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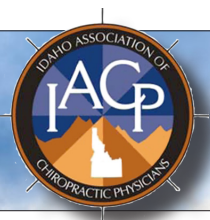
December 2024

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AND A MOST PROSPEROUS NEW YEAR.

**HAPPY HOLIDAYS**



# IACP

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

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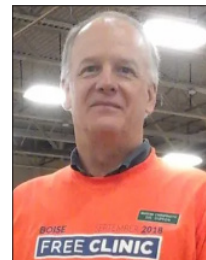
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# In This Issue

Join the Pack - become a member of IACP	Page 4
2025 IACP Annual Convention April 25-27, 2025	Page 4
New Research: Treating long-term mild traumatic brain injury with chiropractic care	Page 5
UC Davis study ranks chiropractic care first	Page 6
New episode of the Adjusted Reality Podcast	Page 7
ChiroHealth USA: The Corporate Transparency Act	Pages 8 - 9
Want to live an extra 5 to 10 years? Living longer via moderate exercise	Pages 10 - 13
The three strength exercises recommended for everyone	Pages 14 - 15
Working to understand the human body: The Human Cell Atlas Consortium	Pages 16 - 17
Chiropractic News	Pages 18 - 19
Palmer College offers new CE class	Page 20
Willow Chiropractic - advertisement	Page 21
Chiropractic College News	Pages 22 - 23
The IACP Marketplace: Featured Businesses & Suppliers	Page 24
Classified ads	Page 25
Office poster notice	Page 26
<b>POSTER:</b> Winter Tips for Healthy Living	Page 27
IACP News Display Advertising Rates and Sizes	Page 28

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

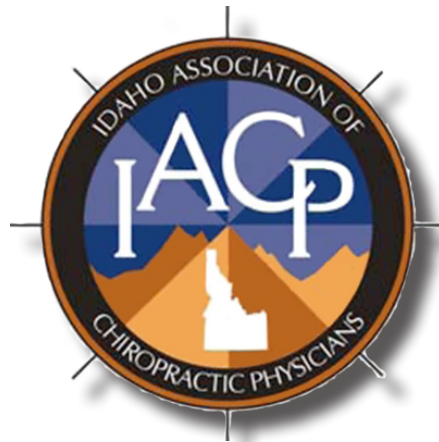




# “Join the Pack”

## 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!



## 2025 IACP Annual Convention April 25-27, 2025 at the Grove Hotel, Boise, ID

Join your fellow chiropractic colleagues for the 2025 IACP Annual Convention April 25 - April 27, 2025 at The Grove Hotel in Boise. The event will be filled with innovative presentations, networking opportunities, and discussions on our efforts to grow the chiropractic industry into the future.

Our fresh and diverse set of speakers, along with our exhibition of industry partners, will provide you with professional development as well as applicable products and services to benefit your practice.

Our CA track will focus on multiple areas of practice management, billing, coding, documentation, and audit protection.

[Click here](#) for more information.

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# New Research:

## Treating long-term mild traumatic brain injury with chiropractic care

New [research](#) from New Zealand that is scheduled to be published early next year in the *Journal of Manipulative & Physiological Therapeutics*, study aimed to establish if chiropractic care can improve oculomotor and cognitive symptoms in individuals with persistent postconcussion syndrome (PPCS).

That work by Alice E. Cade, PhD and Philip R.K. Turnbull, PhD employed a single-blind, randomized controlled intervention study that recorded baseline computerized eye-tracker assessment (CEA) outcomes in 40 young adults with PPCS following mild traumatic brain injury. Participants were randomly allocated to either a chiropractic or age-matched active control intervention, and the change in CEA outcomes following intervention was compared between the chiropractic and control groups. A battery of CEAs including egocentric localization, fixation stability, pursuit, saccades, Stroop, and the vestibulo-ocular reflex, were used to assess oculomotor function, visual attention/processing, and selective attention.

The study found that chiropractic care can improve some aspects of visual function, particularly gaze stability, when compared with an age-matched control group. This reinforces the idea that some of the ongoing visual symptoms in PPCS may be due to abnormalities in the cervical spine. The study also demonstrated that a simple CEA battery can be successfully used in a clinical interventional trial in a diverse PPC population to help provide objective markers for diagnosis and tracking the effectiveness of interventions over time.

The study also found that chiropractic improved attentional reading tasks. During the Stroop test, the PPCS participants had higher error rates, and the time to complete a trial was much longer than that of previously found normative data. This suggests that inhibitory control is affected in PPCS, perhaps more so in part 1 than part 2 of Stroop. Part 1 of the Stroop test, where the required response is indicated by the color denoted by the word requires additional language processing across a wider range of neurologic areas, compared with part 2, which only requires identification of the word color before generating a response.

Looking at the overall picture of Stroop results, it seems that

although either intervention increased trial time or decision-making latency, only the intervention aimed at improving proprioceptive drive —chiropractic— resulted in fewer errors.

There is sparse previous data for chiropractic in relation to the Stroop test, but research on a choice-reaction time test —somewhat analogous to the Stroop test— found whole body vibration used to stimulate proprioceptors reduced P300 brain wave latency. The P300 wave latency is lengthened in brain injury, and a longer latency indicates slower cognition. Early research supports the P300 wave having a somatosensory component but how, exactly, somatosensory stimulation affects the P300 is yet unknown.

Chiropractic intervention has been shown to improve proprioceptive drive, so it is possible that chiropractic care can shorten P300 wave latency by way of altering proprioceptive drive, and improve the ability to respond to a choice-reaction test such as the Stroop test.

The chiropractic intervention group showed impairments in several measures of gaze accuracy during pursuit testing. This may be because the chiropractic intervention was aimed at reducing proprioceptive, rather than vestibular dysfunction. Brainstem eye-head neurons, which help control and coordinate eye and head movements for gaze stability, are affected by vestibular inputs but not cervical proprioceptors. Therefore, an intervention aimed at improving disordered proprioception, such as chiropractic, may not be expected to improve errors during pursuit.

How we view and interpret our visual environment is dependent on where our brains believe us to be in space. The spine provides the largest amount of proprioceptive information to the brain, so it follows that if the injury also causes spinal dysfunction, it could alter how we interpret visual information.

Chiropractic intervention is thought to activate musculature and spindles that surround spinal joints, firing 1A afferents to the brain, which are processed in the motor and prefrontal cortices.

# UC Davis study ranks chiropractic care first

Neck pain is a common ailment for Americans, but care and treatments can vary widely. According to a 2023 [UC Davis Health study](#), the specialist seen first for neck pain makes a big difference in how it is diagnosed and treated.

Finding out how people deal with neck pain was the objective of the research. Specifically, to compare utilization patterns for patients with new-onset neck pain by initial provider specialty.

The researchers examined medical services patterns for patients with acute neck pain. Their study showed that patients who saw a chiropractor received fewer and less costly imaging services and were less likely to receive invasive treatments during follow-up compared to those initially seen by physician providers.

“The specialty of the initial provider of medical services has been linked to different care patterns among patients with acute back pain. Little is known about care variations among patients with acute neck pain. Our large national cohort study revealed distinct treatment approaches among specialists treating patients with neck pain,” said lead author Joshua Fenton.

The study had access to data from claims and electronic health records of over 200 million patients represented in OptumLabs Data Warehouse. The data included a mixture of ages and geographical regions across the U.S.

The researchers examined the records of 770,326 patients with acute neck pain visits between Oct. 1, 2016, and Sept. 30, 2019. They classified the data by initial provider specialty and assessed service utilization during a 180-day follow-up period. The services included subsequent neck pain visits, diagnostic imaging and therapeutic interventions.

The study found that the most common initial provider specialty was a chiropractor (45.2%), followed by primary care (33.4%). Unless seen first by emergency doctors, patients tended to seek providers of the same specialty for their first and subsequent neck pain visits. The researchers noted that in this cohort, the patients had insurance that didn't require a referral to see a chiropractor.

The study revealed that the rates and types of diagnostic imaging and treatments during follow-up visits varied widely by initial provider specialty. While rare with chiropractors (less than 2%), more than 30% of patients with initial visits

with emergency physicians, orthopedists or neurologists got diagnostic imaging via MRI or CT scans.

Patients initially seen by chiropractors or physical and occupational therapists predominantly received manipulative and physical therapies. These therapies use hands-on techniques to treat pain and improve muscle function.

Patients seen by orthopedists had more invasive and costly therapies. For example, one in every 1,000 patients who saw a chiropractor had a major surgery, compared to 34 in every 1,000 who saw an orthopedist. The study also showed that 68 in every 1000 patients who went to an orthopedist received an injection, compared to four in every 1,000 who saw a chiropractor.

“Our findings suggest that providers in different specialties may perceive themselves to have distinct therapeutic roles. Hence, they offer patients a limited range of treatment options with widely varying intensity and costs,” Fenton explained. “We also recognize that patients may select their first provider based on provider availability or the type of intervention that they prefer.”

The study concluded:

“Within a large national cohort, chiropractors were the initial provider for a plurality of patients with new-onset neck pain. Compared with patients initially seen by physician providers, patients treated initially by chiropractors or therapists received fewer and less costly imaging services and were less likely to receive invasive therapeutic interventions during follow-up.”





## NEW EPISODE OF ADJUSTED REALITY PODCAST

*A Podcast Series Trusted by the Adjusted*



In this episode, we sit down with a true champion of the rodeo world—Matt Lait. We dive deep into his journey into bareback riding, discussing the intense training, preparation, and physical maintenance required to thrive in such a demanding sport. He shares invaluable insights into the mental and emotional challenges that come with competing at the highest level, and how maintaining a strong mindset is just as important as physical conditioning.

As a Bareback Riding Instructor, he emphasizes the importance of prioritizing health and wellness, from chiropractic care to general fitness, and how young athletes can approach their overall well-being to sustain long, successful careers. This episode is a must-listen for aspiring rodeo athletes, fans of the sport, and anyone interested in the mental and physical demands of competing at the top of your game.

Matt Lait is a 10-time Canadian Finals Bareback Qualifier, Canadian Champion, and two-time Canadian Finals Average Winner. Not only has he earned a prestigious place in rodeo history, but he's also dedicated to shaping the future of the sport by mentoring the next generation of bareback riders.

[Click here to listen to the podcast](#)





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# What chiropractic business owners need to know about the Corporate Transparency Act

By Dr. Ray Foxworth, DC, FICC, ChiroHealthUSA

The Corporate Transparency Act (CTA) is a federal regulation that may impact your chiropractic business. Whether running a single practice or managing multiple locations, compliance with this law is crucial to avoid significant penalties. Here's what you need to know to stay ahead of the requirements.

## Why the Corporate Transparency Act Matters

The CTA, enforced by the Financial Crimes Enforcement Network (FinCEN) under the U.S. Department of the Treasury, aims to combat financial crimes such as money laundering, corruption, and tax fraud. By requiring businesses to report beneficial ownership information, the government hopes to increase transparency and accountability in business practices.

For chiropractic business owners, this means ensuring your practice meets the reporting criteria and **deadline of January 1, 2025**, to avoid fines and legal issues.

## Does the CTA Apply to Your Chiropractic Practice?

The law applies to you if your chiropractic business is structured as a corporation, limited liability company (LLC), or other entity registered to do business in the United States. Sole proprietorships and certain larger entities may be exempt, but most small- to medium-sized practices fall within the scope of the CTA.

## What Information Must Be Reported?

As a chiropractic business owner, you must disclose information about:

### 1. Your Business

- Full legal name and any trade names or DBAs.
- Current U.S. business address.
- Taxpayer Identification Number (TIN).

### 2. Beneficial Owners and Applicants

- Full legal names of owners or controlling individuals.
- Dates of birth.
- Current residential addresses.
- Identification documents (e.g., driver's license, passport).

A "beneficial owner" is anyone who owns or controls at least 25% of the business or exercises "substantial control," which includes decision-making authority or senior officer

roles such as CEO or CFO.

## Is This a One-Time Filing?

No. Chiropractic businesses must update their filings within 30 days of any changes, including:

- Ownership changes.
- Updates to beneficial owner information.
- Changes to the business name or address.

## Penalties for Non-Compliance

Failing to comply with the CTA can lead to:

- Civil penalties of \$500 per day for ongoing violations.
- Criminal fines of up to \$10,000.
- Up to two years of imprisonment.

Liability extends to individuals who knowingly provide false information and those who fail to report or update required details.

## How to File

You can file your beneficial ownership information online through FinCEN's BOI E-Filing website. Prepare the following documents and details:

- Scanned copies of identification documents (driver's license or passport).
- Your business's TIN or EIN.
- Your business and owner addresses.

[Visit FinCEN's E-Filing website](#) and select "File BOIR" to get started.

## Staying Compliant is Key

As a chiropractic business owner, you're already juggling compliance with Medicare, HIPAA, and other healthcare regulations. The CTA adds another layer of responsibility, but it's essential to protect your practice from penalties and ensure your operations align with federal law.

For more guidance, consult your healthcare attorney or compliance expert. If you have questions, contact **ClinicArmor** at [info@clinicarmor.com](mailto:info@clinicarmor.com). You can also watch a recent webinar on the Corporate Transparency Act [here](#).

By staying informed and proactive, you can focus on delivering excellent chiropractic care while ensuring your business operates securely and legally.

# Want to live an extra 5 to 10 years?

Consistent exercise is good for a person's health and well-being—that much is well-known. But how many minutes of moderate or vigorous physical activity are needed to lower the risk of mortality? A [study](#) published in 2022 in the journal *Circulation* titled, *Long-Term Leisure-Time Physical Activity Intensity and All-Cause and Cause-Specific Mortality: A Prospective Cohort of US Adults*, shared findings on how much and what level of physical activity is needed to reduce mortality. The study results stated:

“During 30 years of follow-up, we identified 47 596 deaths. In analyses mutually adjusted for MPA and VPA, hazard ratios comparing individuals meeting the long-term leisure-time VPA guideline (75–149 min/wk) versus no VPA were 0.81 (95% CI, 0.76–0.87) for all-cause mortality, 0.69 (95% CI, 0.60–0.78) for cardiovascular disease

(CVD) mortality, and 0.85 (95% CI, 0.79–0.92) for non-CVD mortality. Meeting the long-term leisure-time MPA guideline (150–299 min/wk) was similarly associated with lower mortality: 19% to 25% lower risk of all-cause, CVD, and non-CVD mortality. Compared with those meeting the long-term leisure-time physical activity guidelines, participants who reported 2 to 4 times above the recommended minimum of long-term leisure-time VPA (150–299 min/wk) or MPA (300–599 min/wk) showed 2% to 4% and 3% to 13% lower mortality, respectively. Higher levels of either long-term leisure-time VPA ( $\geq 300$  min/wk) or MPA ( $\geq 600$  min/wk) did not clearly show further lower all-cause, CVD, and non-CVD mortality or harm. In joint analyses, for individuals who reported  $< 300$  min/wk of long-term leisure-time MPA, additional leisure-time VPA was associated with lower mortality; however, among those who reported  $\geq 300$  min/wk of long-term leisure-time MPA, additional leisure-time VPA did not appear to be associated with lower mortality beyond MPA.”

The study found that working out two to four times beyond the minimum vigorous physical activity recommendations led to a lower risk of death from cardiovascular disease. Those who worked out two to four times above the moderate physical activity recommendations—about 300 to 599 minutes each week—saw the most benefit.

Participants who performed two to four times above the recommended amount of moderate physical activity had a 26% to 31% lower all-cause mortality and a 28% to 38% lower risk of cardiovascular disease mortality. On top of that, there was an observed 25% to 27% lower risk of non-cardiovascular disease mortality.

Additionally, adults who worked out two to four times more than the recommended amount of vigorous physical activity—about 150 to 299 minutes per week—were found to have 21% to 23% lower risk of all-cause mortality, according to the study. They were also reported to have 27% to 33% lower risk of cardiovascular disease mortality and 19% lower risk of non-cardiovascular disease mortality.

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Adults need at least 150 to 300 minutes of moderate aerobic activity or 75 to 150 minutes of vigorous aerobic exercise per week. The study found a diminishing returns effect, so exercising for 23 hours a day doesn't mean you'll live forever. There is such a thing as too much activity.

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But, in our hectic world, the goal of getting more movement into our daily lives too often gets put on the back burner.

But there's a reason to rethink your priorities — getting as active as the top 25% of the US population could extend your life by at least five years, according to a new [study](#) recently published in the *British Journal of Sports Medicine*.

That research, titled, *Physical activity and life expectancy: a life-table analysis*, found:

“Results: If all individuals were as active as the top 25% of the population, Americans over the age of 40 could live an extra 5.3 years (95% uncertainty interval 3.7 to 6.8 years) on average. The greatest gain in lifetime per hour of walking was seen for individuals in the lowest activity quartile where an additional hour's walk could add 376.3 min (~6.3 hours) of life expectancy (95% uncertainty interval 321.5 to 428.5 min).

“Conclusion: Higher PA levels provide a substantial increase in population life expectancy. Increased investment in PA promotion and creating PA promoting living environments can promote healthy longevity.”

Senior study author Dr. Lennert Veerman, a professor of

public health in the School of Medicine and Dentistry at Griffith University in Australia, said, “I was surprised to find that the loss of life years in the USA due to low levels of physical activity might rival the losses due to smoking and high blood pressure.”

Many studies have examined the connections between physical activity and longevity. In fact, Veerman’s research was inspired by a 2019 [study](#) (*BMJ* 2019;366:l4570) that found the risk of premature death lowered the more physical activity participants did, he said. The activity levels in that study were measured with accelerometers — wearable activity-tracking devices.

The 2019 study, along with others, had already shown that when measured with accelerometry, the relationship between physical activity and early death is about twice as strong when compared with levels gauged by surveys or questionnaires, Veerman said.

“I wondered how that would translate to life expectancy, and how much extra life time a single hour of walking might bring,” Veerman said.

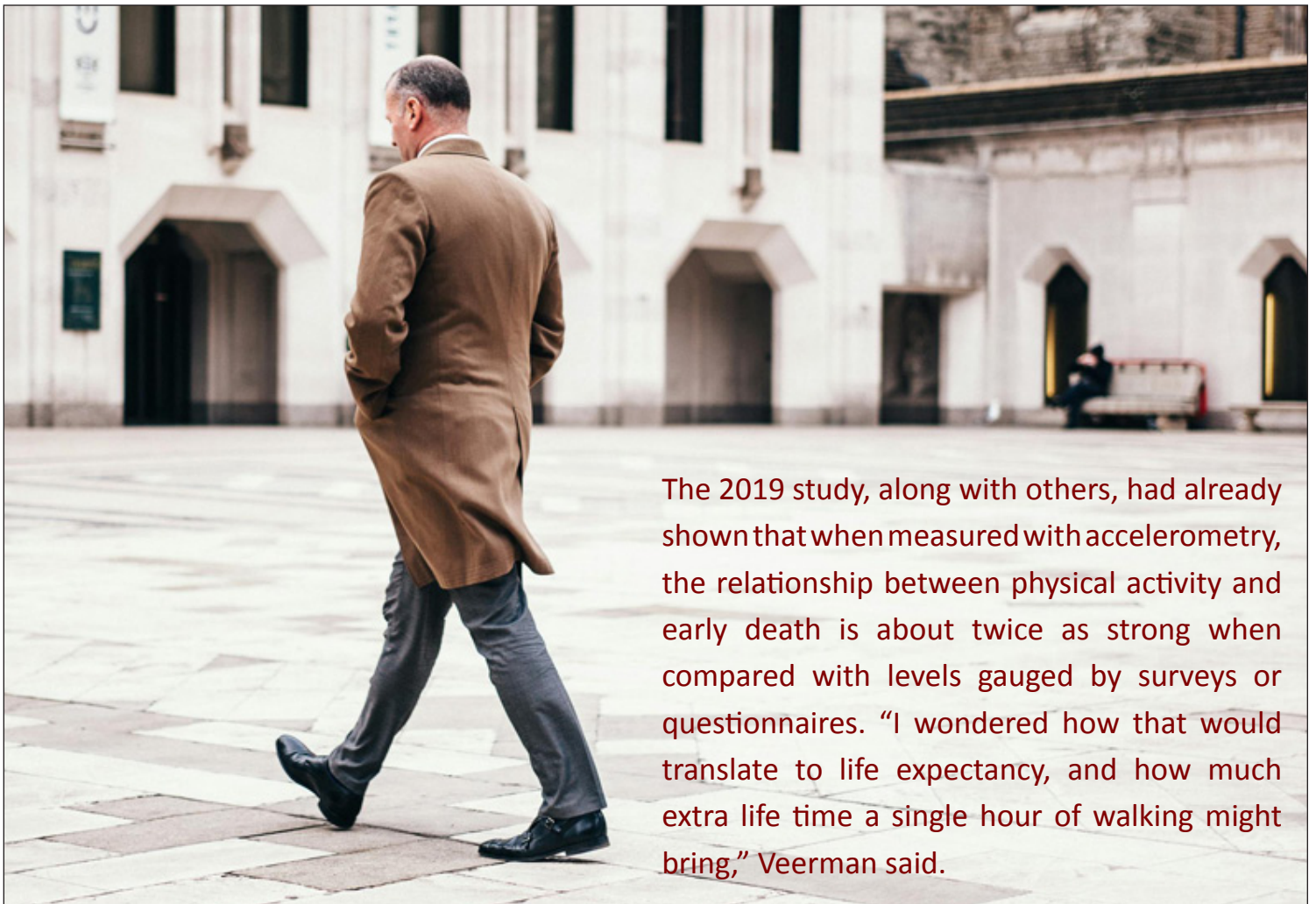
To find out, the authors of the latest study used physical activity data captured by hip accelerometers worn — for at least 10 hours on four or more days — by adults who were age 40 or older when participating in the National Health and Nutrition Examination Survey from 2003 to 2006.

The findings are based on this age group because activity-dependent mortality rates are stable up to age 40; after that, they vary. And the reason for using old activity data is for methodological consistency with the 2019 study, the authors said.

The team then constructed a life table — a way of showing the probabilities of populations living to, or dying by, a certain age. This life table was based on the National Center for Health Statistics’ mortality data for 2017, which the authors assumed was related to the 2003-2006 activity levels.

Based on this information, the authors projected forward how many people from the 2019 US population would survive in the coming years depending on activity levels, and how much extra life they could gain by increasing them.

*Continued on next page*



The 2019 study, along with others, had already shown that when measured with accelerometry, the relationship between physical activity and early death is about twice as strong when compared with levels gauged by surveys or questionnaires. “I wondered how that would translate to life expectancy, and how much extra life time a single hour of walking might bring,” Veerman said.



# Living longer via moderate exercise

*Continued from last page*

They found that being as active as the least active quartile of the population would lead to a 5.8-year loss in life expectancy for men and women, bringing the expectancy at birth down from around 78 to around 73. And if all Americans over age 40 were as active as the top quartile, life expectancy would be 83.7 years, which is an increase of 5.3 years. Total activity levels in the lowest quartile were equivalent to walking for 49 minutes at roughly 3 miles (4.8 kilometers) per hour daily. Total activity levels in the second-, third- and fourth-highest quartiles were equivalent to 78, 105 and 160 minutes, respectively.

The team also investigated what the potential benefits could be on an individual, rather than population, level — finding that if those who are the least active got an extra 111 minutes of activity per day, they could prolong their life by up to 11 years.

The findings “suggest sort of what we’ve already known, which is that physical activity is pretty critical to improve health outcomes (and) improve longevity,” said Dr. Andrew Freeman, director of cardiovascular prevention and wellness at National Jewish Health in Denver, who wasn’t involved in the study. (Freeman is also a medical adviser for WeWard, an activity-tracking app that also incentivizes users to move by letting them accrue points they can redeem for prizes or charity donations. He hasn’t received any financial compensation.)

## ***Projecting the benefits of more movement***

The authors’ modeling method is strong but does have its limitations since it relies on existing data and provides estimates that are largely theoretical, said Dr. Peter Katzmarzyk, associate executive director for population and public health sciences at the Louisiana State University’s Pennington Biomedical Research Center, via email. Katzmarzyk wasn’t involved in the study.

The authors acknowledged there is some evidence that adherence to physical activity guidelines in the United States has improved since the mid-2000s, meaning their projections on life expectancy could be overestimated. The activity levels of the participants in the 2003-2006 study were also measured at just one point in time, which can’t account for changes across their lifetimes.

But researchers have already suggested exactly how movement could be linked to longevity.

“Physical inactivity is associated with the development of several diseases, including heart disease, stroke, diabetes, and several cancers,” Katzmarzyk said. “Being physically active reduces your risk of developing these conditions and dying from them.”

## ***Seizing opportunities to move***

If the idea of becoming more active seems daunting, know that the activity levels of participants in the 2003-2006 study weren’t all from exercise. They wore trackers on their hips for at least 10 waking hours for multiple days, which means the devices captured movements necessary for day-to-day life, too.

Find more moments to move throughout your day. While your food’s heating up, do some squats or take a lap around your work building instead of scrolling through social media. When you’re running errands, park as far away from stores as possible. Getting coffee with a friend? Catch up during a walk in the park instead of sitting in the coffee shop. Standing desks or desk treadmills can be great to have at work, Freeman said.

Adults need at least 150 to 300 minutes of moderate aerobic activity or 75 to 150 minutes of vigorous aerobic exercise per week, according to the World Health Organization. Every movement counts, Veerman said, so don’t count yourself out if you don’t meet the guidelines.



The study found a diminishing returns effect, so exercising for 23 hours a day doesn't mean you'll live forever, Freeman said. There is such a thing as too much activity.

Additionally, "the authors' points about enhancing the pedestrian infrastructure ... are critical," said Freeman, who added that patients returning from trips to Europe often tell him they walked 10,000 or more steps daily.

### Combine levels for best results

"A substantially lower risk of mortality was observed among individuals who had adequate levels of both long-term leisure time moderate and vigorous physical activity", the study says, noting that higher levels of vigorous physical activity were associated with lower mortality among those with insufficient levels of moderate physical activity.

But this was not the case for those who already had high levels of moderate physical activity—more than 300 minutes each week. The study notes that "any combination of medium to high levels" of vigorous (75 to 300 minutes per week) and moderate physical activity (150 to 600 minutes per week) "can provide nearly the maximum mortality reduction," which is about 35% to 42%.

Additionally, people who are insufficiently active—meaning less than 75 minutes per week of vigorous or less than 150 minutes of moderate physical activity—could get greater benefits in mortality reduction by adding modest levels of either exercise. That's 75 to 150 minutes per week of vigorous exercise or 150 to 300 minutes each week of moderate physical activity. Meeting the minimum for moderate and vigorous activity can reduce cardiovascular disease mortality by 22% to 31%.

A separate [study](#) published in *JAMA Oncology* (*JAMA Oncol.* 2023;9(9):1255-1259. doi:10.1001/jamaoncol.2023.1830) shows that small amounts of vigorous intermittent lifestyle physical activity were associated with lower cancer risk. This refers to brief and sporadic bouts of vigorous physical activity during daily living such as bursts of very fast walking or stair climbing for about one to two minutes.

The study of 22,398 participants found that daily VILPA duration was inversely associated with incident cancer risk in a near-linear manner, with steeper dose-response for PA-related cancers. As few as 4 to 5 min of VILPA daily was associated with a substantially lower cancer risk. Long-term trials with cancer-related biomarker outcomes and well-designed cohort studies with wearable devices should further explore the potential of VILPA as a cancer prevention intervention for nonexercising individuals and for those who find structured exercise unappealing.

Nonexercising adults, the majority of the middle-aged population, are at an increased risk of developing certain cancers. The study found an inverse association of modest VILPA amounts with total cancer and, in a more pronounced manner, PA-related cancer incidence. Although steeper risk reductions occurred at the lower end of the VILPA distribution (up to approximately 4-5 min/d), there were continuing gains with higher daily VILPA amounts. With little variation between bouts of up to 1 or 2 min, a minimum of 3.4 to 3.6 min of VILPA/d was associated with a 17% to 18% reduction in total incident cancer risk (compared with no VILPA). The study sample median of 4.5 VILPA min/d was associated with a 31% to 32% reduction in PA-related cancer incidence. For comparison, 1 metabolic equivalent unit increase in cardiorespiratory fitness (3.5 mL of oxygen uptake/kg/min) is associated with a 7% reduction in total cancer risk. ■



# The three strength exercises recommended for everyone

You may not want bulging biceps, but you probably do want to be able to lift your suitcase when you travel. And you may not care about setting a new squat record, but you'd probably like to get up from chairs without assistance in your old age. Both of those motions would be a lot easier—and less injury-prone—if you did some basic weight training.

Some trainers like to call this “functional fitness,” meaning exercises in the gym that will translate to your everyday tasks. These sorts of workout routines are crucial to maintaining the muscles that will carry you into middle and old age. By age 70, the average person has lost about a quarter of the muscle mass they had at 30, and by 90, they'll have lost half.

You can't stave off all of that by weight training, since muscle quality declines even if you maintain mass in old age, but [studies](#) suggest you can maintain more functionality (and even keep your bones stronger) with resistance training.

One such [study](#), titled *Skeletal Muscle Power: A Critical Determinant of Physical Functioning In Older Adults*, noted:

“Muscle power declines earlier and more precipitously with advancing age compared to muscle strength. Peak muscle power has also emerged as an important predictor of functional limitations in older adults. Our current working hypothesis is focused on examining lower extremity muscle power as a more discriminant variable for understanding the relationships between impairments, functional limitations and resultant disability with aging.”

The study concluded: Muscle power is a more discriminant predictor of functional performance in older adults than muscle strength. A distinct biological basis for the precipitous decline in muscle power with aging has yet to be determined. However, additional research should attempt to elucidate the interrelationships between impairments in muscle power, the neuromuscular system, muscle contraction velocity, and the onset of mobility limitations with advancing age. Exercise interventions targeted at improving lower extremity muscle power have been well-tolerated, safe and effective, even among frail older adults. Improvements in muscle power are greater with resistance training interventions that emphasize high versus low contraction velocity. In addition, there is emerging evidence that high-

er velocity lower intensity resistance training, and several types of exercise programs performed at high velocity, can improve physical functioning in older adults to a greater extent than traditional slow velocity resistance training.”

Greg Nuckols is a world-record setting powerlifter—on top of being a longtime coach and the expert behind [Stronger By Science](#)—and these are the exercises he'd suggest as the bare minimum for most people.

## Weighted carries

“One of the two things that I would recommend just about everyone do is some sort of loaded carry,” Nuckols says. “One of the main things so many older adults complain about is getting groceries out of their car and into their house, and I think that loaded carries are going to directly transfer to that.” You may also know weighted carries as farmer's carries, but the idea is the same: you grab equal weights in each hand, hold them by your sides, then walk.

If you've never handled weights before you can start as light as you need. Small dumbbells work well, and as you





progress you can start using kettlebells, which may mimic a hanging grocery bag or suitcase better than dumbbells. The important thing is to keep increasing the weight to make it challenging for you. You can only build muscle by straining the muscle you've already got, so if you've gotten to the end of your workout and you're not feeling some degree of muscle fatigue you may not be pushing yourself enough.

## Trap bar deadlifts

A deadlift is one of the core powerlifting moves: you grab a bar in front of you and stand up. There's a lot more to the technique, but that's the essence of it. A trap bar deadlift is the same motion, except instead of grabbing a barbell you use a contraption that you stand inside.

Because you're lifting from handles to your sides rather than pulling a bar up from in front of you, you can stay a bit more upright. This makes it easier on your spine and easier to learn (traditional deadlifts require more mobility, and if you don't know what you're doing you can hurt your back).

"If there were one lift that I would choose for preserving function throughout a lifespan it would probably be the trap bar deadlift," Nuckols says. "That's gonna make sure you can pick stuff up off the floor with ease, be able to lift things that are reasonably heavy, and maintain core strength."

If you can't lift the empty trap bar (they're often heavier

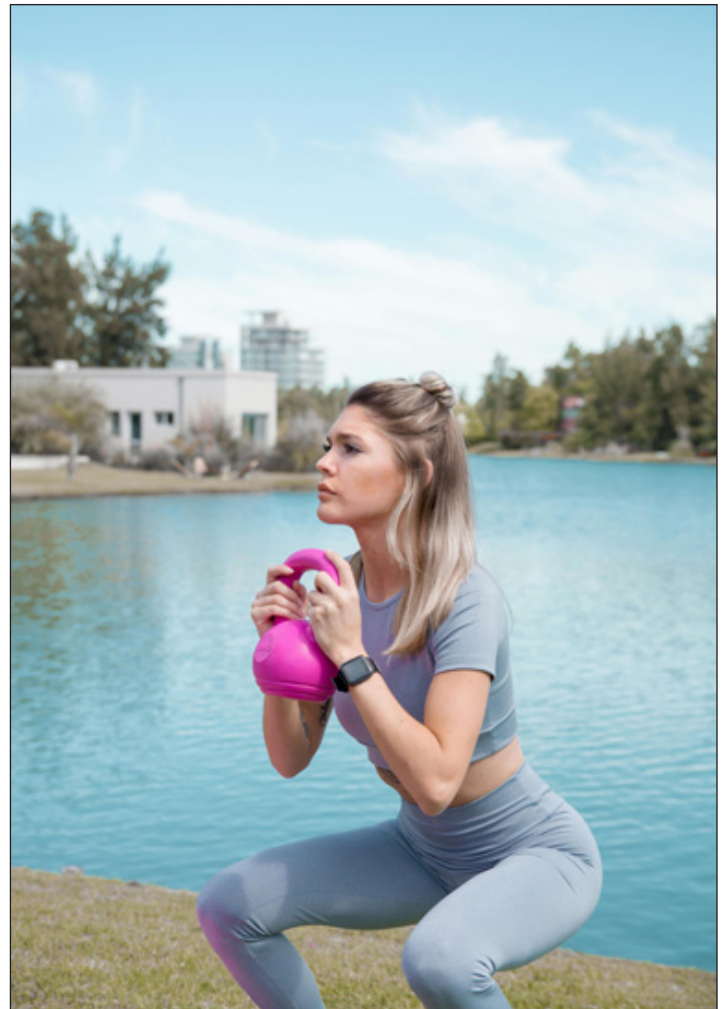


than an empty barbell, coming in at around 60 pounds), you can start by doing the same deadlifting motion holding two small kettlebells at your sides. And again, you need to keep progressing up in weight to keep pushing your muscles.

## Squats

Squats work a ton of muscles, and a lot of trainers will advise everyone learn how to do at least a basic weighted squat to help with one of the most essential daily activities: standing up from a chair. Chris McGrath, a fitness expert at the American Council on Exercise, recommends them (along with deadlifts) precisely for their functionality. Squats help you learn how to engage your gluteus maximus and quadriceps properly, which means you're less likely to hurt your knees. Plus they help with crucial flexibility in your hips, knees, and ankles.

The easiest way to start is with an air squat (which is exactly what it sounds like—doing a squat without holding any weight). Once you've mastered that you can add resistance in a variety of ways. One option is holding a dumbbell or kettlebell in front of your chest. Another is a traditional back squat, where you hold a barbell up by your shoulders.



# Working to understand the human body

## *The Human Cell Atlas Consortium*

Every one of us is made up of more than 37 trillion cells. Mapping this little-known world is one of biology's greatest challenges — and one in which scientists say they just made a significant dent.

More than 3,600 researchers from over 100 countries have analyzed more than 100 million cells from over 10,000 people, according to the latest update from an ambitious project launched in 2016 to produce an atlas of every single kind of cell in the human body.

New research based on the findings, published in several papers in *Nature* and its sister journals, represents a “leap in understanding of the human body,” according to the [Human Cell Atlas consortium](#). Their mission is, “To create comprehensive reference maps of all human cells—the fundamental units of life—as a basis for both understanding human health and diagnosing, monitoring, and treating disease.”

“Cells are the basic unit of life, and when things go wrong, they go wrong with our cells first and foremost,” said Aviv Regev, founding cochair of the Human Cell Atlas and execu-



tive vice president for research and early development at Genentech, a biotechnology company based in South San Francisco.

“The challenge we’ve had is that we didn’t know the cells well enough to understand how variants and mutations in our genes are really affecting disease. Once we have this map, we’re able to better find the causes of disease,” she said at a recent news briefing.

### Update to a ‘15th century map’

Regev compared scientific knowledge of cell biology before the Human Cell Atlas initiative with a “15th century map.”

“Now, years later, the resolution of the map is a lot higher,” she said. “It’s more like Google Maps, where you have a very high-resolution view of the real topography, and then on top of that, you have the street view that really explains to you what is going on there. And on top of that, you can even see the driving patterns, like the dynamic changes that happen during the day,” she added.

One challenge is that different types of cells can look morphologically indistinguishable under a microscope but can vary dramatically at the molecular level. What’s more, cells change as humans age and in relation to the external environment.

Advances in single-cell sequencing technology are enabling scientists to understand how genes in an individual cell are switched on and off by analyzing RNA, which reads the DNA contained in each cell. This technology, combined with powerful computing and artificial intelligence methods, allows researchers to create an ID card for each cell type.

It was once thought there were only 200 or so different types of cells. Scientists now know there are thousands.

The consortium is building maps of 18 biological networks, the most complex of which is the brain, and the first complete draft of the Human Cell Atlas will be published in 2026, Regev said. The cell atlas aims to fill in a missing link between genes, diseases and treatment therapies.

“This is just an incredibly exciting journey, in terms of our voyage through the human body and discovery of funda-



mental new insights into our cells,” said Sarah Teichmann, founding cochair of the Human Cell Atlas and a professor at the Cambridge Stem Cell Institute at the UK’s University of Cambridge.

## Milestones could unlock new treatments

The milestones made public include [mapping all the cells of the gut](#); producing a blueprint of [how human skeletons form in utero](#); understanding the basic [structure of the thymus](#), an organ that plays a key role in how the immune system functions; mapping the [molecular architecture of the placenta](#); and building an [atlas of human vascular cells](#).

The gastrointestinal tract atlas, which includes the tissues of the mouth through to the esophagus, stomach, intestines and colon, was created with data from 1.6 million cells and revealed a cell type that might play a role in chronic conditions such as inflammatory bowel disease. The Abstract from that study, titled, *Single-cell integration reveals metaplasia in inflammatory gut diseases*, notes:

“The gastrointestinal tract is a multi-organ system crucial for efficient nutrient uptake and barrier immunity. Advances in genomics and a surge in gastrointestinal diseases<sup>1,2</sup> has fuelled efforts to catalogue cells constituting gastrointestinal tissues in health and disease<sup>3</sup>. Here we present systematic integration of 25 single-cell RNA sequencing datasets spanning the entire healthy gastrointestinal tract in development and in adulthood. We uniformly processed 385 samples from 189 healthy controls using a newly developed automated quality control approach (scAutoQC), leading to a healthy reference atlas with approximately 1.1 million cells and 136 fine-grained cell states. We anchor 12 gastrointestinal disease datasets spanning gastrointestinal cancers, coeliac disease, ulcerative colitis and Crohn’s disease to this reference. Utilizing this 1.6 million cell resource (gutcellatlas.org), we discover epithelial cell metaplasia originating from stem cells in intestinal inflammatory diseases with transcriptional similarity to cells found in pyloric and Brunner’s glands. Although previously linked to mucosal healing<sup>4</sup>, we now implicate pyloric gland metaplastic cells in inflammation through recruitment of immune cells including T cells and neutrophils. Overall, we describe inflammation-induced changes in stem cells that alter mucosal tissue architecture and promote further inflammation, a concept applicable to other tissues and diseases.”

The early skeleton map found certain genes activated in early bone cells that might be linked to an increased risk of developing hip arthritis as an adult. “Having a clearer picture of what is happening as our skeleton forms, and how this

impacts conditions such as osteoarthritis, could help unlock new treatments in the future,” said Ken To, a researcher at the Wellcome Sanger Institute in England who coauthored that research, titled, *A multi-omic atlas of human embryonic skeletal development*. The Abstract states:

“Human embryonic bone and joint formation is determined by coordinated differentiation of progenitors in the nascent skeleton. The cell states, epigenetic processes and key regulatory factors that underlie lineage commitment of these cells remain elusive. Here we applied paired transcriptional and epigenetic profiling of approximately 336,000 nucleus droplets and spatial transcriptomics to establish a multi-omic atlas of human embryonic joint and cranium development between 5 and 11 weeks after conception. Using combined modelling of transcriptional and epigenetic data, we characterized regionally distinct limb and cranial osteoprogenitor trajectories across the embryonic skeleton and further described regulatory networks that govern intramembranous and endochondral ossification. Spatial localization of cell clusters in our in situ sequencing data using a new tool, ISS-Patcher, revealed mechanisms of progenitor zonation during bone and joint formation. Through trajectory analysis, we predicted potential non-canonical cellular origins for human chondrocytes from Schwann cells. We also introduce SNP2Cell, a tool to link cell-type-specific regulatory networks to polygenic traits such as osteoarthritis. Using osteolineage trajectories characterized here, we simulated in silico perturbations of genes that cause monogenic craniosynostosis and implicate potential cell states and disease mechanisms. This work forms a detailed and dynamic regulatory atlas of bone and cartilage maturation and advances our fundamental understanding of cell-fate determination in human skeletal development.”

The project already has significant breakthroughs, including the discovery of a previously unknown cell type in the respiratory tract called an ionocyte. Study of this rare cell type could lead to new ways to treat cystic fibrosis.





# Chiropractic News

## Save the Date: ACA Engage 2025, January 22-25

ACA's annual conference positions members for success by offering cutting-edge education, networking, leadership-development opportunities and chiropractic's Day on Capitol Hill. ACA Engage 2025 features a series of education sessions brought to you by ACA specialty councils to highlight chiropractic specialties.

Registration is open for Engage 2025! Engage 2025 will take place in Washington, D.C. from Jan. 22-25, 2025. ACA's annual conference positions members for success by offering cutting-edge education, networking, leadership-development opportunities, and chiropractic's Day on Capitol Hill. Engage is the premier chiropractic event of the year.

[Register and learn more.](#)

## WDC supporting women chiropractors

Women Chiropractors (WDC), a non-profit organization dedicated to supporting and empowering women in the chiropractic profession, proudly announces a significant milestone with its Facebook group surpassing 10,000 members – all vetted and licensed women chiropractors. This dynamic online community, designed as one of WDC's free resources, connects women chiropractors from across the globe, fostering personal and professional growth, mentorship, and shared knowledge within the field.

Designed to provide a space for women chiropractors to network, the group serves as a vibrant forum for members to ask questions, share insights, and provide support. Facebook group members benefit from the collective wisdom of their peers, discussing topics ranging from chiropractic techniques and business practices to work-life balance and personal development. Women Chiropractors has been invited by Facebook to several group forums as one of the most active groups on Facebook; with the average group hitting about .52% engagement, WDC surpasses that with a regular 85% engagement rate.

"As we reach this incredible milestone of 10,000 Facebook group members, we are thrilled to see how our online community is making an impact on women chiropractors worldwide," said Cristina Padilla, DC, president, Women Chi-

ropractors. "Through our Facebook group and various initiatives for WDC members, we continue to inspire and uplift one another, making the women in our profession stronger together."

Women Chiropractors is committed to providing women in chiropractic with a wide array of resources, including:

- WDC Connects Events: Regional meet-ups that strengthen local bonds and foster professional relationships.
- Biannual Conventions: In-person gatherings that bring members together for networking, education, and inspiration.
- Re-Entry Program: A program designed to assist women chiropractors returning to the profession after time away.
- Continuing Education (CE) Courses: Offering essential education to support professional development.

Women Chiropractors not only provides access to valuable tools and mentorship but also creates opportunities for women to step into leadership roles and take center stage in the chiropractic profession. Through these programs, the organization is dedicated to advancing the success of its members by providing essential resources and educational opportunities.

## Australian chiropractors temporarily banned from treating babies

Chiropractors in Australia will not be able to perform spinal manipulation on children under the age of two following health concerns from doctors and politicians.

At issue is whether chiropractic adjustment for babies is beneficial or harmful.

Several [international guidelines](#) for health-care professionals recommend spinal manipulation to treat adults with conditions such as back pain and headache as there is an abundance of evidence on the topic. For example, spinal manipulation for back pain is supported by [data](#) from nearly 10,000 adults.

For children, it's a different story. Safer Care Victoria's 2019 [review](#) of spinal manipulation found very few studies testing whether this treatment was safe and effective in children.

Studies were generally small and were of poor quality. Some of those small, poor-quality studies, suggest spinal manipulation provides a very small benefit for back pain, colic and potentially bedwetting —some common reasons for parents to take their child to see a chiropractor. But overall, the review found the overall body of evidence was very poor.

However, for most other children’s conditions chiropractors treat—such as headache, asthma, otitis media (a type of ear infection), cerebral palsy, hyperactivity and torticollis (“twisted neck”)—there did not appear to be a benefit. The number of studies investigating the effectiveness of spinal manipulation on babies under two years of age was even smaller.

In terms of safety, most studies in the review found serious complications were extremely rare. The review noted one baby or child dying (a report from Germany in 2001 after spinal manipulation by a physiotherapist). The most common complications were mild in nature such as increased crying and soreness.

However, because studies were very small, they cannot tell us anything about the safety of spinal manipulation in a reliable way. Studies that are designed to properly investigate if a treatment is safe typically include thousands of patients. And these studies have not yet been done.

There was one high-quality study and two small, poor quality studies. These did not show an appreciable benefit of spinal manipulation on colic, otitis media with effusion (known as glue ear) or twisted neck in babies.

The controversy began after a video was posted on social

media of a Melbourne-based chiropractor using an Activator to manipulate the spine of a two-week-old baby. The video sparked widespread concerns among the public, medical associations and politicians. It prompted a ban on the procedure in young children. The Victorian health minister commissioned Safer Care Victoria to conduct an independent review of spinal manipulation techniques on children.

Last month the Chiropractic Board of Australia reinstated chiropractors’ authorization to perform spinal manipulation on babies under two years old. But now it has flip-flopped and reinstated the ban after heavy criticism from medical associations and politicians.

### The value of your IACP membership

Despite all the many studies and patient testimonials about the efficacy of chiropractic adjustments, there are still some who would prefer to restrict chiropractic care.

The mission of the Idaho Association of Chiropractic Physicians (IACP) is to safeguard your rights. The Mission Statement says IACP will: “... 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.”

The IACP Board and staff thank you for being a valued member, and we look forward to working together for years to come to safeguard and advance the profession.

### Best wishes for a prosperous New Year!



**ACCRAC 2025 Conference**

ACCRAC leads the way in demonstrating a commitment to excellence in chiropractic education

[Register now](#) March 20-22, San Diego CA

**Transformative Trends in Healthcare**

ACCRAC 2025 will engage in an exploration of emerging technologies, innovation and best practices that will impact chiropractic. It will provide a forum for attendees to investigate these transformative trends in healthcare such as AI, a shift towards value-based care, digital health literacy, personalization of treatment, treating the whole person, interdisciplinary collaboration, ethical and legal considerations and wellness.



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- **Incredible Clinics:** Open plan clinics where we see over 100 visits a week
- **Work-Life Balance:** We prioritise your well-being with balanced schedules and a supportive workplace, so you can focus on delivering exceptional care and enjoying life outside of work.
- **Unlock Your Earning Potential:** Our compensation structure ensures you'll be profitable and increase your earnings.

Focus on Your Patients and Your Passion—We've Got the Rest. When you join our community, you're free to focus on your purpose: changing lives and mastering yourself. You bring the passion and drive, and we'll take care of the noise. Together, we'll help you grow as a Chiropractor, while making a bigger impact on the lives you touch.

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# Chiropractic College News

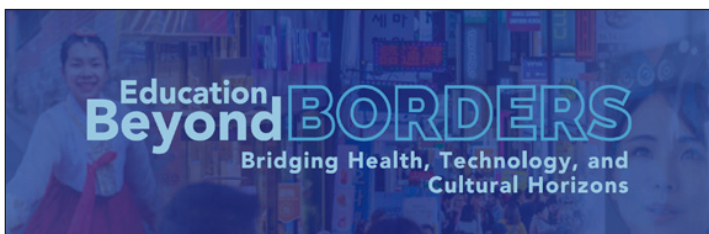
## Education Beyond Borders 2025: Bridging Health, Technology, and Cultural Horizons

Since 2016, the Education Beyond Borders study abroad program has brought learners together to cultivate a deeper understanding of the world. Born at the intersection of global engagement and cross-disciplinary collaboration, Education Beyond Borders was created for the institutions that make up The Community Solution Education System as part of a shared mission to prepare agents of change to serve a global community.

Available to current students and alumni, the program consists of an online course and culminates in a study abroad experience that gives participants the opportunity to engage with diverse populations around the globe. Joined by others from four colleges and universities across the U.S., participants will examine the topic of inclusion through the lens of several disciplines, including psychology, business, education, law, and humanistic health.

The inaugural Education Beyond Borders program in 2016 took participants to Berlin, Germany, to examine the topic of immigration and the country's refugee crisis. Subsequently, participants traveled to Johannesburg and Cape town, South Africa in 2018 to examine the topic of identity. In 2019, studies on the concept of balance led to an enriching trip to Tokyo, Japan.

South Korea was chosen as the destination for EBB 2025 due to its unique combination of technological innovation, advanced healthcare systems, and rich cultural heritage. The country is known for its leadership in integrating technology into various aspects of society, offering valuable insights into modern healthcare practices and technological advancements. Additionally, South Korea's vibrant pop culture, encompassing K-pop, film, fashion, and cuisine, provides a compelling cultural backdrop to enrich the learning experience. This blend of health, technology, and



cultural vibrancy aligns perfectly with our theme of "Bridging Health, Technology, and Cultural Horizons," offering participants a comprehensive and immersive experience.

Registration for Education Beyond Borders 2025 is open to students and alumni from The Chicago School, Saybrook University, Pacific Oaks College, The Colleges of Law, and University of Western States.

[Click here](#) to learn more about Education Beyond Borders and register for the 2025 program.

## Jocelyn Faydenko, DC, honored by RAND REACH Center

National University of Health Sciences' (NUHS') faculty member Jocelyn Faydenko, ND, DC, whose commitment to research continues the institution's legacy of excellence was spotlighted in the October 2024 newsletter of the RAND Research Across Complementary and Integrative Health Institutions (REACH) Center.



Dr. Faydenko is currently involved with three projects, one of which is nearing completion. The abstract, *Working Conditions in Chiropractic and Other complementary and Integrative Healthcare Occupations*, may be [viewed here](#).

The study noted: "Working conditions like decision-making freedom can improve worker health, while ergonomic hazards, time pressure, and long/irregular hours harm workers. Working conditions in conventional healthcare are well-studied, but less is known about conditions for chiropractic and other complementary and integrative healthcare (CIH) professionals. CIH occupations had high decision-making freedom: chiropractors had mean=4.96 on 1-5 scale [CI:4.90-5.00] compared to 3.43 for retail salespeople [CI:2.80-4.06]. CIH occupations also had moderate time pressure, few hostile interactions, and reasonable hours/scheduling."

"We also recently received word that our manuscript has been accepted for publication in the Journal of Occupational and Environmental Medicine (JOEM)," Dr. Faydenko said.

The second study Dr. Faydenko is engaged in is Implementation of Clinical Practice Guidelines for the Management of Chronic Low Back Pain Within the VAQ North Teas Health Care System: A Pilot Study, which is still in the Institutional Review Board (IRB) and data collection phases, and the third is Whole Health Promotion by Complementary and Integrative Healthcare Providers within federally Funded Community Health Centers.

Included in Dr. Faydenko's longer-range research agenda is a plan to assess family-based approaches to health, including physical activity and nutrition. She is also exploring a hydrotherapy project within the NUHS Whole Health Center-Lombard, and possibly another gamified study researching mental health, and creating and sustaining behavior change.

### **Northeast College offered services to veterans**

Northeast College of Health Sciences celebrated Veterans Day and its longtime partnership with the United States Department of Veterans Affairs (VA) by providing Veterans with complimentary healthcare screenings at its outpatient health centers in Depew, Levittown, and Seneca Falls, N.Y. The free care was offered throughout November.

Free services included spinal screenings, posture analysis screenings and blood pressure screenings. In addition, custom orthotics were made available at a reduced \$90 cost (\$150 value), and a New York State Department of Veteran Services representative visited the College community health centers throughout the month to discuss Veteran benefits and opportunities.

"Similar to the VA we believe in approaching our Veterans health and well-being by utilizing a whole-health approach to provide quality patient care with dignity," said Daryon Ray, assistant dean of clinical education at the Northeast College Levittown Health Center. "With this initiative, veterans will receive a variety of health-related screenings and gain a better understanding of their health."

Northeast College of Health Sciences, with campuses in the Finger Lakes region of N.Y. and on Long Island, has a long history of working to improve access to healthcare for Veterans and has partnered with the VA for nearly two decades. Currently, Northeast has affiliations with more than 10 VA medical centers to provide healthcare services. Each VA site also has a Northeast affiliated clinical faculty member.

"Partnering with the VA for more than 20 years, hundreds of students have attended clinical rotations at our partnering

VA medical centers," said Northeast College Dean of Clinical Education Wendy Maneri. "Our student clerks have provided thousands of chiropractic adjustments to Veterans."

Just months after the National Defense Authorization Act (NDAA) mandated chiropractic as a Veteran benefit in 2004, the College, known as New York Chiropractic College at the time, had chiropractic students participating in their clinical studies starting at the Canandaigua VA Medical Center in N.Y.

### **University of Western States names Dr. Nathan Long new president**

University of Western States (UWS), a national leader in chiropractic education and whole-person integrated health care, announces the appointment of Nathan Long, Ed.D., as president, effective October 1, 2024. Dr. Long, who has served as interim president since June, will continue to guide University of Western States, positioning the institution for continued growth and success.



Nathan Long, Ed.D. President of University of Western States; Photo Credit: Kim Long

"We are thrilled to welcome Dr. Nathan Long as the next president of University of Western States," said Marlene Moore, Ph.D. Chair of the Board of Trustees for University of Western States. "Dr Long is a highly effective and strategic leader who has already made a significant impact on the university. We look forward to UWS' next era of success under his leadership."

Dr. Long brings more than 25 years of experience in higher education and a track record of excellence in strategic planning, enrollment growth, and academic program development for institutions such as Saybrook University and The Christ College of Nursing and Health Sciences. His experience at Saybrook University is particularly relevant, as he led the institution in enhancing operational processes, advancement of new academic programs, and amplifying the university's brand reach to achieve significant enrollment growth.

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news article or event info to:**

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# IACP Marketplace

## *The IACP News,*

this monthly newsletter of the Idaho Association of Chiropractic Physicians, reaches 600-800 chiropractors across Idaho every month.

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### Equipment for Sale:

- **Digital X-Ray Machine** - \$15,000 OBO
- **Generator Model:** HF-300 Serial No: HCG-1206, Volt: 200-250 VAC 50/60 Hz Amp MOM: 225 RMS Amp LT.5, Max kVp: 125 Max mA: 300 Apparent Res. .10 OHMS Output: 30 kW, Manufactured: Apr 2002 Dimensions: 56”H x 17” W x 24”D
- **Operator Control Panel Model:** OCP, Serial Number: OCP-1206 Manufactured: April 2002 Dimensions: 8.5”H x 9.5”W x 4”D
- **Linear X-Ray Collimator**, Minimum Filtration 2.0 mm Al Equivalent (Excluding Tube Inherent Filtration) Maximum Rating 150 kVp, Model Linear: MC-150 REF: 70-63100, SN: FY98133, Manufactured: January 2002, Dimensions: 87”H x 27.5”W (with everything connected), 8”W (base only)
- **Bucky**, Dimensions: 80.5”H x 27.5”W x 8.75”D, Floor Track, Dimensions: 69.5”L
- **Lead Wall**, Dimensions: 40.25”L x 2.5”W x 85.5”H, Server/Monitor & Software Server: Intel Core i5 Monitor: Dell, Software: Naomi
- **Other:** All cables, wires, connections Radiation detector, X-Ray thickness caliper

Contact: Jessi, Office Manager; Cell: 208-949-5410 (Call or Text); Email: [regenidaho.jessi@gmail.com](mailto:regenidaho.jessi@gmail.com)

**Equipment for Sale: Subluxation Station** - \$1,500 - Purchased in 2017 - Includes Computer and Keyboard - The Subluxation Station is a neurospinal screening and evaluation system that uses surface electromyography (SEMG) technology originally designed to measure changes in the spinal muscles of astronauts. This spinal care technology is now used at Inspired Chiropractic, along with other technologies to assess the spinal muscle of our clients. It is the only such system in the world certified as a ‘Space Technology’.

**Neuropatholator Wall Chart and Computer Software from Visual Odyssey** - \$500 - Purchased in 2017

- Helps bring instant patient comprehension when a button is pushed
- Helps the patient get the “big idea” between spine and organ correlation
- Helps save you time while not sacrificing the quality of the patient visit
- Designed to help you create a custom per patient slideshow for each visit
- Features a webcam spinal screening tool
- Graphics to use for workplace education, lectures, and ROF’s

**Small Neuropatholator** - \$300 - Purchased in 2016 **Equipment for Sale: HCIM Digital X-Ray Machine** - \$19,500, Model: HF-300, Serial No: HCG-1206, Manufactured: Apr 2002, and **Hologic FluroScan C-Arm** - \$15,000, Model: Insight 2, Type: C-Arm Assembly, Manufactured: November 2011. Location: Advanced Neuropathy Center, 2016 S Eagle Rd, Meridian, ID 83642. Contact Info: Jessi - 208.949.5410 (Call or Text).

Posted 6/21/2024

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## ***Winter Tips for Healthy Living***

poster on the following page, and  
the following posters are available online:

***The drug-free approach to pain reduction***

***Get up and move!***

***STRETCHING for better joint health***

***Easy exercises to keep your neck healthy***

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

***Tips for safe stretches***

***Don't let pain keep you from enjoying life***

***Walking now touted as "a wonder drug"***

***Four ways to avoid pain and injury when starting an exercise regime***

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](http://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) .***



# Winter Tips for Healthy Living

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

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

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

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

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



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

# The Idaho Association of Chiropractic Physicians

## *The IACP News*

### Display Advertising Policy, Rates and Information

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

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

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