Evidence-based, adjustment-centric, lifestyle-focused: A model for 21st century chiropractic

By James Chestnut, B Ed, MSc, DC, CCWP

The evidence for chiropractic should neither be exaggerated nor unfairly downgraded. The evidence can and should speak for itself and the evidence, when available, can and must guide our clinical decision making. When as a profession we choose to become fully aware of the evidence, and, most importantly, practice according to it, we will not only best serve our professional interests we will, most importantly, best serve the public interest. This is, of course, true for all healthcare professionals.

Practicing evidence-based chiropractic does not require abandoning the chiropractic adjustment or chiropractic SMT, rather, being evidence-based demands a central focus upon chiropractic adjustment/SMT. Compared to any other intervention, chiropractic adjustment/SMT is, without any scientific debate, the most evidence-based intervention for spinal healthcare available within the scope of chiropractic practice and, based on the available evidence, should reasonably be considered the most evidence-based spinal healthcare intervention within any scope of practice.

Chiropractic adjustment or chiropractic thrust SMT, based on the available randomized controlled intervention trials, comparative trials, and comparative analyses, can, and in my opinion should, be considered the most evidence-based spinal healthcare intervention currently available with respect to effectiveness, cost-effectiveness, and safety.

New research on the use of spinal x-rays by chiropractors

Use of spinal x-rays by chiropractors continues to be a hot topic. Newly published research in the Annals of Vertebral Subluxation Research by Paul A. Oakley, DC & Deed E. Harrison, DC seek to clarify what is proper for doctors of chiropractic. Here is what the abstract to their work says, followed by a review of the current controversy.

Abstract: A recent paper by Hazel Jenkins and colleagues attempts to present ‘Current evidence for spinal X-ray use in the chiropractic profession.’ Unfortunately, the review represents an author opinion, ‘red flag only’ guideline consistent with the practice of medicine, not chiropractic.

In detail, we critically analyze the inappropriate and extensive use of selected medical references (i.e. for the practice of general medicine), the neglect of essential and important evidence that must be considered for a full and balanced discussion of chiropractic X-ray use, and erroneous statements in contradiction with the expansive understanding of spinopelvic biomechanical parameters that has occurred over the past 15 years and the fact that these critical parameters must be assessed by routine full-spine radiography.

The concept that spine and postural displacements of a patient impacts their health and wellbeing is a well framed evidence-based practice in the spine literature. Specific, contemporary chiropractic approaches, like contemporary...
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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President’s Corner

The holidays can be stressful. Chiropractic can help

By Dr. Scott Crawford, IACP President

This time of year is a busy time for most people. Stress drives an increase in various complaints and ailments, which makes for a great opportunity to explain the role chiropractors play as a solution. Some experts say stress is, in some part, responsible for as many as half of the health conditions we see today.

In addition to the obvious physical solution of removing tension and pain in the body, the ability to offer neurological relief is another clear benefit that chiropractors bring. Areas to focus on are the upper neck and lower back, where the parasympathetic nervous system is located. Its counterpart, the sympathetic nervous system (fight or flight), takes over and becomes excitatory when these areas are inhibited or dysfunctional. Aligning those areas and removing the interference restores proper balance and decreases stress. So, make sure you share this information with your patients and encourage them, as well as yourself, to get adjusted more frequently this time of year.

Happy Holidays!

“Join the Pack”

Become a member of the IACP

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

Happy New Year 2020
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A fair, unbiased interpretation of the available peer-reviewed literature provides high quality evidence that chiropractic adjustment/SMT has always been, and remains, the best option for patients with non-traumatic instability, non-infectious, non-cancerous spinal health problems and should be, as many others have concluded, the preferred, if not mandated, first option for patients suffering with such spinal health issues.

I contend that the only thing that has any chance to unite us, allow us to earn the cultural authority we deserve, and provide us our rightful place at the healthcare table is a commitment to evidence-based practice and to the chiropractic health paradigm of addressing the cause/restoring healthy structure and function rather than simply treating symptoms. In other words, we need to become, and brand ourselves as, evidence-based, adjustment-centric chiropractors who recognize the central importance of healthy lifestyle.

Both “camps” in chiropractic are guilty of bias and dogma based on ignorance of the literature or a refusal to objectively apply the currently available evidence. One extreme tends to exaggerate the evidence and blindly accept virtually any claim regarding health benefits from chiropractic adjustment. This group tends to see and define subluxation as a philosophical entity rather than a clinical entity. Too often this group mistakenly uses philosophical arguments as evidence for the need for chiropractic adjustment. Such arguments are invalid; only valid clinical exam findings can determine the need for care and only valid clinical evidence and/or documented clinical findings can determine if care elicits health benefits. This is not a commentary on the importance or validity of philosophy or the chiropractic health paradigm, it is a commentary on the importance of the appropriate application of philosophy and health paradigm.

The other extreme tends to exaggerate and blindly accept the validity of unproven soft-tissue therapies and/or disproven passive physical therapy modalities and virtually any other non-evidence-based allopathic interventions while too often rejecting and/or downplaying the evidence regarding chiropractic adjustment compared to other alternatives. This group tends to abandon the chiropractic health paradigm of addressing the cause and recognizing, and working to remove causal interferences to, the self-healing and self-regulating abilities of the human bodymind - with the primary outcome goal of restoring health and function. Instead, this group tends to adopt the allopathic sickness paradigm of treating effects with attempts to override the bodymind’s self-regulatory responses such as pain with the primary outcome goal of alleviating such symptoms, whether the underlying cause is corrected or not – the primary goal is symptom resolution not health and function restoration.

Perhaps the question to begin with is not which of these approaches has to date produced the most research evidence but rather which of these health paradigms is most logical, most beneficial, and most likely to be most effective, cost-effective, and safe. If the chiropractic health paradigm is not useful in terms of producing benefit for patients it should be abandoned.

However, if it is effective, especially if it is more effective than the allopathic paradigm, then the chiropractic health paradigm must never be abandoned but instead embraced and used to guide our research and our clinical outcome goals. The fact is that addressing underlying causes rather than simply treating symptoms does make perfect biological and philosophical sense and, further, the allopathic approach of using drugs, surgery, injections, and passive modalities to try and alleviate symptoms has been, without any shadow of a doubt, a colossal unmitigated financial and human disaster.

The fact is also that research has shown that addressing clinically identified vertebral subluxation complex/segmental joint dysfunction and using chiropractic adjustment/SMT to restore the biomechanical, histological, biochemical, and neurological function of these segments has been shown to be the most evidence-based spinal healthcare intervention in terms of effectiveness, cost-effectiveness, and safety.

Regardless of what you call the segmental lesion, the legally required, peer-review validated clinical indication for chiropractic adjustment/SMT is a motion segment that has restricted motion and altered neurological function (alldynia/altered nociception, altered proprioception, altered sensori-motor function). We can argue about semantics, but the inarguable fact is that if you choose to provide care in the form of chiropractic adjustment/SMT you have had the legal obligation to identify a segmental lesion that involves dysfunctional motion and neurology.
You might choose to argue about what to call the lesion or how to clinically define it, but you cannot argue that you have the legal obligation to clinically identify a lesion prior to providing chiropractic adjustment/SMT. It makes no scientific, clinical, or logical sense to argue against the existence of a lesion that all chiropractors are legally obligated to identify in order to provide chiropractic adjustment/SMT. The whole debate about the existence of a segmental lesion is absurd!

Maybe if we could just all be honest enough to start here and add the recognition that the chiropractic health paradigm of addressing the cause in order to restore health and function is scientifically, logically, and clinically defensible, we could recognize that we have more in common than in opposition and we could begin to work together to achieve our research, clinical, and professional goals. This has always been my mission.

We all have our biases. The only remedy is an honest appraisal, acceptance, and, most importantly, clinical implementation of the evidence and an honest dedication to research unanswered questions. Lack of research showing ineffectiveness is not evidence of effectiveness. Similarly, lack of research evidence is not proof of lack of clinical effectiveness. Lack of research evidence simply means that we need to conduct research; again, this is true of all healthcare professions.

If we lack valid evidence of clinical effectiveness, then we lack the ethical right to make public claims regarding effectiveness – this seems an easily understood and uncontroversial concept to me. Again, this is not proof of lack of benefit and it is not disproof or discrediting of clinical experience, case studies, or patient experience/testimonials. It is simply a lack of valid evidence of a cause and effect relationship between intervention and benefit and public claims of effectiveness should be based on valid evidence of a cause and effect relationship between intervention and benefit.

Our exemplary record of clinical outcomes and patient satisfaction gives us the right to be bold in our hypotheses and our willingness to conduct trials of care, but we must be conservative and evidence-based regarding our public claims and individual promises. There is, and must always be, room for clinical experience and clinical judgement and trials of care, but there is no room for false or unsubstantiated claims. False or unsubstantiated claims are the straw men we build ourselves which allow skeptics, from within and outside chiropractic, to easily defeat. Even when skeptics are biased and dogmatic and unscientific and outright dishonest as they have so often proven to be, when we make a false claim we validate these skeptics and we do great harm to ourselves and to our ability to earn cultural authority and best serve those who so desperately need our care.

The result is that people who could benefit from chiropractic care get either turned off or turned away and that is the greatest tragedy of all. Millions needlessly suffer because they don’t get the chiropractic care they need and/or because they get ineffective, expensive, and/or harmful care they don’t need. False claims represent not just an unethical violation of our Chiropractic Oath, they represent harm to our profession and to the public interest.

Billions and billions of dollars are spent on ineffective and/or harmful treatments each year and nearly as much or more is spent on the adverse effects of these treatments. Think about the economic and human costs of proven ineffective, dangerous, often harmful back surgeries that, despite evidence of ineffectiveness, expense, and harm, have steadily increased and are now performed more often than hip surgeries. Think opioids, think Vioxx, think about the fact that, according to a study out of Quebec, Canada, for every dollar spent on NSAIDS, sixty-six cents is spent treating the side-effects (which ironically involves prescribing other ineffective, harmful drugs).

Think about the fact that paracetamol or acetaminophen or Tylenol was considered the Gold Standard for medical care for low back pain for decades even though there was not a single RCT placebo study to show its effectiveness and that finally in 2017 they admitted it had no evidence of effectiveness and should thus be considered guideline-discordant. Yes, you read that correctly, the intervention considered the Gold Standard in medical clinical guidelines around the world for decades never had a shred of valid evidence and is now considered guideline-discordant.

Think about the passive physiotherapy modalities and ‘specialized’ back exercise programs that have been standard of care for decades, again without any valid evidence, that are now considered guideline-discordant due to strong evidence of ineffectiveness but yet are still provided to millions on a daily basis.

Think about how often the aforementioned treatments have been recommended, referred for, and reimbursed to the exclusion of chiropractic adjustment/SMT with the false, biased excuse that this was because chiropractic adjustment/SMT lacked evidence or was dangerous. It is HEARTBREAKING. Not just for chiropractors, but, more importantly, for the millions of needlessly suffering patients.

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No field of healthcare practices exclusively evidence-based care. Evidence-informed trials of “off label” or experimental care based on clinical experience/evidence and/or patient preference are commonplace in all fields of healthcare - even for infants – think colic. However, there must be a clear distinction made between an honest communication to an individual patient regarding clinical experience with an honestly communicated possibility of benefit from a reasonable trial of care, and publicly made false claims or promises. The former is reasonable, defensible and ethical; the latter is unreasonable, indefensible, and unethical.

Strange and amazing health benefits outside the neuromusculoskeletal realm occur in chiropractic offices - about this there is no reasonable doubt – it is an absurd notion to suggest that thousands of patients are simply lying. However, more evidence is needed before we can make ethical, valid claims about being able to reliably elicit such benefits.

Be reasonable, be ethical, be evidence-based - it’s the best way to build the practice both you and your patients want and it’s the best way to build the trust and cultural authority we need to increase the number of people who seek the chiropractic care they need and that they will benefit from.

I truly believe that a focus on evidence-based care is the greatest thing to ever happen to chiropractic regardless of what “camp” you belong to and that the implementation of evidence-based care represents the greatest chance we have to standardize, unite, and mature into the profession the world so desperately needs us to be. A focus on evidence-based care also holds, or is supposed to hold, all healthcare interventions to the same standard; this will do nothing but help chiropractic, the evidence regarding effectiveness, cost-effectiveness, and safety is on our side!

In order to use evidence to our favor we first need to be aware of the evidence, both for chiropractic and for other spinal healthcare interventions, we then need to implement it into our practices, into our public communication and into our brand. We need to brand ourselves as evidence-based, adjustment-centric, and lifestyle focused.

I hope this has been some food for thought and I hope it provides an insight into what I am trying to accomplish and contribute to the ICA, to our profession, to healthcare, and to humanity.

I hope to see you at a seminar. Click here for more info or to register. All are welcome, all questions and polite, respectful viewpoints are welcome. Please, no dogma, no vitriol, no arrogance, and no bias. Please come with an open mind to learn what you might not know, share what you do know, and a willingness to let an objective analysis of the available evidence build your knowledge, shape your beliefs, guide your clinical behaviors, and provide common ground with your colleagues and with other evidence-based, ethical healthcare providers.

This article was first published in the ICA Choice, and can be read online here. It is reprinted here with the authorization of Dr. Chesnut, DC, and the Internation Chiropractors Association (ICA).

ICA announces 2020 launch of a new Evidence-Based Chiropractic and Lifestyle Program

ICA has announced changes in their educational program to include a new ICA Council on Evidence-Based Chiropractic and Lifestyle in collaboration with Dr. James Chestnut. Dr. Chestnut will serve as the Council Chair. In his companion article above, Dr. Chestnut documents the importance of evidence-based patient centered care and clarifies that we as a profession do have evidence to support the correction of the subluxation through the chiropractic adjustment.

Next year ICA will replace the ICA Wellness Certification Program with the Evidence-Based Chiropractic and Lifestyle certification program to be offered through the new Council on Evidence-Based Chiropractic and Lifestyle which will replace the Council on Wellness Lifestyle Science. Answers to questions such as these will be a part of the program:

- What percentage of health problems have a significant
Is there a way to deliver simple, standardized, fast and easy evidence-based lifestyle advice, within the chiropractic health paradigm of addressing the cause/removing interferences, in an efficient clinical manner which will provide proven benefits to patients in the form of increased response to chiropractic adjustment/SMT and general improvements in health and quality of life?

What are the most evidence-based explanations regarding the effectiveness of chiropractic adjustment/SMT? What is the known neurophysiological, sensory-motor, structural, functional, and metabolic/autonomic importance and/or role of healthy segmental joint function and what are the known neurophysiological, sensori-motor, structural, functional, and metabolic/autonomic consequences of a loss of healthy segmental joint function?

What are the landmark studies, reviews, and government inquiries showing the effectiveness, cost effectiveness, and safety of chiropractic adjustment/thrust SMT and how can we best utilize these to educate ourselves, our patients, the public, and other healthcare professionals?

What is the level of evidence regarding safety, effectiveness, and cost-effectiveness for chiropractic compared to surgery for low back pain and other spinal health issues?

What is the level of evidence regarding safety, effectiveness, and cost-effectiveness for chiropractic compared to usual medical care for low back pain and other spinal health issues?

What is the level of evidence regarding safety, effectiveness, and cost-effectiveness for chiropractic compared to usual physical therapy for low back pain and other spinal health issues?

Why is there such heterogeneity amongst the conclusions of systematic reviews, even amongst those published within a very similar time frame and thus reviewing the same body of literature?

What methodological variables explain the heterogeneity of conclusions of systematic reviews of SMT and, when variables such as frequency and duration of care, proper differentiation between mobilizations versus thrust adjustments/manipulations, and maintenance care provided in gaps between outcome measures in the post-treatment period, are accounted for, does this change the level of evidence for SMT? In other words, are the quality and strength of evidence from valid studies of SMT/adjustment invalidly and unfairly diluted in systematic reviews by pooling such data with data from invalid studies of SMT?

Is there evidence of bias against chiropractic in the peer-reviewed literature, in systematic reviews, and in clinical guidelines and, if so, how is this best identified and best exposed in a rational, scientific manner?

According to the available evidence, with respect to the treatment of low back pain and other neuromusculoskeletal health issues, which would, according to a valid, unbiased assessment, be considered the most evidence-based education – medical, physical therapy, or chiropractic?

Are commonly proffered negative opinions about chiropractic education and practice by skeptics reflective of an honest, scientific review of the available evidence or of dogmatic, unscientific, and deliberate bias?

Does the evidence support the commonly held view, often included in clinical guidelines, that the majority of low back or spinal pain is self-limiting within a few weeks with or without care?

Is there any valid clinical evidence that maintenance chiropractic adjustments/SMT provides benefit to patients? If so, why is such care not provided in studies looking at long term outcomes of chiropractic adjustment/SMT?

What represents an evidence-based chiropractic spinal health exam? According to the peer-reviewed literature, what spinal exam findings are required to indicate clinical need for chiropractic adjustment/SMT and what clinical spinal exam findings regarding vertebral subluxation complex/segmental joint dysfunction are considered most reliable and valid?

Is pain itself a legal or valid clinical indicator for the need of chiropractic adjustment/SMT or is a segmental spinal exam finding the legal and valid clinical indicator for the need of chiropractic adjustment/SMT?

How can we ever validly study the detrimental effects of, or the benefits of correcting vertebral subluxation complex/segmental joint dysfunction if we do not standardize our clinical findings around the most reliable and valid clinical methods to determine its presence, improvement, and/or resolution?

What should be considered an evidence-based claim regarding the effectiveness or benefits of chiropractic care based on the current available evidence?
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spinal surgery techniques, can improve postural faults and restore normal function and wellbeing.

In the end, the conclusions made by Jenkins et al. are recycled medical practice imaging guidelines for ‘red flags’ only, are representative of a one-sided debate, and are not an accurate assessment of X-ray use for the practice of evidence-based contemporary chiropractic spine care. To be valid, future chiropractic guidelines must include a consideration of the assessment of the critical spinopelvic parameters and the use of contemporary chiropractic methods used to correct these spinal subluxation deformities as detailed in this critique.

Background: In 2017 the American Chiropractic Association (ACA) launched a Choosing Wisely campaign. According to an article published in the ACA News by Christine Goertz, “The goal of the Choosing Wisely® campaign is to promote conversations between doctors and their patients about utilizing the most appropriate tests and treatments. The campaign is an initiative of the American Board of Internal Medicine Foundation and Consumer Reports. As part of the campaign, an organization creates an evidence-based list of 5 tests and/or procedures that may be common…but often should not be part of routine care. The program encourages an evidence-based approach to patient care and shared decision-making between doctors and patients. The American Chiropractic Association (ACA) joined the Choosing Wisely® campaign recently because these are principles that ACA strongly supports. The first ACA Choosing Wisely® recommendation states: In the absence of red flags, do not obtain spinal imaging (X-rays) for patients with acute low-back pain during the six weeks after the onset of pain. This recommendation is not only on ACA’s Choosing Wisely® list; a similar item is also included on the lists of seven other organizations. This includes, among others, the American College of Emergency Physicians, the North American Spine Society and the American College of Physicians. It’s also one of the performance measures established by the Centers for Medicare and Medicaid (CMS) under the MIPS Program. Thus, it is a widely accepted standard.”

The International Chiropractors Association (ICA) disagreed and said that, “radiography is a scientifically proven, clinically valid and appropriate method to evaluate multiple aspects of human spinal anatomy, identify vertebral subluxations, altered spinal biomechanics, postural misalignments, pathology and in providing information and safeguards in rendering chiropractic care in clinical practice.”

Further, the ICA that “radiography is a scientifically proven, clinically valid and appropriate method to evaluate multiple aspects of human spinal anatomy, identify vertebral subluxations, altered spinal biomechanics, postural misalignments, pathology and in providing information and safeguards in rendering chiropractic care in clinical practice.”

In the ICA Best Practices and Practice Guidelines it states, “In 1910, Dr. BJ Palmer obtained the first spinal x-rays in the United States at the Palmer Chiropractic College in Davenport, Iowa. Since that time, Chiropractic Techniques have utilized spinal radiology to detect and measure (obtain spinal listings) the spinal subluxation. For examples of Chiropractic Techniques that utilize routine plain film radiography to detect subluxation consider the following: BJ Palmer’s HIO, Wernsing’s Atlas Specific, Grostic, NUCCA, Pettibon, Sweat’s Atlas Orthogonality, Harrison’s CBP, Gonstead, Pierce-Stillwagon, Toftnes, Diversified, Zimmerman’s Specific Adjusting, Logan Basic, Mears, Jones’ Life Cervical, Blair, Pierce-Stillwagon, Orthospinology, Barge’s Tortipelvis and Torticollis, Aragona’s ASBE, Stucky Integrated Methods, and NUCCA.1-37

This use of routine spinal radiography to detect spinal subluxation enabled Chiropractors to obtain broad radiological Practice Rights in all States of the USA, Canadian Provinces, and several countries around the world. Some of the countries in which Chiropractors have radiographic privileges include the United States, Canada, Great Britain, Ireland, Norway, Sweden, Russia, Israel, Ukraine, France, Italy, Australia, South Africa, and New Zealand. Because Chiropractic Colleg-
es in these countries teach x-ray physics, x-ray safety, x-ray positioning, x-ray diagnosis, and x-ray line drawing analysis, these privileges are secured by State, Provincial, Federal, and Commonwealth Law. The International Chiropractors Association (ICA) has members in all these afore mentioned countries and many more countries around the globe.

Recently, since 1990, there have been attempts by a small minority group, but quite vocal, of Chiropractic College faculty, Diplomats of the American Chiropractic Board of Radiology (DACBR), and some insurance claims review Chiropractors (IMEs) to diminish the utilization of plain film radiography in chiropractic practice. Among other topics, this small minority has claimed that (1) there is no scientific definition of spinal subluxation, (2) there is no reliability for geometric line drawing methods on spinal radiographs, (3) there is no repeatability of x-ray positioning, (4) there are no indications for routine plain film radiography, (4) plain film radiography increases the risks of cancer while having no benefits, and (5) there is no efficacy (proof that routine spinal radiography improves patient outcomes) for routine plain film radiography.

To protect the rights of ICA members around the world, ICA members originated the Practicing Chiropractors’ Committee on Radiology Protocols (PCCRP) and originated the document entitled PCCRP’s Biomechanical Assessment of Spinal Subluxation in Chiropractic Clinical Practice.

Christine Goertz, DC, PhD., who was recently recently appointed the next Chairperson of the Patient-Centered Outcomes Research Institute (PCORI) Board of Governors, wrote about this issue: “Clinical practice for all health professions continues to evolve after we graduate from our educational institutions. This is the reason why continuing education is required. We would not want our child’s pediatrician to recommend a medication that was popular when he graduated from medical school 20 years ago rather than the one that was recently shown in clinical trials to be the safest and most effective. Further, there is no evidence that those chiropractic techniques based primarily on X-ray findings lead to better outcomes than those techniques that do not. To be clear, there is no evidence against either. There is simply very little evidence at all. While one must always be cognizant of the fact that lack of evidence does not equate to evidence against, it is now the national standard across all health professions to take an evidence-informed approach to patient care. The onus is on those practicing chiropractic techniques that have not yet been evaluated to support research to determine if the risk of x-rays is outweighed by any additional benefit when compared to techniques such as HVLA and flexion-distraction. Choosing Wisely® recommendations are not set in stone. Rather, they are updated as new high-quality evidence becomes available.”

**Subluxation in Chiropractic Clinical Practice.**
The dangers inherent in American healthcare

This story is being reprinted with permission by Advanced Medical Integration (AMI). The full article can be seen here.

That the US healthcare system—from its insurance structure, drug pricing realities, and the entirety of its delivery mechanisms—is expensive and convoluted is not news. The dangers inherent due to these factors should not be underestimated. Americans spend more per capita on healthcare than any other nation, but health outcomes for Americans are far from the best.

One stark sign of this is that, according to the most recent 2018 Centers for Disease Control and Prevention (CDC) data, for the third year in a row life expectancy in the United States declined. This kind of drop has not been seen since 1915 to 1918, a time span that included not only a world war but also the deadliest global flu pandemic on record. The reality is that US life expectancy is below that of every one of the 28 nations that make up the European Union (EU). And end-of-life issues are not the only concern. The US infant mortality of 5.6 per 1,000 is over 60 percent higher than the EU average of 3.6 per 1,000.

There are a myriad of ways that the approach unique to US healthcare creates danger for citizens. From the opioid crisis (which is tied to the market realities of the pharmaceutical industry), to deaths due to medical error (tied to labor shortages in hospitals), to lack of access to care - there are many factors throughout the sprawling system that are driving the poor health outcomes in the American healthcare system.

The “system” is disjointed, overly complex, uncoordinated, and oftentimes driven more by profit-seeking than patient care. This has led to a situation where, on the macro level, the healthcare “system” itself is disjointed while, on the micro level, the healthcare that individuals have access to does not support the body’s ability to heal itself.

This is hardly a new situation. The Byzantine nature of American healthcare is based on a number of factors, from the random governance structure of the nation, the power that advertising — as opposed to measured planning — played in shaping the American healthcare industry, and a pivotal interpretation by the Internal Revenue Service (IRS) regarding how to treat health insurance premiums.

While the United States spends $3 trillion on healthcare annually — representing $8,500 per person and nearly 18 percent of the total US economy (while no other country spends over 12 percent) — its health outcomes are poorer. This fact has left individual Americans facing a myriad of “options” — including for millions the option of having no access to care — with no meaningful counterbalance to the power of insurance companies, Big Pharma and, increasingly, the large corporate healthcare conglomerates that provide direct care.

The US system continues to be not only bureaucratically cumbersome but also an inherent risk factor for the health of many, if not most, citizens. Since costs are out of control, there’s always extreme pressure to limit care.

This manifests itself in many ways, perhaps none more obvious than the inherent pressure on doctors, especially general practitioners, to cut to a minimum their actual human interaction with patients. Last century American doctors
were expected to have a semblance of a relationship with their patients — to not simply read their chart, but to know them on some level — which is an approach that is rarer and rarer due to economic forces far beyond individual doctors’ control. This is the trap that most healthcare professionals — and their patients — find themselves in because of a healthcare system that is illogical, unorganized, and driven by the pursuit of profit over the stable long-term delivery of services.

There are many ways this national commitment to what is clearly an irrational system reverberates through people’s lives. It inhibits their ability to not only get healthcare when needed, but to access the medically integrated preventive care that will make it less likely they’ll need more expensive acute care later.

One of the clearest problems is the shortage of general practitioners, aka family doctors, due to any number of factors — one of which is the significantly higher wages that specialists can demand in the US healthcare system. This has led to a situation — especially dire in rural areas and lower-income urban areas — of people not having access to basic, frontline medical care and, instead, clogging emergency rooms with routine medical matters. - usnews.com

But for many, even if there are medical practitioners available, a lack of health insurance — or network restrictions, co-pays, and deductibles — restrict the ability of individuals to access medical resources. Though the Affordable Care Act of 2010 included requirements that health insurance plans cover a limited number of preventive and screening services (such as immunizations), most treatments beyond these widely accepted, basic frontline procedures are not guaranteed.

This is especially lacking in several areas, most notably dental coverage. Poor dental health is linked to other health issues, including an increased risk of cancer and a higher likelihood of suffering from cardiovascular diseases. - nytimes.com

Likewise, a range of other effective preventive treatments, such as chiropractic care, massage, and physical therapy are also subject to an outright lack of coverage or problematic insurance policy restrictions. This results in a less holistic treatment pattern for many, if not most, Americans. Limited access is granted to a limited number of preventive care procedures — at least for people with insurance — while a whole host of multidisciplinary approaches are out of reach of those who might benefit from them (especially people with lower-end plans or no insurance at all).

Another area where the privatized and fragmented realities come into extreme clarity is the lack of any mechanism to control the costs of drugs — even treatments invented long ago that play an important role in controlling symptoms, bettering health, and lowering long-term medical expenses.

This is nowhere more apparent than in the current crisis of insulin pricing. It’s a natural hormone, one that diabetics do not create on a sufficient-enough level to control their blood sugar. The patent for its production was sold in 1923 for $1 in order to make it widely available. Yet, today, there are Americans paying around $300 for a single vial of the drug, which represents a price increase of over 1,000 percent since it was patented — and that’s with inflation accounted for. - bbc.com

Another tragic effect stemming from the lack of oversight of pharmaceutical companies — and of the profit motive being the prime driver of their decision-making — that is currently sweeping the United States is the opioid crisis. It is, in and of itself, one of the prime causes of the current decline in US life expectancy and has turned over the “big pharma” rock and brought to light the ugliness of its operations. Over the past decade this crisis has killed over 200,000 people, in large part because the ingrained approach of treating symptoms with “there’s a pill for that” was leveraged by the dishonest operations of several large drug manufacturers.

All of this results in a healthcare “strategy” that is dangerous because holistic approaches to overall health and treatment are made more difficult. Even though the advantages of medical integration have become apparent — a healing-oriented approach over one that is disease-focused, a more personalized strategy to medicine, and an appreciation of not just physical symptoms but also of the mind and spirit.
— the jagged American system of numerous health insurers, rival networks, and weak oversight by governmental agencies makes adapting integrated approaches more challenging. These are the dangers of the American health system before someone gets seriously ill, or when it is obvious that treatment is necessary. Once a critical or acute illness or accident occurs, things do not get any better.

Another crisis currently hitting rural areas especially hard is the collapse of the emergency response system. Like so much of the US healthcare system, there is no centralized — even at the state level, much less federal — system for ensuring that emergency services are provided. This problem is driven both by a shortage of volunteers to operate EMS services and funding cuts to the departments themselves, as well as the inability to collect a large portion of insurance reimbursements when some patients receive payment for out-of-network services directly from their insurance companies and then don’t forward payment to the EMS organizations (in large part because these individuals are oftentimes swimming in debt after suffering a major medical emergency).

Even when individuals suffering from a dire medical situation do make it to the emergency room, the facility may already be overwhelmed. This is because emergency rooms are the dumping grounds of American healthcare, where every other problem and flaw in the system ends up.

People who lack dental care and develop a tooth abscess end up there. Those struggling with opioid addiction end up there. A patient whose regular physician is overbooked and unable to fit them in on short notice will end up there. The sick without health insurance end up there. And, of course, legitimate medical emergencies end up there.

In fact, according to a 2017 study from the University of Maryland School of Medicine (UMSOM), nearly half of all medical care takes place in emergency rooms. Adding to the chaos of emergency rooms being overburdened from the fallout of the healthcare system not efficiently allocating resources, there is also a burgeoning crisis of violence and other social issues accumulating there as well. Drug abuse, homelessness, and antisocial behavior due to untreated mental health issues are an increasing risk factor for doctors, nurses, and occasionally other patients in emergency rooms.

Another aspect of medical culture that heightens the dangers of the American healthcare system is an unwillingness to openly discuss errors by the medical establishment, especially doctors. This is driven in part due to fears regarding malpractice litigation and the common trope of “this is how it’s done.”

One surprising fact about healthcare in the United States is that there is no central body that tracks and analyzes deaths and injuries due to medical errors. Some have proposed creating an agency similar to the National Transportation Safety Board — which has a team of dedicated professionals who immediately spring into action to investigate each and every plane crash that occurs — and has thereby built a vast store of knowledge that is used to steadily make flying safer. Once again, there is a tradition of not taking a bird’s eye view of how medicine is practiced and how that affects patients. Instead, the functions of the healthcare system are segmented and isolated.

Once someone has made it through the gauntlet of acute care, the recovery phase presents its own challenges — including, for so many, the stress of dealing with the financial fallout of getting sick in America. Though the curtailment of hospital stays that people are afforded after illness, surgery, or even giving birth have not been exclusively negative — exiting environments that are de facto full of germs has had some positive results on outcomes — other aspects of the American-style recovery do come with costs.

One of the clearest areas that endanger recovery and the maintenance of better overall health is the difficulty in arranging for — and paying for — rehabilitation services. It’s clear that services such as physical therapy, chiropractic care, massage treatment, and nutritional services are a positive for not only individuals but also are effective as a way to limit long-term medical expenses. But the complexity and cross-purposes of the healthcare system, especially the insurance sector, make rehabilitation care challenging.
The Path Forward

Efforts to reform the illogical and counterproductive realities of the American health system have been prominent over the past few decades. From being a major plank in Bill Clinton’s campaign in 1992 (followed by its disastrous rollout during his first term) to the underlying logic of Obamacare to current efforts to expand Medicare — efforts have all pushed for a system that is better organized, integrated, and holistic. One major aspect of this is moving away from the current fee-for-service model, which drives compartmentalized medical care. The American healthcare system by and large runs on what experts describe as a “fee-for-service” system. For every service a doctor provides — whether that’s a primary care physician conducting an annual physical or an orthopedic surgeon replacing a knee — they typically get a lump sum of money.

That’s how most businesses work. Apple gets more money when it sells more iPads, and Ford gets more money when it sells more cars. But healthcare isn’t like iPads or cars. Or at least, it’s not supposed to be. When patients buy knee replacements, for example, what they’re buying isn’t really knee surgery itself. What they’re trying to buy is an improvement in their health.

But here’s the thing: Most American doctors aren’t paid on whether they deliver that improved health. Their income largely depends on whether or not they performed the surgery, regardless of patient outcomes. Their patient’s knee could be good as new or busted as always at the end — but in most cases, that doesn’t factor into their surgeon’s ultimate pay...

There is a growing movement in healthcare to change this and tether payments to patients’ outcomes. The nonprofit Catalyst for Payment Reform estimates that 10.6 percent of all health-care dollars paid are paid in some type of value-based arrangement, where the patient’s outcome factors into how much the health-care provider earns. Obamacare is running dozens of little experiments in the Medicare program that also try to pay doctors more when they provide higher-quality care. There are now penalties, for example, if a patient returns to the hospital after something was screwed up the first time. Those seem like they might be working; the number of preventable readmissions has steadily dropped since late 2010. - vox.com

This is a pivotal aspect of any meaningful reform and the foundation for moving forward — creating a healthcare system that rewards better health outcomes, as opposed to more profitable health care procedures.

Changing this funding reality is part and parcel with building a better framework for medical integration. This term encapsulates the effort to move away from medical care being sliced and diced into pieces that can then be billed for (often at levels that at best seem arbitrary and at worst exorbitant). It builds a team-orientated methodology — as opposed to the “referral to a specialist after running many tests” approach that is so much a part of the current system.

The need to better manage healthcare costs in the United States — especially given our aging population — while providing much better health outcomes is clear. Creating a more team-orientated model, one that incorporates not only medical doctors and nurses but also a range of other providers — such as chiropractors, massage and physical therapists, and nutritionists — is vital:

The need for all medical and health professions trainees to understand how to work across disciplinary boundaries is noteworthy, given that the stakes are high and that working together effectively requires more than simply ensuring that team members are smart people. Team members, especially those in leadership positions or with higher status, should actively invite input to ensure that team members voice all of their information. They should also be role models in expressing appreciation for diverse knowledge from all sources to ensure that team members’ input — regardless of who the team member is — will be considered and used in the team’s work. Such teams will be well suited to capitalize on their expertise, avoid errors, and provide effective patient care. - journalofethics.ama-assn.org

Creating a medically integrated and holistic healthcare system is not only a worthy goal, but a necessary one. The current dynamic of rising healthcare costs and services that lag behind the rest of the developed world is not sustainable.

The future of healthcare is clearly towards a more multidisciplinary approach, one that treats people and not symptoms. Such a system will not only be better for patients, but also more cost-effective and sustainable.

About AMI: Advanced Medical Integration (AMI) is the nation’s leading consulting group for establishing a holistic, philosophically-based, medically integrated practice. Whether you are new to medical integration or already have an integrated center, AMI will help you develop your practice to the new standard in desired holistic medical services. There are many reasons why AMI’s clients are interested in medical integration, ranging from better outcomes for patients, a better purpose, to higher profits. Click here to view their website.
OIG announces new, simpler, user-friendly method for submitting complaints

By Dr. Ray Foxworth, President of ChiroHealthUSA

On November 14, 2019, the Office of Inspector General (OIG) announced a new way for the public to file a complaint when they suspect fraud, waste, or abuse. New changes to the website have made it more user-friendly to file a complaint. The site even offers the option to report anonymously or to identify yourself as a whistleblower. The OIG receives nearly 115,000 complaints each year. In the promotional video announcing this new change, the OIG stated these complaints have led to thousands of referrals for further action.

The new website includes a section titled, “What You Need to Know.” Complainants can review this section to see what types of claims the OIG investigates and which ones are handled by other government agencies. It also provides additional information needed when making a complaint. This new and improved reporting system also provides the added benefit of providing even more detailed information on complaints than the OIG had previously received.

For years, we have heard that the Office of Inspector General (OIG) is cracking down on healthcare fraud, waste, and abuse. The OIG began issuing reports with concerns about overpayments for chiropractic services as early as 2001 and as recently as 2018. In 2018, the OIG stated that chiropractic had the highest rate of improper payments (2010 through 2015) ranging from 43.9% to 54.1% compared with 9.9% to 12.9% for all other Part B services. (OIG, 2019)

It surprises me the number of providers who continue to look for “workarounds” for Medicare policies in their office. The bottom line is that Medicare and the OIG expect you, as a provider who treats Medicare patients, to know the law. And you can’t just interpret the rules to fit your desired office policies and procedures. As one provider recently learned, it can be costly when you fail to follow the rules. On August 30, 2019, the OIG published a report on the latest chiropractic office that was audited. This doctor was ultimately fined $317,038 for just $1,680 in services billed to Medicare. (Office of Public Affairs OIG, 2019)

With the new simplicity of allowing consumers to notify the OIG of potential fraud, it will come as no surprise to see an increase in audits and measures taken by the OIG to up their investigative game. Thinking that it won’t affect can be costly and is in essence sticking your head in the sand. Now is the time to be sure that your documentation, coding, and billing procedures are in compliance with the rules and regulations.

Not sure where your practice stands? In less than five minutes, you can answer 8 simple questions to find out exactly which aspects of your financial policies may have you inadvertently exposed to potential complaints, audits, fines, and penalties.

You will receive an email with:

- A personalized confidential report on your greatest areas of risk based on YOUR responses.
- A specific grade assessment of your current vulnerabilities.
- A clear explanation of WHY you may be at risk.
- Detailed steps you can take IMMEDIATELY to minimize your risk.

Request your Risk Assessment Score by January 10, 2020 and win one of ten copies of the Medicare Playbook for Chiropractic, authored by Dr. Scott Munsterman, Dr. Tim Wakefield, and healthcare attorney and chiropractor, Dr. Steve Conway. By applying the very simple and understandable procedures outlined in this comprehensive manual, Chiropractors will have greater success in managing documentation standards per Medicare policy and the Medicare payment system.

Click here to request your Risk Assessment Score (RAS) today!

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. Join us for a free webinar that will give you all the details about how a DMPO can help you practice with more peace of mind. Go to www.chirohealthusa.com to register today.
Treviso, Italy

Feb. 15th & 16th, 2020

Two Sessions
Feb 15th: 9:00am - 6:00pm
Feb 16th: 8:00am - 12:00pm

Perspectives of Upper Cervical Chiropractic: A Primer on Chiropractic Craniocervical Junction Procedures

Presenter: Dr. Jeff Scholten, DC, DCCJP, FCCJP, BSc, PgCPain

VENUE:
Treviso, Italy
Viale della Repubblica 12/23
31020 Villorba (TV)

Course Description:
This course will provide an opportunity for participants to integrate, apply and expand upon information presented during Doctor of Chiropractic study specifically relating to the clinical application of chiropractic interventions to the craniocervical junction.

Course Contents:
- Enhanced understanding of Craniocervical Junction Anatomy & Biomechanics
- Explore patient intake considerations
- Provide considerations for imaging the CCJ – XRAY, CBCT, MR (including a review of ionizing radiation exposure considerations)
- Overview of chiropractic listing analysis considerations – integrating various established UC systems
- Case reviews and group discussion will be used to evaluate special, difficult & interesting cases
- Introduce concepts of ascending and descending considerations for interdisciplinary care

Registration:
$125 - Student ICA Member
$150 - Student Non UC/ICA Member
$100 - Student UC Member
$325 - DC ICA Member
$350 - DC Non UC/ICA Member
$295 - DC UC Council Member

Registration is Now Open!
www.icacouncilonuppercervicalcare47.wildapricot.org/event-3558749

December 2019 | The IACP News | Page 17
Doctors of chiropractic don’t need to be told that obesity is a contributing factor to back pain. Diet, exercise and regular chiropractic care are essential for us all. DCs are usually well prepared to answer questions from patients about exercise, but what are the correct answers to questions about the new, popular diets?

In a recent article, Sean Hashmi, MD, physician and regional director of weight management and clinical nutrition for Kaiser Permanente Southern California, shared his insights on some of 2019’s most talked about nutrition trends. The full article can be seen here.

**Meatless meats**

**Trend:** Plant-based meats are popping up everywhere. They’re now available in restaurants, fast food chains, and grocery stores. So, what is it? Plant-based meats are made from plants but are meant to taste (and look) like meat. They’re targeted at meat-eaters — not just vegetarians — and positioned as a way to eat less meat and help the environment.

**The facts:** Meatless meats are high in salt and saturated fat. “Plant-based meats have almost 4 times the salt as beef does, and essentially the same amount of saturated fat as you would find in beef,” says Dr. Hashmi. “It’s also a highly processed food where chemicals are used to extract the protein, which is a huge concern.” These fake meats aren’t a good nutrient source. Meatless meat lacks the fiber you would get from simply eating real plants.

**Verdict:** Pass on the plant-based meats. “I wouldn’t jump on this bandwagon,” Dr. Hashmi says. If you want to eat less meat, he suggests eating plant-based whole foods like vegetables, fruits, and legumes. Plus, there’s no data on the long-term effects of these artificial meats — and there won’t be any useful data for another 4 to 5 years.

**Eggs**

**Trend:** There’s been a lot of talk in the media this year that eggs are bad for you. It all started with the release of a study published in the March 15 issue of JAMA (The Journal of the American Medical Association) that said eggs are bad for your heart. The researchers found that the dietary cholesterol in eggs is linked to an increased risk of heart disease and early death.

**The facts:** Many people in the science and medical communities took issue with the methods and data used in this highly publicized study. “One of the biggest issues with this study is that they only asked participants what they eat one time during the 17-year study,” explains Dr. Hashmi. Over the course of 17 years, it’s likely that eating habits changed for the participants. So only asking them once about eggs is not conclusive. In addition, he says, the researchers didn’t look at other health factors like exercise, sleep, or diet. Maybe it was another health factor, like the amount of red meat the person was eating, not the amount of eggs, that affected their heart health.

**Verdict:** Eggs are still a hotly debated food in nutrition circles. That’s because there’s research showing they’re both good and bad for you. But you don’t have to swear off eggs
completely. You can still eat eggs in moderation. “But if you don’t exercise, and you smoke and eat a lot of red meat, then the cholesterol in eggs may have an impact on your cardiovascular health,” says Dr. Hashmi. So, consider your lifestyle factors and, remember, moderation is key.

Cucumber diet

**Trend:** To drop pounds quickly, people are going on a cucumber-only diet for 1 to 2 weeks. The diet consists of replacing all meals with cucumbers. You can pair the cucumber with a few proteins. But the goal is to stick to cucumbers because they’re low-calorie.

**The facts:** You will lose weight on this diet — but it’s not healthy or nutritious. “You’re restricting your calories on a massive scale with a diet like this,” says Dr. Hashmi. “You will lose a lot of water weight, but once you stop the diet all your body wants to do is eat.” You’ll gain all the water weight back, and oftentimes you gain more weight back than where you started.

**Verdict:** Don’t do it. This diet is extremely restrictive and not sustainable. It’s not a long-term solution to healthy eating or weight loss. Any diet that promises quick weight loss like this is too good to be true. “Instead of looking for a quick fix, it’s better to try to learn how to eat healthy, well-balanced meals and change habits,” Dr. Hashmi says.

**Intermittent fasting**

**Trend:** While there are several approaches to intermittent fasting, the general idea is to cycle between periods of eating and periods of fasting or not eating. One option is to eat only during an 8-hour period, like 9 a.m. to 5 p.m., and then fast for 16 hours. Another popular method is eating a very low number of calories 2 consecutive days of the week, and then eating normally the other 5 days. The fasting periods help you reduce your calories, which can lead to weight loss.

**The facts:** There is no evidence that intermittent fasting is the best way to lose weight. “In fact, when you look at head-to-head trials comparing weight loss from intermittent fasting versus calorie restriction, they have the same weight loss results,” says Dr. Hashmi. Despite the hype around it, intermittent fasting is no different than restricting calories.

**Verdict:** The jury is still out. We need more research on intermittent fasting and weight loss. However, “if you do intermittent fasting as part of a lifestyle, it can be done safely,” says Dr. Hashmi. People have safely been practicing fasting for religious and spiritual reasons. “The issue is when fasting is taken to the extreme for weight loss,” he explains. For example, fasting for 20 hours and only eating for 4 hours. This can lead to nutrition deficiency.
Diplomate in Clinical Chiropractic Pediatrics

Montreal Schedule 2020

The Diplomate in Clinical Chiropractic Pediatrics (DICCP) is a Board Certified credential for licensed doctors of chiropractic in the specialty of pediatrics and pregnancy. To get the DICCP credential, DCs must complete the full course, co-sponsored or administered by a CCE-accredited chiropractic institution in coordination with the ICA Council on Chiropractic Pediatrics and pass the DICCP Board Certification examination, both oral and written, conducted by the International College of Chiropractic Pediatrics (ICCP), the testing body for the DICCP.

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<tr>
<td>1</td>
<td>February 29th - March 1st</td>
<td>Prenatal to Pregnancy</td>
<td>Meghan Van Loon, PT, DC, DICCP</td>
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<td>Birth to Postpartum</td>
<td>Meghan Van Loon, PT, DC, DICCP</td>
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<td>3</td>
<td>April 4-5th</td>
<td>Neonate 1: Adaptation to Extraterine Life and Normal Neonatal Adjusting</td>
<td>Lora Tanis, DC, DICCP</td>
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<td>4</td>
<td>May 16-17th</td>
<td>Neonate 2 – Abnormal Conditions and Adjusting Modifications</td>
<td>Lora Tanis, DC, DICCP</td>
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<td>June 13-14th</td>
<td>Toddler to 2 Years Normal and Abnormal</td>
<td>Pamela Gindl, DC, DICCP</td>
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<td>July 18-19th</td>
<td>2 Years to Pre-School Normal and Abnormal</td>
<td>Stephanie O'Neil-Bhojali, DC, DICCP</td>
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<td>August 8-9th</td>
<td>School Age to Adolescent</td>
<td>Sonia Morin, DC, DICCP</td>
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<td>8</td>
<td>September 12-13th</td>
<td>Procedures and Protocols for the Pediatric Practice</td>
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<td>9</td>
<td>October 3-4th</td>
<td>Case Correlations &amp; Review of Year 1</td>
<td>Lora Tanis, DC, DICCP</td>
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<td>10</td>
<td>December 5-6th</td>
<td>Year 1 Test</td>
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Tuition is $2300. Options of payment:
1. Discounted rate of $3,000.00 due with registration.
2. Three payments of $1,100.00. First payment due with registration. Second payment due at the first module (Feb. 29). Third payment due sixty days after second payment to be processed May 1, 2020.

CE Credits: will be administered by Palmer College and applied for Modules 2, 3, 4, 5, 6 & 7 in MONTREAL. For other states (except those pre-approved Palmer College) there is a fee of $50 for each module. However, please note that some states require 90 days advance notice. If you register late or do not request credits you may not get credits for modules listed above.

Register today at www.chiropractic.org/DICCP2020

The ICA Council on Chiropractic Pediatrics reserves the right to change instructors, modules, and topics in the event of a change in curriculum or unexpected conflicts with instructor’s schedule.
IACP MEMBERSHIP APPLICATION

Contact Information:

Name: ___________________________ License #: ___________________________

Practice Name: ___________________________

Business Address: ___________________________ Business Address 2: ___________________________

City, State, Zip: ___________________________ County: ___________________________

Phone: ___________________________ Fax: ___________________________

Email: ___________________________ Website: ___________________________

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<td>• Opportunity to write articles for IACP newsletter editions*;</td>
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<td>• Two FREE classified ad both online and printed newsletter per year;</td>
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<td>• First Call: IACP Referrals for patients seeking specific DC techniques/education;</td>
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<td>• Invitation to the IACP President's Dinner – including other Century Club members, past IACP Presidents, Idaho Legislators &amp; Sponsors;</td>
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<td>• Portion of C.C. dues fund the IACP PAC - supporting legislative efforts/candidates.</td>
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* The IACP reserves the right to review articles and edit submissions as it deems necessary.

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<td>• 10% Discount on Online CE Credits offered through the IACP Website;</td>
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<td>• Earn at least 10 FREE CE credits each year at district meetings;</td>
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<tr>
<td>• Annual subscription to IACP Newsletter (12 issues per year);</td>
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<tr>
<td>• 10% Discount on all IACP events or classes;</td>
<td>$225</td>
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<td>• Discounts on advertising in the IACP Newsletter or on the IACP website;</td>
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<td>• Discounts on classified ads in IACP Newsletter or on the IACP website;</td>
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<tr>
<th>MULTIPLE DC HOUSEHOLD MEMBERSHIP</th>
<th>25% Reduction in Membership Category</th>
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<td>• For dual DC households where both members of the household are practicing DCs;</td>
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<td>• Spouse can choose a discounted Century Club or Standard Membership;</td>
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<tr>
<th>NEW GRADUATE MEMBERSHIP</th>
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<tr>
<td>• New chiropractic college graduates receive basic membership for no fee!</td>
<td>FREE</td>
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Payment Information:

Payment Type: ☐ VISA  ☐ MC  ☐ Discover  ☐ AMEX  ☐ Check

Credit Card #: ___________________________ Exp. Date: ___________________________

Billing Zip Code: ___________________________

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 fulfillment of the 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
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Your ad here. Only $29 a month
Idaho chiropractors, do you have something to sell, share, or advertise with your fellow practitioners? List it as an IACP classified ad. These ads will be listed online and included in the IACP newsletter for two months. Email your ad to: iacpcontact@gmail.com

Seeking full-time Associate: We are looking for a full-time chiropractic associate to join our office! Holistic, wellness chiropractic approach in a well established office. We want a passionate chiropractor who wants to serve and help spread the chiropractic message! Great earning potential for a motivated chiropractor! Located in southwest Idaho, it’s an ideal spot for the outdoor enthusiast, with incredible hunting, fishing, camping, hiking and outdoor recreation close by, and an abundance of public land and national forest. Please respond to alpinefc@gmail.com or Laura at (208)369-3004.

Chiropractic tables for sale: Chattanooga Ergo Basic Table with pelvic drop - $700 (was $2,400.00 new), Chattanooga Ergo Basic Table - $400 (pelvic drop needs repair). Both have been recently reupholstered. 3 bench tables - All new grey upholstery - $200.00 each. Call: Ed Perkins 208-337-4900.

Salmon River Chiropractic: Are you serious about helping people? Serious about achieving success? Enjoy working hard? If you’ve answered, “YES” then we are looking to have you join our team! We have built our dream practice and we would be happy to help build yours! Extremely successful, subluxation based, cash practice, based in a beautiful rural community in the heart of Idaho. We are looking to add a hard-working, enthusiastic DC to our team. Opportunity to stay, grow and learn the best systems and procedures and we will help you build your dream practice as well! 1-3 year commitment for the right person. Enjoy the beautiful rocky mountain fresh air along with access to all things outdoors. Fishing, hunting, rafting, hiking, biking, skiing and horseback riding just to name a few hobbies at your fingertips. Please email cover letter and resume to drjennifercoffey@gmail.com. We look forward to meeting you!
Global spinal manipulation summit to publish outcomes this year

Over 60 of the world’s leading researchers from the chiropractic profession gathered in Toronto, Canada over the weekend of September 14-15 to attend a Global Summit on Spinal Manipulation for Non-Musculoskeletal Disorders.

Organized by Professors Pierre Côté, Jan Hartvigsen, Iben Axen and Charlotte Leboeuf-Yde, the meeting was undertaken as part of a comprehensive systematic review of the evidence supporting spinal manipulation, mobilization and traction for a wide range of non-musculoskeletal conditions.

Over 30 non-researcher observers from national, regional and global organizations attended the Global Summit, including the full Executive Committee of the WFC. Observers attended sessions where the strength and quality of research was discussed and well as dedicated sessions. Observers commented that they were highly impressed with the scientific rigor of the process and that they appreciated the openness with which the proceedings were conducted.

The outcomes of the Summit and the systematic review are expected to be published later this year.

Christine Goertz, DC, new Chair of Patient-Centered Outcomes Research Institute

The U.S. Government Accountability Office (GAO) recently announced the appointment of Professor Christine Goertz, DC, PhD, as the next Chairperson of the Patient-Centered Outcomes Research Institute (PCORI) Board of Governors. Professor Goertz, who has been a member of PCORI’s Board since 2010 and its Vice Chairperson since September 2018, succeeds Grayson Norquist, MD, MSPH, as Chairperson upon his completion of a full term in this position.

Professor Goertz is a 1991 graduate of Northwestern Health Sciences University where she obtained her doctor of chiropractic degree before completing her PhD in Health Services Policy, Administration and Research at the University of Minnesota. Previously Vice-Chancellor of Research and Health Policy at Palmer College of Chiropractic, Goertz is currently the Chief Executive Officer of the Spine Institute for Quality. As of October, she will begin new positions as Professor in the Department of Orthopedic Surgery at Duke University Medical Center and Director of System Development and Coordination for Spine Health at Duke Health.

We are delighted with the GAO’s appointments and I look forward to continuing to work closely with Dr. Goertz and Dr. Levine (newly appointed vice-president) in their new leadership roles,” said PCORI Executive Director Joe Selby, MD, MPH. “Their complementary expertise and long histories with PCORI will serve us and our Board very well in continuing to pursue our mission of helping people make better-informed healthcare decisions through patient-centered research.”

The Patient-Centered Outcomes Research Institute (PCORI) is an independent nonprofit organization authorized by Congress in 2010. Its mission is to fund research that will provide patients, their caregivers and clinicians with the evidence-based information needed to make better-informed healthcare decisions. PCORI is committed to continually seeking input from a broad range of stakeholders to guide its work.

Chiropractic Education: Meeting the needs of a global health workforce

A 2019 survey, conducted by the World Federation of Chiropractic, revealed that there were just over 103,000 chiropractors in the world. Yet the burden of disease from conditions most commonly treated by chiropractors is enormous. Low back pain is the leading cause of years lived with disability on the planet. Neck pain is the fourth. Other major musculoskeletal disorders also feature strongly when it comes to limiting quality of life and the ability to function at home, at work and socially.

Current evidence is on the side of chiropractors. A series of papers on low back pain, published in 2018 in The Lancet stressed the importance of conservative care and a need to avoid pharmacological and surgical interventions wherever possible. Spinal manipulation, exercise prescription,
patient education, acupuncture and soft tissue therapy, all frequently featuring in the chiropractor’s toolbox, are now recommended as evidence-based treatments.

Chiropractors have a key role to play in delivering evidence-based, people-centred, interprofessional and collaborative care. With the World Health Organization estimating a current shortfall of 18 million health workers, ensuring that there are sufficient numbers of chiropractors to meet the needs of populations is a priority. At the same time, it is important that those expected to deliver solutions to musculoskeletal pain and disability, particularly involving the spine, meet the expectations of patients and wider society.

This conference will explore the current demands of chiropractic education against a backdrop of global transformation in health care and an increasing awareness of the potential contribution of chiropractors within health systems globally. We invite you to San Francisco, the city by the bay, for the 11th WFC ACC Chiropractic Education Conference. Featuring top plenary presentations from experts both within and outside the chiropractic profession, the conference will showcase the best of current chiropractic education research, interactive workshops and provide a unique opportunity to network with educational leaders, academics, students and key influencers from around the world.

Interprofessional Collaborative Spine Conference brings professions closer together

More than 160 members of the chiropractic, physical therapy and osteopathic professions forged a new spirit of cooperation and understanding during the Interprofessional Collaborative Spine Conference (ICSC), which took place Nov. 8-9 in Pittsburgh, Pa. Organizers of this first-of-its-kind event hope to enhance patient outcomes as well as increase integration of manual therapies for back pain in the wake of the ongoing opioid crisis.

ICSC was organized and hosted by the American Chiropractic Association (ACA) with the support of the American Academy of Orthopaedic Manual Physical Therapists (AAOMPT) and the Academy of Orthopaedic Physical Therapy (AOPT), which represent three of the major provider groups of non-drug manual therapies for pain.

Manual therapies such as spinal manipulation, physical therapy modalities, massage and acupuncture have received increased attention and support in recent years by major health care organizations such as the Centers for Disease Control and Prevention and the American College of Family Physicians for their ability to effectively manage many cases of back pain and reduce or alleviate the need for prescription opioids. Research shows that back pain is one of the most common conditions for which opioids are prescribed.

“The chiropractic profession was honored to take part in the Interprofessional Collaborative Spine Conference,” said Michele Maiers, DC, MPH, PhD, vice president of the American Chiropractic Association. “We are committed to working together with our colleagues in physical therapy and osteopathy to raise awareness and promote integration of non-drug manual approaches.”

NCMIC supports chiropractic and the Foundation for Chiropractic Progress

The Foundation for Chiropractic Progress (F4CP), a not-for-profit organization dedicated to educating the public about the value of chiropractic care, and NCMIC, the largest provider of chiropractic malpractice insurance in the nation, are partnering for the production of a :30 second commercial scheduled to air five times on NBC Networks during the 2020 Summer Olympics, July 24-August 9, in Tokyo. The intent with this commercial is to inspire athletes and others to consider a career as a doctor of chiropractic (DC), as well as to motivate consumers to seek chiropractic care for themselves, their family and friends.

Continued on next page
“NCMIC’s motto is ‘We take care of our own,’ and through supporting the Foundation’s chiropractic commercial, NCMIC is doing just that,” said Wayne Wolfson, DC, president, NCMIC, who notes that this commercial elevates the position of the chiropractic profession as a whole. “By providing positive messaging during the most heightened media event in history, the Foundation is able to position chiropractic as not only a rewarding profession for individuals, but also as a very valuable part of the healthcare delivery system in general. Naturally, NCMIC wanted to be a part of this opportunity!”

Here is what you can expect to see from the Foundation regarding the commercial campaign in the upcoming months:

- November 2019 – Post-production and editing will occur NCMIC sponsorship highlighted at ChiroCongress
- February 2020 — Final commercial/NCMIC sponsorship to be presented to the profession at Parker Seminars
- March – July 2020 — Commercial to air in local media markets throughout the U.S.
- July – August 2020 — Commercial to air five times on NBC during the 2020 Summer Olympics

With special thanks to the National Board of Chiropractic Examiners (NBCE), this commercial will air on five weekdays, Monday-Friday, between the hours of 12:00 pm EST and 5:00 pm EST during the 2020 Summer Olympics, and is expected to reach the eyes of more than 204 million individuals.

**ICA rejects proposition that Subluxation-based chiropractic is not evidenced-based**

November 12, 2019 (Falls Church, VA): On November 8th and 9th the ICA and 8 other national chiropractic organizations joined over 150 representatives from about 40 state chiropractic associations, representing 35,000 practicing DCs, to celebrate 50 years of service dedicated to advancing the chiropractic profession.

ICA President Dr. Stephen Welsh, in remarks to the 50th Anniversary Chiro Congress, called for greater unity within the profession to defend subluxation-based chiropractic as “evidenced-based.” Dr. Welsh reminded the audience that the practice of Chiropractic, as defined in all 50 states, asserts that the primary purpose of chiropractic care is to remove interference from the nervous system in order to improve function and restore health.

As the chiropractic profession prepares to celebrate the 125th anniversary of our founding, 2019 has been a year in which several Pub-Med indexed journals have published “opinion pieces” with a common theme centered around the false premise that subluxation-based chiropractic is not “evidenced-based.” A handful of academics and researchers, primarily from Canada and Northern Europe, in an attempt to marginalize chiropractic as practiced by the majority of chiropractors in the United States, have opined that subluxation-based and evidenced-based are mutually exclusive concepts.

These recent claims that the subluxation is an imaginary entity that should be limited to a historic reference is in direct contradiction to the ever-growing body of evidence supporting the foundational tenets upon which the Chiropractic profession was founded almost 125 years ago.

In his remarks to the Congress of Chiropractic State Associations, Dr. Welsh announced the five new Policy Statements recently approved by the ICA Board of Directors addressing the values of Respect, Equitability, Empowerment, Collaboration and Transparency, and called for greater unity in rejecting attempts by our competitors to “contain chiropractic” by limiting its practice to neck pain and back pain only.

The ICA Mission has always been “To protect and promote chiropractic throughout the world as a distinct health care profession predicated upon its unique philosophy, science, and art of subluxation detection and correction.” Recognizing that the Chiropractic profession is unique, separate, and distinct, the ICA has long participated in interprofessional collaboration with Partners in the Integrative Health Policy Consortium (IHPC) and advocates for the elimination of discrimination against all licensed non-MD health care providers, including Chiropractic, the largest of traditional CAM professions.
The ICA, a strong supporter of evidence-based research, patient-centered education and practice, also recognizes that there is a need to increase research funding with a focus on the positive effects of the Chiropractic adjustment on improving both function and performance.

The International Chiropractors Association (ICA) rejects all attempts to strip Chiropractic of its rich history and terminology and cautions that the use of the phrase “chiropractic medicine” creates confusion in the health care marketplace, misleads the general public, and diminishes the value of the unique services provided by doctors of chiropractic around the world.

**Diplomate in Clinical Chiropractic Pediatrics program to start Feb. 29, 2020**

The Council on Chiropractic Pediatrics, a specialty council of the International Chiropractors Association, has announced the dates of the next Diplomate in Clinical Chiropractic Pediatrics (DICCP) program. The three-year course includes 360 class hours, home study, and the completion and presentation of a research paper. Classes will begin in February 2020 with eight of the ten modules being taught in Montreal, Canada and the remaining two taught online.

The program is broad-based and comprehensive, spanning prenatal and pregnancy, birth, care of the neonate, toddler, pre-school, and school age child through adolescence. Development is studied in-depth with a focus on appropriate clinical chiropractic applications and academic subjects including neurology, orthopedics, pediatric sports injuries, nutrition, special needs, advanced case management, radiology, pediatric modifications of chiropractic technique, craniosacral therapy and adjunctive care.

Instructors have extensive pediatric practice experience and/or teaching experience. All instructors have earned advanced degrees or Diplomate status in their respective fields [DICCP (pediatrics), DABCN (neurology), CCSP (sports injuries), DACBR (radiology), orthopedics (DABCO), nutrition (ND or MS) and/or PhD (research)].

Testing occurs throughout the three years. Year 1 concludes with a mandatory online test of 200 questions, passing is required to show proficiency to continue to the next phase of the program. At the end of Year 3, fulfillment of a written test is required to become eligible to sit for the Board Certification Examination. Since 1996, approximately 250 Doctors of Chiropractic (DCs) have passed the DICCP Board Certification Examination. This includes field practitioners from throughout the US, Canada, New Zealand and Australia.

The ICA welcomes any DCs to register for the upcoming DICCP classes in Montreal. More information is available at icapediatrics.com Registration is available at www.chiropractic.org/DICCP2020.

**ICA-Canada established**

The ICA Canada was founded to bring awareness to the science, art and philosophy of chiropractic to Canadians. Led by Dr. Namita Lal, ICA Canada focuses on evidence-based education and seminars for Canadians. The organization is building relationships with government officials and other chiropractic associations with the goal of getting chiropractic conversations at the table when it comes to health care in Canada. The ICA Canada website is under development.

**Journal of Clinical Chiropractic Pediatrics**

Accessible at www.JCCPonline.com

The *Journal of Clinical Chiropractic Pediatrics* (JCCP), is an open-access peer-reviewed journal published by the ICA Council on Chiropractic Pediatrics as a service to the profession and to help educate the public about chiropractic pediatric care. The JCCP is an excellent resource for DCs and parents looking for evidence-based management of pediatric and pregnant patients with chiropractic care.

“The sharing of scholarly papers, of research big and small, even of practitioners’ case reports is vital to developing clinical trials and larger research projects,” said Co-Editor Cheryl Hawk, DC, PhD. “The availability of these papers can have a significant impact in providing the evidence for chiropractic pediatric care and also making a difference in patient outcomes.” There journal is offered without charge.
The #BeEPIC campaign is flourishing at Parker University through its Process of Integrating Evidence (P.I.E.) program, ensuring that the next generation of chiropractors will possess the necessary Evidence-based skills to sustain and amplify these efforts. Parker’s P.I.E. program began in 2015 with an initial focus on a train-the-trainer model to enhance faculty evidence-based practice (EBP) skills. This focus not only provides faculty with the skills necessary to add EBP training to their specific coursework, but also places them within a network of individuals who could advance those skills to others, both faculty members and students. Parker faculty have modeled this train-the-trainer attitude so well that as a result, student-led initiatives have developed into a significant role in our programming.

To continue advancing all of our knowledge, exemplary guest speakers have shared a wealth of advice and experience each term. Our speakers publish on recent relevant clinical issues (i.e., Dr. Andreas Eklund, Dr. Michael Swain, Dr. Kyle Bills) and expand our understanding of available EBP resources (i.e., Canadian Chiropractic Guideline Initiative, RRS Education). Furthermore, each term has EBP-intensive events that either highlights faculty research, trains participants how to read and interpret evidence, or focuses on relevant topics during our series of lectures for Science Week.

In addition, Parker has deployed two comprehensive initiatives to promote and solidify the advances made by the P.I.E. program. The first of these, an intensive EBP curriculum audit, identified specific EBP lessons within the Parker chiropractic curriculum and brought to light any gaps or oversights. With this information, Parker has launched a comprehensive curriculum mapping of EBP lessons, which will be supported by specific faculty development as well as a sustainability plan to avoid curriculum drift.

For the second initiative, Parker University will host the third Process of Integrative Evidence (P.I.E.) for CIH Educators Conference in August 2020. This conference, which builds on the 2015 and 2017 programs, will present an intensive three-day program with two separate educational tracks: one directed at classroom/clinic educators, and the other for those involved in administration and curriculum development. Parker is pleased to have secured the EBP leader, Dr. Gordan Guyatt, as one of the plenary speakers. All are invited to participate. To find out more, visit: pie2020.org.

As #BeEPIC is embraced within the chiropractic profession, chiropractic educational programs must actively and intentionally support student understanding of EBP. If you would like to know more about the successful initiatives accomplished through Parker’s P.I.E. program, please contact the P.I.E. Program Manager - Ms. Destiny Yerby McElroy at dyerby@parker.edu

We Are Parker Strong! Parker University announces rebuild campaign

Parker University launched a rebuild campaign, we are #ParkerStrong, after numerous tornadoes swept through the Dallas, Texas campus on October 20, 2019. The campus facilities were closed for repair and re-opened a week later October 28, 2019. The University’s online resources were quickly restored.

Parker’s President, William E. Morgan, DC stated “While much of the campus was damaged, our clinic sustained only minor damage. The Synapse Human Performance Center is totally intact.”

The school sent a message to the Parker Community saying, “Parker University wouldn’t be this successful without the support of our students, alumni, faculty, staff, friends, and family. We are so appreciative for all of your thoughts and prayers. We will see you soon. #ParkerStrong”

To help donate to the Parker rebuild campaign, visit https://www.parker.edu/donate/ or contact Kendell Bachik (kendell.bachik@parker.edu) for custom gift offerings or corporate donation and matching opportunities. The ICA stands with Parker and asks all members who can to please contribute!

Palmer College of Chiropractic to make nearly $20 million in capital improvements

Palmer College of Chiropractic Davenport campus plans to make $20 million in capital investments starting in 2020. Two new spaces will be developed on campus with the focus being on improving programs. A new Learning Commons will
be next its new R. Richard Bittner Athletic and Recreation Center.

“We’ve always had a tradition of leadership and tradition of excellence, and we really want to keep that moving forward, not resting on that tradition but advancing it,” said Palmer Chancellor and CEO Dennis Marchiori. The new Learning Commons will be built on the site of the B.J. Palmer Student Clinic. New building features will include a large glass atrium and a grand staircase designed to have an anatomical spine feel. “It’s going to be an outstanding facility that really is the heart of where we teach chiropractic,” Marchiori said. “So students will really have that sense of understanding the function and structure of the body in a much better way based on the facilities.”

Former Vikings kicker and NWHSU alumni
Fred Cox, DC, has passed away

Former NFL all-pro kicker Fred Cox, DC, the leading scorer in Vikings history, has passed away at age 80. As a chiropractic alumni of Northwestern Health Sciences University, he also served on the Board of Trustees from 1988-1997.

A star running back and kicker at the University of Pittsburgh, Cox joined the Vikings in 1963 when Norm Van Brocklin was the head coach. Bud Grant arrived as coach in 1967, and Cox developed into one of the NFL’s top kickers. He was named all-pro in 1969 and to the Pro Bowl in 1970. He appeared in four Super Bowls, all of them losses. When he retired, he was second in NFL history in scoring and with 282 field goals.

In 1972, he earned a chiropractic degree from Northwestern Health Sciences University and after retiring from the NFL ran a successful practice for 16 years.

New York Chiropractic College celebrates success

The New York Chiropractic College (NYCC) Board of Trustees held its annual fall meeting October 18-19, 2019, during which it noted the success of the first year of the College’s strategic plan, “NYCC’s 2018-2021 BLUEprint: Growing the Future Together.” As well, the meeting marked several noteworthy updates around Board membership and staffing.

Of special focus at the meeting was a report on the many successful actions taken toward realizing the goals of NYCC’s BLUEprint three-year strategic plan — particularly significant given that the October meeting marked the one-year anniversary of the plan’s formal adoption. Among the year’s accomplishments were the first exploration phases around a new 10-year academic plan for the College; the delivery of a targeted, research-based strategic enrollment management plan; campus infrastructure improvements that included the planting of several hundred trees and shrubs native to the region, as well as renovations in the College’s neuro-anatomy lab; and the creation of an alumni relations and communications plan.

“In even as we celebrate our Centennial — our first 100 years of existence — it’s rewarding to help set the foundations for the College’s next 100 years,” said NYCC President Michael Mestan, D.C., Ed.D. “Certainly it is an exciting time at NYCC, and it’s gratifying to see the great results that stem from our College community’s dedication to academic excellence, leadership and professional best practices.”

In addition to reviewing the BLUEprint’s first-year progress, the Board also marked several additional significant notes.

Frank Lizzio, D.C. ’80, presided over the meeting for the first time in the role of Board chairperson. Lizzio, a member of NYCC’s Board of Trustees since 2007, currently works in private practice and at the Veterans Administration in the Bronx, New York.

Karen Erickson, D.C. ’88, attended her final meeting as a trustee, as she departs the Board in early 2020 at the conclusion of her term. An integrative healthcare leader and private practitioner whose wisdom has been shared in the New York Times, Oprah Magazine and on The Today Show, Erickson served on the Board for 12 years.

N. Ray Tuck Jr., D.C., was welcomed to the Board as a new incoming trustee. Tuck is immediate past president of the American Chiropractic Association and owns several chiropractic offices in Virginia.

Former Vikings quarterback Joe Kapp, flanked by Gene Washington, left, and Fred Cox, thanks the crowd as he and other members of the 1969 team are honored at halftime during a Sept. 22 game. John Autey / St. Paul Pioneer Press.
The Board also renewed NYCC President Mestan’s contract for five years, through August 2024. “We appreciate the clear leadership and vision Dr. Mestan has for the College,” said Board Chairman Lizzio. “Certainly we look forward to the continuation of his work supporting our faculty, staff, students and alumni as together they build the future of health science education.”

Palmer College of Chiropractic honors its founder D.D. Palmer, with a new statue

Palmer College of Chiropractic honored its founder by unveiling a new statue of Daniel David Palmer performing the first chiropractic adjustment. The statue is located in Palmer College’s West Hall Courtyard in Davenport, IA and visitors are invited to sit on the bench and let Palmer appear to perform a chiropractic adjustment on their spine.

“On occasion, he’d sit on the steps of the local chiropractor and wait for his family to finish up errands that they had in town,” Palmer Chancellor and CEO Dennis Marchiori told a crowd during the Wednesday Founder’s Day ceremony. He’d watch patients go into the office appearing to be in pain and come out looking healthier. “Homer so was inspired by what he saw he said, ‘I want to be a chiropractor,’” Marchiori continued.

A quote from Homer Thompson is etched in the pedestal near the statue. “You must have a passion and a desire to help others. You may have to work very hard, you may experience ups and downs in life, but try not to be discouraged, always look ahead and see where you want to be.” Gino Tassara, based out of Milwaukee, worked with Palmer College Historian Roger Hynes to make it historically accurate as well as include the correct placement of Palmer’s body.

SCU SACA chapter wins membership contest

The American Chiropractic Association (ACA) is the largest professional chiropractic organization in the United States. Within that organization, the ACA acknowledges Chiropractic students through the Student ACA (SACA). SACA represents chiropractic students from accredited chiropractic colleges across the country. The mission of SACA is to provide opportunities for personal and professional growth while strengthening the chiropractic profession through service and advocacy.

During September, SACA conducted a membership competition. The goal was to increase student membership in ACA, and the grand prize was three (3) tickets to the annual ACA conference, Engage 2020 (formerly NCLC). Over the month, there were many on-campus events, raffles, and one-on-one talks with prospective members. At the end of the competition, SACA was able to gain 500 new ACA members nationally, and SCU was awarded First Place! We were able to bring in the most memberships during September!

Congrats to the other winners of the membership drive:

1st Place: Southern California University of Health Sciences
2nd Place: New York Chiropractic College
3rd Place: University of Bridgeport School of Chiropractic
4th Place: Logan University

Texas Chiropractic College to hold a brunch and designer handbag bingo benefitting student scholarships

You’re invited to Bags & Bubbly, a brunch and designer handbag bingo for Texas Chiropractic College student scholarships. This is not your average bingo! Grab your friends and put on your game face for an afternoon of designer purse bingo on February 8, 2020! While enjoying some refreshing mimosas, you will play 15 rounds of bingo. The winner of each round will be the owner of a brand new designer purse! There will be food, door prizes, gift basket raffles and a jewelry silent auction. Come and enjoy an event that gives back!
Module 1: Management and Documentation of MVC Injuries

This module will be a detailed overview presenting clinical pictures of traumatic injuries and the application of clinical knowledge in the evaluation, management, and documentation of a patient’s injuries secondary to motor vehicle crash (MVC) injuries.

Participants will also have an overview on the legal clinical documentation process. The attendees will be directed in the clinical rationale of healthcare treatment plans and chiropractic treatment plans for the transition from acute simple pain and soft tissue injury care to one that centers on the underlying pathologies/subluxation complexes and residual neuroplasticity events that are the results of MVC trauma.

REGISTRATION

ICA Member DC: $400 | $450 | $500
Non Member DC: $450 | $500 | $550
Legal Professional: $215 | $265 | $325
CA/Non-DC: $215 | $265 | $325
Student: $200 | $200 | $200

CE Information
Approved: AK, CO, CT, DE, DC, ID, IL, IN, IA, ME, MA, MI, MT, NE, NJ, OH, OR, PA, RI, SC, UT, VT, VA, WA, WI
Applied For/Pending: AL, FL, GA, NY, TN, TX, KS, MS, MN, NV, NC, ND, SD

REGISTER
chiropractic.org/amti1
We have created a FREE printable PDF of the Stress eating: four strategies to slow down poster on the following page, and the following posters are available online:

Ways to keep moving with joint pain
What your hands can reveal about your health
The drug-free approach to pain reduction
Get up and move!
STRETCHING for better joint health
Yoga and pilates may help with chronic back pain
Were you pain free this morning when you got out of bed?
Tips for safe stretches
Don’t let pain keep you from enjoying life
Stay healthy with strength training
7 simple steps to a longer, healthier life
7 ways to reduce stress and keep blood pressure low

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

Each has the following tagline:

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

Carrying extra pounds puts a lot of stress on your back and contributes to back pain. Seeing your chiropractor is important, and so is not putting on extra weight. Weight gain has many underlying causes but one of the most common is something we all experience: stress. Whether it’s the, mild temporary kind caused by a traffic jam or major and chronic, triggered by a traumatic life event — stress is no friend to your waistline. It can set off physical and emotional changes that drive you to eat more, crave less nutritious, fattening comfort foods — and even gain weight much more easily.

While stress is an inevitable part of life for many people, the weight gain that can accompany it isn’t. Changing your response to stress and adopting strategies to reduce it can keep the numbers on your scale from moving in the wrong direction. These four strategies may help:

**Burn off tension.** Exercise is a crucial component of stress management, because physical activity can actually reduce cortisol levels. But you will find excuses to avoid workouts if you dread them. Finding an activity you love can help you maintain the regular physical activity you need in order to dissolve daily stress.

**Prioritize sleep.** A lack of sleep can increase the amount of stress hormones circulating in your body. So ensuring you get enough restful slumber is crucial to managing stress effectively. Avoid screen time at least an hour prior to bedtime. This includes your smartphone as the blue light emitted by smartphones can interfere with sleep.

**Change your outlook.** The amount of stress you feel is based on circumstances and your perception of those circumstances. Two people may do the same job, yet only one perceives it as stressful. People also vary in their ability to manage stress, based on personality or early life experiences. Working to change the way you think about challenges can help reduce stress.

**Talk to your chiropractor.** If you’re having problems coping with stress or controlling emotional eating, talk to your doctor of chiropractic. He or she may be able to refer you to a health coach, support services, or an obesity specialist. It always helps to talk over a problem with a friend or trusted professional.
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.

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