in chiropractic (logical education), the patient often will not remember the important info you say to them later — what their problem is and how you may be able to help.

You don't want to jeopardize that part of their visit. And 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 2 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 use the Three Essentials.

Master these Three Essentials

1. Use your patients' words. Usually, when a person is sharing health concerns with you, you will hear descriptive adjectives. They may describe their "excruciating headaches" or "stabbing sciatica."

The words your patients use are not accidental. If you say "sharp sciatica" after they said "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 not a good first impression.

As a practitioner, communicate back to your patients using the same terms they did. This is the first level of high level connection with your new patients. The more trust is established the more likely your patients will follow your recommendations and refer to you.

2. Know how the patient feels. Now you move from words to emotions to connect with your new patient. Most new patients, especially men, won't disclose how their health issue is making them feel emotionally. Women may be more inclined to volunteer this information.
Regardless, 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 do. 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 and knows how I feel." If they don't voluntarily share feelings with you, ask them. Neither assume nor guess.

3. Find out what they REALLY want. People come into your office with back and neck pain, fibromyalgia, and a host of other issues you can help with, but the issue alone is not entirely what the person wants resolved. They are always missing a vital part of their lives due to their health issues.
Example patient losses could be the elderly man who can't play 36 rounds of golf every weekend with his best friends due to his back pain, or the woman who can't give her children enough attention or work out and meet her weight loss goals because of her migraines and low energy.

For everyone, regardless of their physical condition, the loss will be different. You'll 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 their symptoms), you'll see a significant increase in care acceptance, retention and referrals.

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.

Some patients will start telling others about you even before they get the results they're seeking. They may begin referring before you even first adjust them; Just because they felt heard, understood, and know that you want what they want.

Doctors are more rushed and stressed than ever — and that means shorter visits. But if you listen to your patients and apply the Three Essentials, you'll need fewer new patients and less marketing expense and energy. That's the type of practice every DC deserves.

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National Medicare Equality Petition

The Time for Change is NOW

The American Chiropractic Association (ACA) has launched a major grassroots campaign to enact federal legislation that would allow doctors of chiropractic (DC) to perform to the fullest scope of their license in Medicare. This initiative would significantly improve the health and wellness of our nation's aging population — and your support is urgently needed. The National Medicare Equality Petition will raise awareness of how the current Medicare system shortchanges seniors who want and need the essential services provided by doctors of chiropractic (DCs) to stay healthy, pain free and mobile, and how DCs can be a part of the solution for what ails the U.S. health care system.

ACA is encouraging doctors of chiropractic across the country to ask their patients and other chiropractic supporters to sign the petition and add their names to a growing list of Americans who want access to and full reimbursement for services provided by doctors of chiropractic for themselves or their loved ones who are Medicare patients. The plan is to let signers of the petition have their voice heard in Washington through a series of targeted grassroots campaigns to contact their members of Congress and demand a solution to this problem. The ultimate goal is to create a groundswell of support that Congress cannot ignore.

Doctors can also help support the ongoing efforts to ensure Medicare equality by donating to the National Chiropractic Legal and Legislative Action Fund (NCLAF). Every dollar you contribute will go to ensuring seniors have full, unfettered access to the essential health care services provided by doctors of chiropractic.

Why Should DCs Participate? While Medicare patients may only encompass a small portion of practice for some doctors of chiropractic, Medicare's impact on the practice of health care as well as provider reimbursement is significant — and will become more so as the baby boomer generation continues to age. Medicare serves as a model for private insurance plans and currently serves more than 55 million individuals. Various projections forecast the number of people age 65 or older increasing by about one-third over the next decade. The time for change is now!

What You Need to Do: Ask your patients and supporters to visit www.acatoday.org/equality to sign the petition and have their voice heard in Washington. We need to let the White House and members of Congress know that the time for Medicare equality for chiropractic patients is now. As an alternative, you may also print out a paper petition that you can have patients sign, and fax or mail back to ACA. To comply with HIPAA regulations, you will need to have your patients complete and sign the petition, then you will need to make three copies: one for your patient to keep, one to put into their patient record, and one to mail or fax back to ACA at 1701 Clarendon Blvd, Suite 200, Arlington, VA 22209 or 703-243-2593. Download the paper petition.

Names and other information will be protected and not sold or shared with any third party. Individuals who join the petition will be sent periodic Action Alerts designed to let them know when and how they can contact their members of Congress to advocate for unimpeded chiropractic inclusion in Medicare. They will also receive *ChiroHealth*, a monthly e-newsletter containing health and wellness tips and information.

IACP MEMBERSHIP APPLICATION

Contact Information:

Name:_____ License #: _____

Practice Name:_____

Business Address:_____ Business Address 2:_____

City, State, Zip:_____ County:_____

Phone:_____Fax:_____

Email:_____Website:_____

IACP Membership Categories: Types of Membership and Benefits:	***Full Amount***	***Monthly***
IACP CENTURY CLUB	[ ]	[ ]
All Standard Membership Benefits, plus: • FREE Convention Member Registration; • FREE Non-DC Staff Member Convention Registration; • Expanded Discounts for Member and Staff on three IACP quarterly seminars; • 25% Discount on advertising via the IACP newsletter and/or website; • 25% Discount on Bronze Level Convention Sponsorship; • Invitation to IACP PAC Dinner(s) for legislative officials targeted for IACP support; • Opportunity to write articles for IACP newsletter editions**; • Two FREE classified ad both online and printed newsletter per year; • ***First Call*** - IACP Referrals for patients seeking specific DC techniques/education; • Invitation to the IACP President's Dinner – including other Century Club members, past IACP Presidents, Idaho Legislators & Sponsors; • Portion of C.C. dues fund the IACP PAC - supportings legislative efforts/candidates. ** *The IACP reserves the right to review articles and edit submissions as it deems necessary.*	$1200	$100
IACP STANDARD MEMBERSHIP • $100 discount on convention registration fees • $20 discount for each staff member on convention registration fees; • 10% Discount on Online CE Credits offered through the IACP Website; • 10% Discount on ICD Coding Books Offered by the IACP; • 10% Discount on all products, videos and materials sold by the IACP; • Earn at least 6 FREE CE credits each year at district meetings; • Discounts on Quarterly IACP Seminars for Member and Staff; • One FREE classified ad both online and printed newsletter per year; • Find A Doctor Referral Directory and access to members only information regarding Medicare, insurance & legislative insight;	[ ] $439	[ ] $40
RETIRED DC MEMBERSHIP • Annual subscription to IACP Newsletter (12 issues per year); • 10% Discount on all IACP events or classes • Discounts on advertising in the IACP Newsletter or on the IACP website; • Discounts on classified ads in IACP Newsletter or on the IACP website.	[ ] $225	[ ] $20
MULTIPLE DC HOUSEHOLD MEMBERSHIP • For dual DC households where both members of the household are practicing DCs. Spouse can choose a discounted Century Club or Standard Membership.	25% Reduction in Membership Category	
NEW GRADUATE MEMBERSHIP • New chiropractic college graduates receive basic membership for no fee!	FREE	

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Optional PAC Donation:

PAC stands for Political Action Committee the fundraising arm of the IACP. All monies donated go directly to supporting campaigns, educating state representatives, and hiring watch groups to guard against harmful legislation that would curtail your right to practice.

I wish to support my profession by donating:

☐ $25/mo. ☐ $55/mo.

☐ Other: $ _____/mo.

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

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

Signature:_____Today's Date:_____

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

IACP Member Benefit

Membership has its benefits, and for IACP members, the American Academy of Motor Vehicle Injuries (AAMVI) is offering a 10% discount off their classes, *PLUS* they will donate 15% of the tuition fees paid back to the IACP in your name!

The AAMVI mission is to provide doctors and lawyers with the tools to properly diagnose, document and manage personal injury cases to insure that those who suffer motor vehicle injuries get the best care possible and are fairly compensated for their injuries.

To meet the needs of the community they offer two levels of training; Certificate in Motor Vehicle Injuries and Diplomate in Motor Vehicle Injuries. Each of these have distinct requirements in terms of hours of instruction, time in practice, and testing Of particular interest to IACP members might be the following modules:

- Module I: Spinal Ligament Injuries for Motor Vehicle Injuries
- Module IV: Radiology for Motor Vehicle Injuries
- Module VI: Spinal Examination for Motor Vehicle Injuries
- Module VII: Extremity Examination for Motor Vehicle Injuries
- Module IX: Concussions & Cranial Nerve Examination for Motor Vehicle Injuries

Discount Code

Idaho Association of Chiropractic Physicians members enter "IACP" in the discount code box for a 10% discount. The AAMVI will also donate 15% of your tuition to the IACP in your name.

Visit the AAMVI website for more information: http://www.aamvi.org/
Phone: 480-664-6644 / Fax: 480-664-6742
Email: aamviaz@yahoo.com

Register for the full ten seminar package or individual classes at:
http://www.planetreg.com/E730212340102386

Office Posters

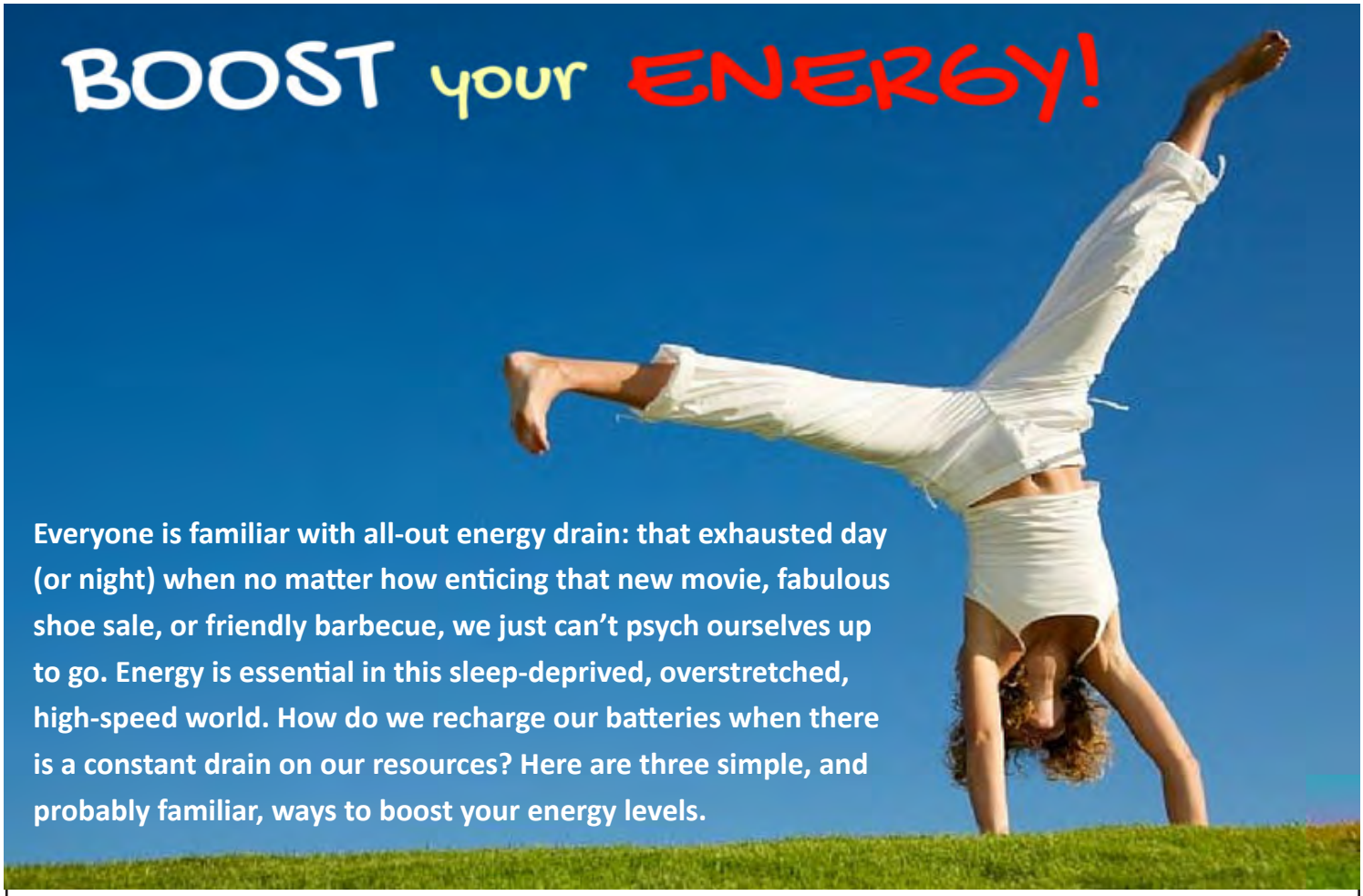
We have created printable PDFs of the
Boost Your Energy!
poster on the following page,
and the following posters are available online:

New study suggests fries may be deadly
Watermelons are not just for kids
Research suggests diet soda link to stroke & dementia
Benefits of eating apples
Tips for keeping your New Year's Resolutions
Skipping breakfast may hurt your heart health
A high-sugar diet makes halethy people sick - fast
7 simple steps to a longer, healthier life
The secret weapon for lower blood pressure
Get up and move!
STRETCHING for better joint health
Five keys to a longer, healthier life
Reduce Your Back Pain By Dropping A Few Pounds

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

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

BOOST your ENERGY!



Everyone is familiar with all-out energy drain: that exhausted day (or night) when no matter how enticing that new movie, fabulous shoe sale, or friendly barbecue, we just can't psych ourselves up to go. Energy is essential in this sleep-deprived, overstretched, high-speed world. How do we recharge our batteries when there is a constant drain on our resources? Here are three simple, and probably familiar, ways to boost your energy levels.

Watch your diet. Boost your energy with fatty acids and protein from lean meats like chicken and turkey, fatty fish like salmon and tuna, and nuts. While eating large amounts can feed your body more material for energy, it also increases your risk for weight gain, which can lower energy levels. When lack of energy is an issue, it's better to eat small meals and snacks every few hours than three large meals a day. Also, it is critical that you drink enough water. If your body is short on fluids, one of the first signs is a feeling of fatigue. Although individual needs vary, the Institute of Medicine recommends men should aim for about 15 cups (3.7 liters) of fluids per day, and women about 12 cups (2.7 liters). Besides water and beverages like coffee, tea, and juices, you can also get your fluids from liquid-heavy fruits and vegetables that are up to 90% water, such as cucumbers, zucchini, squash, strawberries, citrus fruit, and melons.

Get plenty of sleep. Most of us know that 8 hours of sleep per night is optimal. But studies are suggesting that the actual time you fall asleep is important too. Sleeping from 1 am to 9 am is not thought to be as restorative as sleeping from 10 pm to 6 am. The reason why is because hormone secretion, body temperature, digestion, and other important restorative processes follow a 24-hour cycle linked to natural light exposure. The later in the evening we fall asleep and the later in the morning we wake up, the more out-of-sync our cycle becomes. If you've ever gone to bed at 3 am and woken up the next morning at 11 am, you may have noticed that you feel worn down and not fully "with it."

Stick to an exercise routine. Exercise can boost energy levels by raising energy-promoting neurotransmitters in the brain, such as dopamine, norepinephrine, and serotonin, which is why you feel so good after a workout. Exercise also makes muscles stronger and more efficient, so they need less energy. It doesn't really matter what kind of exercise you do, but consistency is key. Some research has suggested that as little as 20 minutes of low-to-moderate aerobic activity, three days a week, can help you feel more energized.

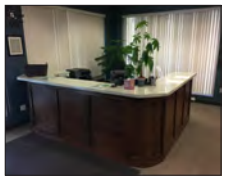
This healthy living information is provided by your Doctor of Chiropractic and the Idaho Association of Chiropractic Physicians (IACP) .

Classified Ads

Do you have something to sell, share or advertise with your fellow practitioners? List in the IACP Classified Ads. Ads will be published online and in this magazine for two consecutive months.

Click here *to submitting your classified ad.*

For lease: I have a chiropractic/PT/massage space in SE Boise for sublease (or possibly lease if someone would prefer). Total sq footage is 1571 which could be subdivided if a smaller space is preferred. The office is totally furnished with a front desk, tables and computers. Lots of options are available to interested parties. Address is 404 E Parkcenter Blvd, Ste 170, Boise, ID 83706. Please contact Ryan Weed, DC (208-488-8511 or drryanweed@gmail.com) for more details.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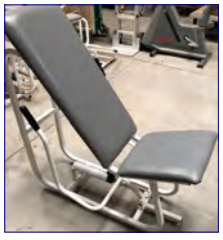
- Nursing Homes and Long-term Care Facilities for better quality of life
- Weight Loss Centers for quick and easy fat reduction

Contact: Cassie Roeder, Corporate Trainer
Healthy Habits Medical Business Consultants
(208) 995-2822
cassie.r@healthyhabitsmc.com



For sale: Chiropractic/Naturopathy/Acupuncture - Eagle, ID - 17 year established practice (NUHS Alumni 1978) Diversified, flexion distraction, physiotherapy, functional medicine. Low overhead, shared space. $139,000 Collections, cash practice & minimal insurance. This office is located in lovely downtown Eagle. Great community, family oriented, wonderful place to raise a family. We are 6 miles from beautiful downtown Boise, Idaho and the fastest growing state in the US. Please visit www.drsassadeck.com

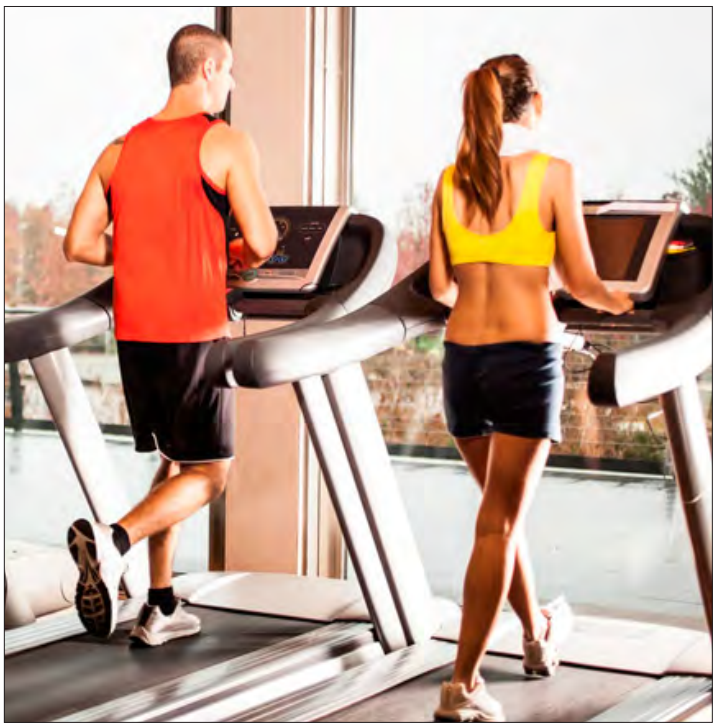
Chiropractic News

Need another reason to exercise?

There are plenty of reasons to work out. Here's another: Exercise promotes the growth of new brain cells that improve thinking in mice with a form of Alzheimer's disease, a new study finds. Massachusetts General Hospital (MGH) researchers reported that it may be possible to develop drug and gene therapies that trigger the same beneficial effects in people with the brain disease.

"While we do not yet have the means for safely achieving the same effects in patients, we determined the precise protein and gene targets for developing ways to do so in the future," study lead author Se Hoon Choi said in an MGH news release. Choi is in the hospital's genetics and aging research unit.

In mice, Choi's team said exercise triggered the production of new neurons (neurogenesis) in the brain regions where memories are encoded. The study's senior author, Rudolph Tanzi, is director of the genetics and aging research unit at MGH. He said that the research team "showed that exercise is one of the best ways to turn on neurogenesis. And then, by figuring out the molecular and genetic events involved, we determined how to mimic the beneficial effects of exercise through gene therapy and pharmacological agents."



Results of animal studies aren't always replicated in people, but Tanzi is optimistic.

"We will next explore whether safely promoting neurogenesis in Alzheimer's patients will help alleviate the symptoms of the disease, and whether doing so in currently healthy individuals earlier in life can help prevent symptoms later on," Tanzi said.

The study was published Sept. 6 in the journal *Science*.

UnitedHealthcare reverses position on coverage of manipulative therapy for headache

American Chiropractic Association (ACA) President N. Ray Tuck, Jr., DC, released the following statement in response to UnitedHealthcare's decision to withdraw a recent policy change that denied coverage of manipulative therapy for the treatment of headache:

"The ACA has confirmed that UnitedHealthcare (UHC) has restored its policy in support of coverage for nondrug manipulative therapy for headache treatment. The original change, to deny coverage, was posted online in a revised policy document for manipulative therapy dated Aug. 1."

In that policy document, titled "Manipulative Therapy," UHC stated that headache was not a covered condition for chiropractors to treat, arguing that "Vernon et al. (2009) report that only 2 clinical trials of spinal manipulation for adult tension type headache have been reported, neither of which was fully controlled."

The ACA argued against this forcefully in the rebuttal submitted by Tuck, noting eight key papers published in peer-reviewed journals that found significant support for manipulative therapy to treat headache. In addition, Tuck noted that chiropractic spinal manipulative therapy offers patients both clinical and cost benefits, while also being safer than other treatments that UHC continues to support.

"We appreciate that UHC weighed the evidence in support of manipulative therapy for headache that ACA provided in its July 23 letter to UHC President Dan Schumacher, and made the determination that patients should have access to

Continued on next page

Continued from last page

this effective, nondrug treatment option," Tuck said.

The ACA respectfully acknowledged the 40 national and state chiropractic organizations that co-signed the rebuttal, strengthening it, and leading to a successful outcome with UHC to realize "the best possible result on behalf of patients."

In rare show of bipartisanship, Dems and GOP unite behind opioid bill

Republicans and Democrats joined forces to speed legislation combating the misuse of opioids and other addictive drugs through Senate passage last week, a rare campaign-season show of unity against a growing and deadly health care crisis. The measure passed by a 99-1 vote, with Sen. Mike Lee, R-Utah, voted against it.

It takes wide aim at the problem, including increasing scrutiny of arriving international mail that may include illegal drugs. It makes it easier for the National Institutes of Health to approve research on non-addictive painkillers and for pharmaceutical companies to conduct that research. The Food and Drug Administration would be allowed to require drug makers to package smaller quantities of drugs like opioids. And there would be new federal grants for treatment centers, training emergency workers and research on prevention methods.

Lawmakers' focus on combating opioids comes amid alarming increases in drug overdose deaths, with the government estimating more than 72,000 of them last year. That figure has grown annually and is double the 36,000 who died in 2008.

Besides the sheer numbers, Congress has been drawn to the problem because of its broad impact on Republican, Democratic and swing states alike. California, Florida, Ohio and Pennsylvania each had more than 4,000 people die from drug overdoses in 2016, while seven other states each lost more than 2,000 people to drugs, according to the most recent figures available. The states with the highest death rates per resident include West Virginia, Pennsylvania, Ohio and New Hampshire, along with the District of Columbia.

Money for much of the federal spending the legislation envisions would have to be provided in separate spending bills. The House approved its own drug legislation this summer. Congressional leaders hope the two chambers will produce compromise legislation by year's end.

New Hampshire study provides more evidence supporting chiropractic

A recent sudy has concluded that: "Among New Hampshire adults with office visits for noncancer low-back pain, the likelihood of filling a prescription for an opioid analgesic was significantly lower for recipients of services delivered by doctors of chiropractic compared with nonrecipients. The underlying cause of this correlation remains unknown, indicating the need for further investigation."

The study used a retrospective cohort design to analyze health insurance claims data. The objective of the investigation was to evaluate the association between utilization of chiropractic services and the use of prescription opioid medications. The study population comprised New Hampshire residents aged 18-99 years, enrolled in a health plan, and with at least two clinical office visits within 90 days for a primary diagnosis of low-back pain. The authors excluded subjects with a diagnosis of cancer.

The study results stated: "The adjusted likelihood of filling a prescription for an opioid analgesic was 55% lower among recipients compared with nonrecipients (odds ratio 0.45; 95% confidence interval 0.40-0.47; $p < 0.0001$). Average charges per person for opioid prescriptions were also significantly lower among recipients."

New studies support inclusion of chiropractic in collaborative care

Transforming toward a new care model that is patient-centered, comprehensive, collaborative and conservative, the U.S. healthcare system is incorporating chiropractic care as a drug-free treatment approach for the management of spinal disorders. Four recent independent studies highlighted by the Foundation for Chiropractic Progress (F4CP), a not-for-profit organization dedicated to educating the public about the benefits of chiropractic care, validate how chiropractic care blends with the new healthcare model of collaboration

and coordination. Major themes resulting from these studies include the importance of educating multidisciplinary providers about patient satisfaction, improved health outcomes and ease of integration with chiropractic. "With the move toward conservative, non-invasive pain management, a growing number of physicians and medical organizations are recognizing chiropractic as a key component of collaborative care," said Sherry McAllister, DC, executive vice president, F4CP. "Studies published as recently as the first half of 2018
support what we have always known, doctors of chiropractic (DC) play an important role in multidisciplinary teams, specifically as it relates to the drug-free management of back, neck and headache pain."

Key findings:

1. Delivery of chiropractic care in nine medical facilities was perceived to have high value among patients, medical providers and administration, according to a study published in *The Journal of Alternative and Complementary Medicine* (July 2018). The study evaluated a diverse group of U.S. private sector medical facilities that had implemented chiropractic clinics using existing resources. DCs were sought to take an evidence-based approach to patient care, work collaboratively within a multidisciplinary team, engage in interprofessional case management and adopt organization mission and values. Markers for clinic success included: patient clinical outcomes, patient satisfaction, provider productivity and cost offset. Based on these markers, facility stakeholders, including clinicians, support staff, administrators and patients, reported high satisfaction with the care provided by DCs.

2. Patients who received collaborative care that included chiropractic manipulation integrated with usual medical care reported improvement in low back pain intensity and disability compared with those who received standard medical care (medication, physical therapy, pain management) alone. The study, published in the JAMA Network Open (May 2018), is the largest randomized clinical trial in chiropractic research in the U.S. to date. It took place over four years, from September 2012 to February 2016, and involved 750 active-duty U.S. military personnel at three sites across the country.

3. Another study published by the National Institutes of Health (February 2018) was designed to develop an integrated care pathway for DCs, primary care providers, and mental health professionals who manage veterans with low back pain (with or without mental health comorbidity) within Department of Veterans Affairs (VA) healthcare facilities. In the VA, chiropractic care is a tier 1 integrative pain treatment modality that may be incorporated into a Veteran's patient-centered plan of care.

4.) A study in Chiropractic & Manual Therapies (June 2018) supports the integration of a DC into a multidisciplinary rehabilitation team. Sixty participants were interviewed as part of a study designed to provide an expanded view of the qualities that DCs might bring to integrated healthcare settings. The study provides suggestions for leadership strategies and professional attributes the chiropractic profession needs to consider to further enhance chiropractic participation and contributions to improving the nation's health. Preferred attributes include patient centeredness (being respectful, responsive and inclusive of the patient's values), interprofessional qualities (teamwork, resourcefulness) and personality fit.

As a result of patient need, the opioid epidemic and value-based models of care, the inclusion of chiropractic as a component of multidisciplinary healthcare could not come at a better time, as chiropractic celebrates its 123rd birthday on September 18, 2018. The first state licenses were issued in 1913, and by 1931 a total of 39 states had provided legal recognition to DCs.

The truth and the myth behind the cracking knuckles debate

Cracking your knuckles may aggravate the people around you, but it probably won't raise your risk for arthritis. That's the conclusion of several studies that compared rates of hand arthritis among habitual knuckle-crackers and people who didn't crack their knuckles.

The "pop" of a cracked knuckle is caused by bubbles bursting in the synovial fluid — the fluid that helps lubricate joints. The bubbles pop when you pull the bones apart, either by stretching the fingers or bending them backward, creating negative pressure. One study's authors compared the sudden, vibratory energy produced during knuckle cracking to "the forces responsible for the destruction of hydraulic blades and ship propellers."

However, chronic knuckle-cracking may lead to reduced grip strength. And there are at least two published reports of injuries suffered while people were trying to crack their knuckles.

Chiropractic College News

Showcase Sherman Weekend November 2-3, 2018

This two-day event is for prospective students and college advisers to explore chiropractic and Sherman College. The weekend is designed to ignite your passion to help your community in a growing and rewarding career as a Doctor of Chiropractic. Meet current students, chat with faculty, and explore the Upstate of South Carolina.

This is a quarterly event, exhibiting all that Sherman has to offer. Bring a transcript for a free evaluation or an application. Out of town (over 200 miles), prospective students get complimentary accommodations and can receive travel reimbursement. Restrictions apply. More info here.

Logan University providing chiropractic care for University of Memphis athletes

Logan University and The University of Memphis (UofM) have teamed up for a new partnership wherein UofM student athletes now have access to on-site chiropractic care. Representing Logan, Jude Miller, DC, MS, CCSP, CME, will serve as the team chiropractic physician at UofM. Student athletes attending UofM will have an opportunity to receive quality chiropractic care while Logan Doctor of Chiropractic students—working under the supervision of Dr. Miller—will have opportunities to complete rotations, assisting with chiropractic care as well as soft tissue work, dry needling, kinesio taping and laser therapy.

Dr. Jude Miller, Dr. Dana Underkofler-Mercer, Dr. Vincent DeBono.

"We are honored to be working with the Memphis Tigers, who are known to be an elite group of athletes," said Vincent DeBono, DC, Dean of the College of Chiropractic at Logan. "I think this partnership demonstrates the confidence UofM leaders have in our capabilities to augment the already great care its athletes receive with chiropractic care to enhance performance as well as treat and prevent injuries."

The UofM becomes the fourth higher education institution—among the University of Missouri in Columbia, Southern Illinois University – Edwardsville, and Harris Stowe State University—to partner with Logan for the purpose of providing chiropractic care to student athletes. In turn, these partnerships provide Logan students with opportunities to advance the profession and become innovative leaders in health care.

"With the health and well-being of all student-athletes at the forefront of our daily responsibilities, I am thrilled to establish a relationship with Dr. Jude Miller and Logan University, said Darrell Turner, associate athletic director for sports medicine at UofM. "This relationship gives us access to a highly-trained medical professional. We now have the ability to increase the level of care our sports medicine team can provide to our student-athletes on a daily basis."

Clevelend University names Dr. Jeffrey Baier Director of Clinical Education

Dr. Jeffery Baier has been named Director of Clinical Education for the Cleveland University-Kansas City Doctor of Chiropractic program. Dr. Baier joined the University in 2014. He had previously served in the roles of Clinical Educator and Assistant Professor. In addition to currently serving as lead instructor for the Introduction to Clinic I and Clinic Internship II classes, Dr. Baier has served as a Faculty Council President.

Dr. Baier has received advanced instruction in the principles, practice, and teaching of Evidence-Informed Practice (EIP)

through his participation in the Process of Integrating Evidence Conference along with additional up-to-date instruction in the processes relating to accreditation and standards of the Council of Chiropractic Education (CCE).

Dr. Baier received his associate degree at Garden City Community College, Garden City, Kan., and obtained his Doctor of Chiropractic degree, with honors, from Parker College of Chiropractic. After graduation, Baier was in private practice in Kansas and Colorado for 16 years where he also served as a team chiropractor for the Garden City Community College athletic programs.

New York Chiropractic College unveils revised mission statement

New York Chiropractic College (NYCC) is pleased to share its new mission statement: "New York Chiropractic College is committed to academic excellence, leadership, and professional best practices." This revised statement continues to reflect the College's broad range of offerings and its commitment to educate natural healthcare practitioners in the fields of sports nutrition, applied clinical nutrition, clinical anatomy, diagnostic imaging, acupuncture, acupuncture and Oriental medicine, human anatomy and physiology instruction, chiropractic, and more.

NYCC President Dr. Michael Mestan says, "NYCC's new mission statement defines who we are and what we strive to do every day. As our culture becomes increasingly aware of the critical importance of natural healthcare, NYCC-educated professionals provide the highest level of care and leadership in fields that touch people's lives and impact every aspect of their health and wellness. It is with great enthusiasm that we embrace our new mission statement as it encapsulates what we truly believe and offer our students and the communities they serve."

New York Chiropractic College announces licensed chiropractic assistant program

New York Chiropractic College is partnering with the Association of New Jersey Chiropractors (ANJC) to offer the first training program for individuals who wish to become Licensed Chiropractic Assistants (LCAs).

With this program, New Jersey is the first state in the nation to offer licensure for chiropractic assistants. Taught by highly-qualified NYCC faculty in both traditional classroom and online formats, the LCA program is designed to be completed in 12-18 months and includes 120 hours of coursework. After also completing the additional required 380 hours of clinical training under an approved LCA Clinical Trainer, as well as passing required examinations, the LCA candidate may then apply for licensure.

Oct. 12-13, 2018 UWS Homecoming and NW Symposium

The 2018 UWS Homecoming and NW Symposium will be held on the picturesque UWS campus in Portland, Oregon and includes two days of multidisciplinary continuing education seminars, a vendor fair and an alumni and friends homecoming reception with wine and hors d'oeuvres. This is a great opportunity to network with students, staff and other industry professionals, and the 2018 UWS Alumni Recognition Award will be presented at the reception. Details on the UWS Homecoming and NW Symposium can be found here.

Showcase Sherman Weekend Nov. 2-3

This two-day event is for prospective students and college advisers to explore chiropractic and Sherman College. The weekend is designed to ignite a passion to help your community in a growing and rewarding career as a Doctor of Chiropractic. Meet current students, chat with faculty, and explore the Upstate of South Carolina. This is a quarterly event, exhibiting all that Sherman has to offer. Bring a transcript for a free evaluation or an application. Out of town (over 200 miles), prospective students get complimentary accommodations and can receive travel reimbursement. Restrictions apply. Event details here.

The Idaho Association of Chiropractic Physicians

The IACP News

Display Advertising Policy, Rates and Information

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

Advertising deadline

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

Ad Sizes and Rates

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

Rates are for full color ads **per insertion**. Ads published under a multi-run contract can be changed for each issue at no additional cost. Flash animation (.swf files), animations (.gif format) and video clips can be added to any ad. There is no extra charge for video clips or multi-media in ads unless "assembly" of the ad is required. Some file size limitations apply. For details contact Steve at C&S Publishing CandSpublishing@gmail.com or call (916) 729-5432. Email camera-ready ads in high resolution Adobe Acrobat (.pdf) format to: CandSpublishing@gmail.com. Ad creation and graphic design services are available through C&S Publishing at no additional cost.

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

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 Steve at C&S Publishing, (916) 729-5432.

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