

CCA Journal



CALIFORNIA CHIROPRACTIC ASSOCIATION

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SEASON'S GREETINGS



*The CCA Board of Directors, and the staff,
wish you and yours a joyous holiday season
and a prosperous new year.*

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drdarrel@earthlink.net

Jay Shery, DC
Executive Committee Liaison
lfxubak@aol.com

Dr. Lisa Thomson
Drlthomson@gmail.com

Kayleigh Carey, Co-editor
kcarey@calchiro.org

Cris Forsyth, Co-editor
cforsyth@calchiro.org



Advertising Sales

Steve Berlin, C&S Publishing
candspublishing@gmail.com
www.CCAjournal.com

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drlesliehewitt@comcast.net

Afshin Kaivan-Mehr, DC, Treasurer

drmehr01@yahoo.com

Jay Shery, DC, Secretary & Insurance Department Chair

IFXUBAK@aol.com

Brian Stenzler, DC, Immediate Past President

brian@dreamwellness.com

Danny Gambino, DC, Regional Director

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Region 1 Director & Membership Department Chair (San Diego County, Riverside County, San Bernardino County)

1000NewMembers@gmail.com

Tim Gooing, DC, Regional Director

Region 2 Director (Orange County, Long Beach, San Gabriel Valley, Los Angeles Southeastern)

timgooing@gmail.com

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& Conventions & Seminars Department Chair

Region 3 Director & Conventions & Seminars Department Chair (Los Angeles Metro, Santa Monica, San Fernando Valley, Verdugo Hills, Ventura County, Los Angeles Southwest)

drgracesyn90277@hotmail.com

Elizabeth Wisniewski, DC, Regional Director

Region 4 Director (Monterey Bay, Central Valley, Kern County, San Joaquin, Santa Barbara, High Desert)

drelizabeth@genuinechiro.com

Andrew Williams, DC, Regional Director

Region 5 Director (Sacramento Valley, Contra Costa)

drandrewdc@gmail.com

Robert Chatfield, DC, Regional Director

Region 6 Director (San Mateo County, Santa Clara County, Alameda)

bnbchat@yahoo.com

Casey Tucker, DC, Regional Director

Region 7 Director (North Bay, San Francisco, North State, Redwood, Butte)

kcdc@sonic.net

John Bueler, DC, Director at Large

drjbj1@gmail.com

David Paris, DC, Director at Large

& Governmental Affairs Department Chair

David.Paris1@va.gov

Keith W. Carlson, Esq., Public Chair

info@cjattorneys.com

Charlene Poderoso, Student Chair

cpoderos08@gmail.com



Staff

Cris Forsyth

Director Governmental Affairs & Communications
ext. 130
cforsyth@calchiro.org

Michelle Bancroft

Associate Director
Governmental Affairs
ext. 136
mbancroft@calchiro.org

Kayleigh Carey

Marketing & Membership Coordinator
ext. 124
kcarey@calchiro.org

Kimberly DeWeese

Director of Conventions & Seminars
ext. 142
kdeweese@calchiro.org

Mary Witcraft

Conventions & Seminars Assistant
ext. 141
mwitcraft@calchiro.org

Julie Birkman

Office Manager
ext. 120
jbirkman@calchiro.org

Debbie Birkman

Accounts Receivable
ext. 140
dbirk@calchiro.org

California Chiropractic Association

1451 River Park Dr., Suite 230

Sacramento, CA 95815

Tel 916.648.2727 • Fax 916.648.2738

E-mail: CCA@calchiro.org

www.calchiro.org

www.californiachiropractic.com

Facebook: www.facebook.com/calchiro.org

Twitter: @calchiroasn

A Video Message From The CCA President



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Judge Orders DHHS to Comply With Settlement

By **Cris Forsyth**

Governmental Affairs Director



In America, we are taught that our system of government is predicated on balancing power through a series of checks and balances. Our Executive, Legislative and Judicial branches of government are forced to work together, so that no one branch can run amok with power.

Congress creates laws, the Executive implements those laws, and the judiciary adjudicates them. But of course, in the application of any system there are disconnects and weaknesses. For example, the judicial branch has no power to force compliance with its decisions. The bureaucracy of government agencies tasked with implementing judicial decisions concerning our laws oft times seem aware of the courts powerlessness to compel action.

The U.S. Supreme Court ruled that separate but equal is inherently unequal and ruled schools must be desegregated. But it wasn't until the executive branch sent out the National Guard to enforce the ruling, that it was implemented.

In chiropractic, this paradigm has played out regarding the Department of Health and Human Services (DHHS) recent conclusion that chiropractic care is medically unnecessary after the first thirty treatments and that \$359 million was spent covering unnecessary chiropractic care in the Medicare system. They contend maximum improvement has been reached once thirty treatments are provided. That this conclusion is inaccurate isn't the point. The point is the courts have already ruled on this issue and DHHS is acting as though that fact is irrelevant.

A 2011 Class action suit was filed by a group of Medicare beneficiaries and others in a Vermont federal court. In this suit, it was alleged that DHHS "imposed a covert rule of thumb that operated as an additional and illegal condition of coverage, resulting in the termination, reduction, or denial of coverage for thousands of Medicare beneficiaries annually."

For more information on this topic:

www.medicareadvocacy.org/medicare-info/improvement-standard/

www.medicareadvocacy.org/wp-content/uploads/2016/08/Jimmo-2.pdf

www.cms.gov/medicare/medicare-fee-for-service-payment/SNFPPS/downloads/jimmo-factsheet.pdf

In the lawsuit, it was proffered that an "Improvement Standard" was universally applied to deny coverage if a patient's condition had not improved. As a further consequence, the lawsuit claimed Medicare contractors and claims adjusters were denying coverage given the expectation that the patient was deemed unlikely to improve, regardless that the care might be necessary to prevent further deterioration, or maintain the patient's current condition.

The genesis of this lawsuit stemmed from a plaintiff who needed long term physical therapy. The patient's daughter received notice from DHHS that her mother had reached her highest practical level of independence. Naturally, the family argued the continued care was needed to maintain the progress already made.

In 2013 The federal court ruled that DHHS must educate its contractors and providers that this "Improvement Standard," was illegal. Fast forward to 2016 and not only has DHHS not implemented the court's decision, it releases the afore mentioned report. In August of this year, Chief Judge Christina Reiss of the United District Court in Vermont ruled they must launch an improved educational campaign.

Although the lawsuit wasn't filed by chiropractic patients, the court specified: Medicare must cover skilled care and therapy when they are "necessary to maintain the patient's current condition or prevent or slow further deterioration." This definition is of a generic concept of ongoing care to maintain activities of daily living.

Now we are faced with the dichotomy of a federal court's demands of the executive branch to carry out its decision and the executive branch ignoring that demand. It is clear there is a disconnect between judicial and executive branches.

We are taught that our branches of government are co-equal in power. We know from our history this isn't entirely accurate. We shouldn't expect it is necessary to involve the National Guard in this instance. But we have every right to expect the bureaucracy of the executive branch to honor our constitution.





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Vertebral Artery Dissection And Chiropractic Care

By Gerard W. Clum, D.C.

On February 4, 2016 Ms. Katie May, a well-known social media figure died of infarction of the brain that developed secondary to bilateral vertebral artery dissections. Her circumstances, prior to development of the infarction, involved a photo-shoot positioning task that appears to have been the cause of her dissection(s). She developed neck pain immediately following the photo-shoot and sought care for the neck pain from a chiropractor. In October 2016, the Los Angeles County Coroner's released a report on the death of Ms. May. The report noted that "The cause of death is due to infarction of the brain due to vertebral artery dissection due to blunt force injury of the neck" the report continued "... for which she sought treatment at Back to Health Wellness Center."

The passing of Ms. Katie May was a tragic event. It's an important clinical incident from which we need to learn as much as we can. We begin this discussion by offering our greatest and deepest sympathies to the family of Katie May and to her friends on her untimely passing.

We need to explore these circumstances from six different vantage points including:

1. What has been reported in the press.
2. What we think we know about the situation at this point.
3. What is yet to be learned in this case as evidence evolves.
4. How do the details of this case as we understand them, square with the evidence that's been published to date.
5. What can we learn from this experience.

6. What you can do differently considering the information brought forward.

1. What has been reported in the press?

For those that have followed this case since its earliest days in January and February of this year, you know that there were reports that Ms. May had fallen during a photo shoot and had a rather severe injury to her neck. These reports were later disputed and it has been asserted by family and friends that this was not the case. However, there was a photo shoot. During the photo shoot, Ms. May was requested to hold a pose that caused her to be in a position with her back arched and her neck turned to the side for an extended time. Immediately after this activity, she experienced neck pain. She went on to report in social media that she thought she had a "pinched nerve" following the photo shoot.

It was also reported in the popular press in February and March that Ms. May sought care from an emergency room for the neck pain and discomfort she experienced following the photo shoot. We now know that this was not the case. To the best of our knowledge Ms. May did not attend to an emergency room in January or February of this year for her neck pain. We do know that she attended to a chiropractor on January 27, 29, and February 1. We are not sure if she attended to any other providers along the way.

The most thorough discussion of the circumstances of Ms. May and her neck pain we have found to date was published on October 23 by the Pittsburgh Post-Gazette. In this presentation, the reporter referenced that Ms. May expe-

rienced a high-velocity low-amplitude adjustment, a low-velocity low-amplitude manipulation and mechanical traction when she visited the chiropractor in late January and early February of this year. It was also reported, in the Post-Gazette, that 8 hours after she was seen by the chiropractor on February 1 that she began to feel progressively worse and she developed dizziness and headache, numbness and eventually slurred speech.

With the availability of the autopsy report that was dictated on February 5, 2016 and signed on October 21, 2016 we now have further insight into the circumstances of Ms. May following her presentation to the Cedars Sinai Hospital Emergency Room in Los Angeles. At that time a CT showed no signs of hemorrhage and a CTA "showed bilateral vertebral artery dissections and left vertebral artery and basilar artery occlusion with stroke." Tissue plasminogen activator (tPA) was administered. The tPA didn't work and the clot busting drug did not have the effect that it was hoped to have. Attempts were made to perform a thrombectomy on the left vertebral artery and it was reported some clot was retrieved. Ms. May's condition worsened and she ultimately succumbed to the brain infarction and was pronounced dead on February 4, 2016.

2. What do we know about the situation at this point?

The "SUMMARY OF EVENTS" stated in the autopsy report noted: "A CT scan revealed bilateral vertebral artery dissections, which occurred after chiropractic manipulation." This stands in contrast to the opinions expressed by neurologists reflecting on this case that saw the ori-

gin of the dissection being the position she was asked to hold during the photo-shoot.

The Coroner determined the vertebral artery dissection yielding the infarction to be due to “blunt force injury of neck.” The report goes on to note in the following sentence “Initial reports are of an injury of the neck [pose held during photo-shoot] resulting in neck pain for which she sought treatment...” A careful review of these writings can lead to several different conclusions, one of which is the “blunt force injury of the neck” preceded the care rendered by the chiropractor another could take it to mean the care of the chiropractor was the “blunt force injury of the neck.” Anyone familiar with manual cervical spinal adjusting procedures would find it hard to equate the forces of that procedure with “blunt force injury.” The literature on the stresses placed on a vertebral artery during the processes of an adjustment indicate that the forces involved fall well below the levels needed to injure a healthy vertebral artery.

The autopsy report of October 21, 2016 has caused questions, thought to have been answered, to resurface. The autopsy report notes a series of contusions on the body. Several of these are most likely associated with the presence of IV lines and other procedures performed on Ms. May in the emergency room. Of particular interest is the report of “a purple contusion to the left upper arm and the distal left upper arm near the antecubital fossa. A yellow to green contusion is noted to the left upper chest.” These findings would be consistent with a fall as first reported and later denied. When compared with the Coroner’s illustration accompanying the written report suspicion increases.

The Coroner indicated that he relied on

a 2007 case report to base his opinion that “bilateral vertebral artery dissection is a rare complication of neck manipulation reported in one per 100,000 to one in 2 million manipulations.” The specific reference made by the Coroner is interesting as is the comment made by the Coroner about the literature he cited. The 2007 case report by Andres Leon-Sanchez, M.D. did not develop findings of a vertebral artery dissection on imaging or on autopsy. On autopsy, in this case report, the vertebral artery was noted to be thrombosed but there was no discussion of dissection of the artery. Further, the Coroner grossly misstated the occurrence rates of bilateral vertebral artery dissection associated with chiropractic care. There is NO literature that supports a rate of occurrence of bilateral vertebral artery dissection associated with chiropractic care as he indicated. Finally, the decision by the Coroner to rely on one of the lowest forms of evidence, a case report, while overlooking case-control studies, case-crossover studies and a meta-analysis all known to be far more useful in terms of the power behind their findings than a single case report, is puzzling.

3. What is yet to be learned in this case as evidence evolves?

Importantly, we do not know how Ms. May presented for care on January 27. We don’t know what symptoms she presented with. We don’t know how they changed over the ensuing days.

We don’t know what was done by the chiropractor to assess Ms. May when she presented for care. We are at a very significant disadvantage in understanding this in relationship to the chiropractic interface. We also don’t know what care was provided to Ms. May. We understand what the reporter wrote on

Continued on next page

Let’s look at the basic numbers related to vertebral artery dissection. The natural history of vertebral artery dissection is approximately 1 case per 100,000 per year. This is an estimate of the occurrence of this phenomenon in the population and is not related to the presence or absence of any form of health care.

If we assume in the United States we have a population of 350 million people and this occurs at a rate of 1 per 100,000, that means on an annual basis in the U.S., there will be 3,500 vertebral artery dissection cases. If we assume that chiropractors see about 10% of the population, then that means 10% of 3500 or 350 of these phenomena will likely cross paths with a chiropractor. (This assumes a perfectly even distribution across the population and a perfect distribution among the chiropractic community. We know that’s not real but as an illustration, let’s use this data.)

We know from the literature that the fatality rate with vertebral artery dissection is approximately 5%, again this is the natural history of this condition. Five percent of 350 is 17-18 cases. This suggests that 17 or 18 cases of vertebral artery dissection will cross paths with the chiropractic profession annually—not be caused by them but present as dissections in process that will have a fatal outcome. This also suggests that 332-333 fatal cases per year will cross the paths of medical providers. Remember, this is the natural history of this condition. This is NOT data derived under chiropractic care, this is simply how the condition presents in the population.

Vertebral Artery Dissection And Chiropractic Care

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October 23 of high-velocity low-amplitude, low-velocity low-amplitude manipulation and mechanical traction but we don't know the details of the care provided. We don't know what type of adjustments Ms. May was given nor do we know what type of traction procedures were used. We don't know how she responded to care each day as she went through this sequence of 3 visits.

We don't know if she presented with any signs or symptoms that the chiropractor, or any clinician, should have provided a response. This could have been a very straightforward presentation as mechanical neck pain with no signs of neurological complications. We also don't know if a referral was indicated or if the chiropractor made any recommendations to Ms. May about what she should do in response to her circumstances such as a referral for additional studies or care.

Also, we don't know if Ms. May was offered an informed consent to care prior to the time that she received chiropractic care and if the informed consent offered details of any possible association between vertebral artery dissection and chiropractic care. We do know one thing that did come out from the Coroner himself-a statement saying he has never seen a case of this type in his career.

For this to be the first time that he saw something of this nature in his career means it is, as we well know, unique. It also causes us to question if the Coroner had an adequate appreciation for the nuance nature of this problem and was he aware of the literature associated with it.

Relative to physical examination, we were all taught George's test in school. This test has too many false positive and too many false negatives. It is essentially of no useful clinical value.

4. How do the details of this case as we understand them, square with the evidence that's been published to date?

This case is very consistent with the published scientific literature regarding vertebral artery dissection and appears to fit the scenario of a dissection in progress perfectly. The neck pain the patient presented with on January 27 was likely a sign of the dissection underway when she presented for care.

The current thinking in these cases is as follows: the patient dissects, the dissection produces neck pain and headache, the patient seeks care for the neck pain and headache and they go on to develop emboli and stroke at essentially the same rate whether they attend to a chiropractor or to a medical doctor. This is very critical to us fully appreciating and understanding this discussion.

The research that was generated by Dr. David Cassidy et al. in 2008 was based on findings from the population of the province of Ontario, Canada over a 9-year period generating approximately 110 million person/years of data. These data were evaluated for the presence of clinical information related to cervical artery dissection.

What Cassidy found was that when people dissect they commonly develop

neck pain and headache and they seek care for their pain. Whether they seek care from a chiropractor or they seek care from a medical doctor, they go on to stroke at essentially the same rate. It is logical for us to assume that the medical doctors of Ontario were not providing cervical adjustments and the chiropractors involved in the care were providing cervical adjustments. Using this assumption, if there is no increase in risk, beyond the background risk, associated with medical care seen among the patients under chiropractic care, then it's logical to conclude that what the chiropractor is doing in his or her office is not contributing to this problem. This same line of reasoning was replicated in 2015 by Kosloff and Elton using similar criteria among Medicare and commercially insured persons in the U.S. The 2015 study resulted in a data pool equivalent to 5% of the population of the U.S. and developed findings consistent with and reinforcing the findings of Cassidy et al. from 2008.

The questions that remain at this point are first, was it possible for the chiropractor to recognize an evolving dissection in progress? and second, if so, did the chiropractor fail to recognize an evolving dissection? Ms. May could have presented in a very benign manner showing no signs suggestive of dissection other than neck pain. The next question then becomes, if she was a dissection-in-progress patient, did the care of the chiropractor worsen the evolving dissection that the patient presented with?

An intriguing question for us as chiropractors looking at this matter is had Ms. May never sought care from a chiropractor, had she gone to Starbucks

instead of the chiropractor, or had she gone to a medical doctor or the movies, would she have had the same fate in the final analysis? We don't know that. We need to be candid in evaluating the facts of this case as they emerge and learn as much as we can about this situation.

5. What can we learn from this experience?

First and foremost, as much as we see neck pain day in and day out and it becomes a normal routine for us, we need to continue to be alert to the possibility of dissection in progress.

The most common symptom presentation of a dissection in progress is neck pain and headache. We want to be alert to neck pain and headache that has an unusual origin or unusual character to it. When this presents, you want to explore the symptoms of neck pain and headache with those patients as fully as possible. You want to learn as much as possible about the type of pain they're having, the presentation of the pain, the history of it, how long they had the pain, where it came from, how it started. You want to look for unique characteristics in terms of the pain and its intensity.

Patients who experience cervical artery dissection commonly speak of pain that is "unlike any neck pain (or headache) I have ever had before." Comments expressing thoughts of this nature are important for all clinicians to consider carefully. Among patients that experience neck pain and headache the pain involved is usually consistent from episode to episode. A chiropractor will often hear from a patient "I had one of my headaches last night," or something to this effect. They know their pain. When they express a totally unique pain or an extreme departure in the degree of the pain this could be an indicator of

a different mechanism of origin of the pain—such as an arterial dissection.

Another opportunity for us to learn from this critical incident involves social, clinical value and legal value of informed consent procedures and documentation. You can make the argument that if there is no greater risk for vertebral artery dissection under chiropractic care in comparison to medical care for

The death of Ms. Katie May was most unfortunate and untimely. We can't change anything about those circumstances. We can, and we must, learn as much as we can from this exceedingly rare event and to be keenly aware of a similar event in our offices.

persons with neck pain and headache, how can we develop an informed consent? The question is also asked if there is the need for the chiropractor to provide informed consent in patients with neck pain and headache, is the same required of their primary care physician?

There is an association, whether it's temporal or statistical, between chiropractic care and vertebral artery dissection. There is also the same association between medical care and vertebral artery dissection. Association is not causation. The most recent literature from early 2016 (Church et al.) found (as did Cassidy and Kosloff) no convincing evidence of a causal relationship between chiropractic care and arterial dissection. Nonetheless, in the process of informed consent one seeks to err on the side of caution and to discuss associations for the patient to be fully informed. Important in the process of informed consent is the delivery of the information.

Informed consent is not a slip of paper signed at the front desk and put into a file and that's it. The patient should always have an opportunity to discuss with you any questions or concerns that they might have. Not with the front desk but with you. The delivery or presentation of informed consent is very important in the totality of process.

The third step in the process is to make sure your records reflect the informed consent discussion. The elements include: the documentation was presented to the patient, the patient signed it, you discussed it with them, they did or didn't have any questions, you sign it, date it and move on. Obviously, maintain a copy of informed consent signed by the patient in the patient records. Over time update your informed consent as the literature evolves. If you don't know where to go to get a good informed consent statement or information about the best practices associated with this process consult with your state association legal counsel or your state board of chiropractic examiners to assure that you are complying with your state laws and regulations.

ChiroSecure has developed a very useful informed consent packet that not only provides you with an informed consent statement for your consideration but also provides you with the background literature in summary form to be able to fully understand and appreciate the nuances of the informed consent and to be able to explain to patients the information. Continuing with the theme of what we can learn from this experience, this is a great opportunity to review the current literature on this subject: Cassidy, 2008, Kosloff and Elton, 2015, and Church and associates, 2016.

Cassidy was the seminal article estab-

Continued on next page

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lishing the idea that there was no greater risk of vertebral dissection under chiropractic care in comparison to medical care for patients presenting with neck pain and headache. Kosloff was a repeat of the Cassidy model using US data in a much larger pool and came up with even stronger results. Church published in 2016, and it is very interesting because it comes from a team of neurosurgeons at the Penn State Institute of the Neurosciences. They concluded that there is no causal relationship between cervical spine adjusting and vertebral artery dissection.

6. What can you do differently considering the information brought forward in this case?

When a patient presents with headache and neck pain, investigate it more fully, then tease out and explore how the patient is describing the pain. When they use a phrase, something like or close to, “this pain is unlike anything I’ve ever had in my life,” or “this is unlike any kind of neck pain I’ve ever had before,” or “it’s the worst neck pain I’ve ever had before,” pay very close attention. When they come in and talk about it being unlike anything they’ve ever had before, keep in mind they don’t routinely dissect their arteries. When they do dissect an artery, it produces a unique pain that they very rarely experience.

The second bit of information from the patient’s history to keep an eye on is a family history of aneurysm or dissection. If there is a history of aneurysm or dissection, there’s a 5% likelihood that that person may be moving in the direction of aneurysm or dissection themselves.

Another consideration from the patient history relates to collagen disorders that lend themselves to dissection. For example, Marfan’s disease. Marfan’s disease is most commonly associated with dissection of the abdominal aorta but can involve the vertebral arteries. Osteogenesis imperfecta 1 increases the fragility in arteries. Ehler-Danlos syndrome III and VI also demonstrate increased likelihood of dissection. Fibromuscular degeneration increases arterial fragility. Fibromuscular degeneration has the tendency to appear more in the renal arteries than the vertebral arteries but it sets the stage for dissection in any artery of the body. We also want to pay attention to clotting disorders. Patients with hypercoagulable states have a greater risk of thrombi/emboli formation than the normal population.

Relative to physical examination, we were all taught George’s test in school. This test has too many false positive and too many false negatives. It is essentially of no useful clinical value. In contrast, take the opportunity to listen for bruits at the base of the neck. If you hear a bruit, consider a referral immediately. If you don’t hear a bruit, that’s good, but it doesn’t mean everything’s free and clear. Continue to look at what’s going on. Be on the lookout for neurological changes in general, and neurological changes with cervical motion, whether that’s active motion or passive motion.

What changes should you be looking for? You want to look for the 5Ds, the 3Ns and the A. Dizziness, diplopia, dysphagia, dysarthria, drop attacks, nausea, numbness, nystagmus and ataxia. If we take every person that sees a chiropractor because they have a degree of dizziness and refer them, we would be

filling every MRI facility in the country 10 times over! That’s not what we need to do. When you think about things like dizziness, nausea or numbness, they are less of a concern individually. We need to think about how they cluster.

When patients present with double vision, difficulty swallowing, or difficulty speaking, these are major stroke signs. We want to pay very close attention to them. Nystagmus is another symptom that we want to move up the scale of suspicion. Be aware of all 9 of these symptom categories. Some are relatively urgent. Others not so, but think about the constellation and the development of the pattern that these symptoms represent.

If you suspect the possibility of a dissection in progress, referral should be pursued. The urgency of the referral and the endpoint of the referral—a neurologist’s office or an emergency room — will be dictated by the circumstance of the patient. If a patient rejects your recommendation for referral, document the conversation, note your recommendation and the patient’s refusal to go along with your counsel. If the patient is accompanied by anyone, note the rejection of your advice to the patient to them as well.

The death of Ms. Katie May was most unfortunate and untimely. We can’t change anything about those circumstances. We can, and we must, learn as much as we can from this exceedingly rare event and to be keenly aware of a similar event in our offices. Additionally, this background information will enable you to better address the concerns and questions of our patients and the population in general.



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 Work Fax Number _____ DC License # _____ License Date _____ E-Mail Address _____
 Birthdate _____ Chiropractic College _____ Grad Date (if student) _____

Check a Membership Dues Category:

- 1st Year of Licensure - \$19/month
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 Part Time (Working two days a week or less) - \$42.50/month
 3rd Year - \$60.00/month
 4th Year and Beyond (Full Active) - \$79/month
 Retired/Disabled/Faculty/Out of State Rate - \$192.50 for the year or \$18/month
 Family (Immediate family member of a Full Active member and practicing in same office) - \$42.50/month
 Student Member - \$20 one time charge for duration of enrollment in chiropractic college
 Yes! Pay my annual dues in advance and get the last month free - \$869/year (For Full Active Members)
 CCA Auxiliary Member (CA working for a CCA member) - \$50 for the year

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Your credit card or checking account will be charged automatically on the 5th of every month after your first payment if electing to pay on a monthly basis.

Signature _____ Date _____

I hereby attest to the accuracy of the foregoing information and apply for membership in the California Chiropractic Association and the local district. I agree to comply with the Bylaws and Code of Ethics of the Association and understand that failure to remit dues will result in suspension of all rights and privileges and loss of membership. I promise to pay association and district dues and any future mandatory assessments. I authorize my credit card to be charged for the indicated amount.

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Quality Payment Program Begins January 1st

By Dr. Tracy Cole

Many of you are already aware that the legislation known as MACRA or the Quality Payment Program will fundamentally change how the Medicare program operates beginning January 1st. As we are starting to see questions about this program on the Member Resource Center, I wanted to address a few of the issues here. Also, be aware that I will be teaching this topic along with common Medicare billing issues at the La Quinta backyard seminar in January.

There is already information out there that is starting to circulate in the profession about the upcoming changes. Let me assure each of you that the information being presented is based solely on what CMS has released so far about the general changes. There is no accurate information as of yet on how some of these changes will specifically affect us as a profession.

The ACA has been doing yeoman work to review over 2,000 pages of documents on the finalized rules. Some examples of what we do know:

- Small practices that bill Medicare charges of \$30,000 or less OR see 100 or fewer Medicare patients (not visits) per year will be exempt from these changes.

- New practices that are in their first year of Medicare part B participation are not subject to participation for one year.

- Practices that wish to test their systems by making at least a small amount of reporting to the program in 2017 will avoid a negative Medicare payment adjustment in 2019.

- Those that feel they are ready to report all measures or at least enough measures for one payment period (90 days) will see a small positive Medicare payment adjustment.

- Given the short turn-around time and the lack of clarity from CMS on the chiropractic measures, it is anticipated that most chiropractic offices will either spend 2017 testing their systems or reporting in full towards the latter part of the year.

Need additional assistance? Dr. Tracy Cole will continue to release information as it becomes available. If you have additional questions, contact him at tcoledc@gmail.com.

Dr. Cole will be teaching this topic along with common Medicare billing issues at the CCA Back Yard Seminar held in Palm Springs, January 7-8, 2017.

For more information and to register, [click here](#).



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CCA Seminars and Events Calendar

November

November 16 – Santa Rosa

CCA-North Bay District Presents

2016 Chiropractic Diagnosis & CPT Coding

Approved for 2 mandated CE hrs: CA-A-15-12-11476

Speaker: Sam Collins

Hyatt Vineyard Creek Hotel & Spa, 170 Railroad St, Santa Rosa

To register, contact Dr. Jake Quihuis at (707) 523-9850

November 17 – Foster City

CCA-San Mateo County District Presents Vertebral Subluxation complex with Visceral Concomitant – Applied Chiropractic

Technique Approved for 2 mandated CE hrs: CA-A-16-06-12259

Speaker: Ed Cremata, DC, RN

Foster City Rec Center, The Crane Room, 650 Shell Blvd.,

Foster City

To register, <https://vsc-and-visceral-concomitants.eventbrite.com>

or contact Dr. Floyd Minana (650) 286-4288

November 19-20 – San Francisco

CCA Fall 2016 Right in Your Back Yard 12-hour Relicensing Seminar

Approved for 12 CE hours.

Hilton San Francisco Airport Bayfront, 600 Airport Blvd.,

Burlingame

CCA MEMBERS: To save your seat, you must provide a credit card authorization in the amount of \$25 for Enrichment (hospitality features may include hosted lunch, Wi-Fi, charging stations, coffee and tea) and \$81 for a deposit. \$25 will be charged at the time of registration. If you attend the seminar, the \$81 deposit will not be charged.

Register online at www.calchiroseminars.org

or call CCA at (916) 648-2720, ext. 120 or 141.

November 29 – Sacramento

CCA-Sacramento Valley District Presents

Continuity of Care Between Providers

Approved for 2 gen. CE hrs: CA-A-16-10-12811 Speaker:

Christopher Stephenson, MD

Sutter Club, 1220 9th St, Sacramento

To register, contact Dr. Kaio Doxey at (209) 745-5728

November 29 – San Leandro

CCA-Alameda County District Presents

Ethics & Law: The Importance of Integrity

Approved for 2 mandated CE hrs: CA-A-16-10-12785

Speaker: James Naccarato, DC, PhD

The Englander Sports Pub & Restaurant, 101 Parrot Street, San Leandro

To register: <http://alameda-cca.eventbrite.com>

or contact Dr. Danielle Fratellone (925) 484-2558

December

December 3-4 – Redondo Beach

CCA & Rocktape Present FMT Basic & FMT Performance Certifications – Levels 1 and 2

Approved for 8 gen. CE hrs for each level: CA-A-16-09-12681 & -12682

Speaker: C. Shante Cofield, PT

VSP Southbay, 2607 Manhattan Beach Blvd, Redondo Beach

To register, contact Rocktape at www.rocktape.com

or (408) 213-9550

December 10 – Folsom

CCA & Rocktape Present FMT Blades

Approved for 8 gen. CE hrs: CA-A-16-07-12384

Speaker: Tony Mikla, DPT

Burger Physical Therapy, 1301 E. Bidwell St, #101, Folsom

To register, contact Rocktape at www.rocktape.com

or (408) 213-9550

December 10-11 - Azusa

CCA & Midwest Rehabilitation Institute Present Shoulder

Mechanics: Evaluation & Rehabilitation

Approved for 14 gen. CE hrs: CA-A-16-10-12815

Various Speakers

Azusa Pacific University, 910 E. Alostia Ave, Azusa

To register, contact:

www.midwestrehabilitationinstitute.com/event/shoulder-la/

or contact Dr. Alex Earl, DC at (331) 218-3288



January 2017

January 7-8 – La Quinta

CCA Right in Your Back Yard 12-hour Relicensing Seminar

Will be submitted for 13 CE hrs.

Topics: Fingernail & Tongue Analysis & Herbs,
Medicare Updates, X-ray

La Quinta Resort & Club, 49-499 Eisenhower Dr, La Quinta

CCA MEMBERS: To save your seat, you must provide a credit card authorization in the amount of \$25 for Enrichment (hospitality features may include hosted lunch, Wi-Fi, charging stations, coffee and tea) and \$81 for a deposit. \$25 will be charged at the time of registration. If you attend the seminar, the \$81 deposit will not be charged.

Register online at www.calchiroseminars.org

or call CCA at (916) 648-2720, ext. 120 or 141.

January 21-22 - San Francisco

CCA & Rocktape Present FMT Basic & FMT Performance Certifications – Levels 1 and 2

Approved for 8 gen. CE hrs for each level: CA-A-16-09-12681 & -12682

Speaker: Stuart Wilson

Crunch, 61 Montgomery St, San Francisco

To register, contact Rocktape at www.rocktape.com

or (408) 213-9550

Save the Dates:

2017 CCA Convention & Marketplace

June 1-4, 2017

Paradise Point Resort & Spa

www.calchiroconvention.org

2017 CCA Sports & Rehab Symposium

August 18-20, 2017

Disney's Grand Californian Hotel & Spa

www.calchirosports.org





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CALIFORNIA CHIROPRACTIC ASSOCIATION

Distance Learning CE Seminars

Ethics — Online. Speaker: Tracy Cole, DC

Approved for 2 hours of mandated CE: CA-A-16-07-12327

To purchase course (document links e-mailed out), contact CCA at (916) 648-2727, ext. 141 or 120.

The below Online courses are approved for CA CE and are available via the CCA web site: www.calchiro.org

Click on the Events & CE tab, then Online Learning on the drop down.

Online courses (general CE hours unless mandated is listed):

- A Case-Based Approach to Soft Tissue Injury (4 hrs)
- Active Care of the Lumbar Spine for the Health Care Provider (6 hrs)
- Assessment and Management of the Hip for the Health Care Provider (6 hrs)
- Bloodborne Pathogens and Communicable Disease (2 hrs)
- Chiropractic Care in Peripheral Neuropathies (12 hrs)
- Concepts of a Team Chiropractor (10 hrs)
- Ethical Issues in Chiropractic Practice (6 hrs or 12 hrs – mandated CE)
- Immunization: Making Informed Choices (6 hrs)
- Patient Care in Radiology (6 hrs)
- Physical Assessment and Management of the Knee (6 hrs)
- Professional Boundaries in Chiropractic Practice (6 hrs – mandated CE)
- Soft Tissue Care in Chiropractic (6 hrs)
- Special Imaging for the Chiropractic Patient (10 hrs)
- Special Populations in Chiropractic – The Osteoporotic Patient (4 hrs)

For more information regarding CCA conventions and seminars, contact Mary Witcraft at the CCA office by calling (916) 648-2727, ext. 141 or by e-mailing mywit@calchiro.org



FALL 2016

Right in Your Back Yard!

12 Hour Re-Licensing Seminars

San Francisco

November 19-20, 2016

Saturday, November 19

How to 10X Your Patient Results with Functional Medicine & Clinical Nutrition

(4 hrs) 7:30am – 12:00pm

Regan Archibald, LAc., CSSAc

Now more than ever people are looking for answers to their chronic health conditions. Be the solution for transformative healthcare and improve your clinical results.

Managing the Complexities of Personal Injury, Workers' Compensation and Cross-over Cases

(4 hrs) 1:00pm – 5:30pm

Jonathan Brand, Esq.

Treating patients with injuries resulting from a personal injury, workers' compensation, or a crossover results in numerous complexities for today's chiropractic doctors and practices. During this highly interactive presentation, Attorney Jonathan M. Brand, will answer your questions and provide the latest legal information to help you better navigate the evolving legal landscape.

Sunday, November 20

Adjustive Technique - Restoring Functional Balance*

(4 hrs) 8:00am – 12:00pm

Benjamin Griffes, DC

This hands on workshop will focus on assessing and adjusting the hips, pelvis, knees and ankles. Attendees are encouraged to bring a portable table and present in comfortable clothing.

Register at CalChiroseminars.org
or call (916) 648-2727

Palm Springs

January 7-8, 2017

Saturday, January 7

Role of Fingernail, Tongue Analysis and Herbs in Achieving Cardiovascular Health and Hormonal Balance

(4 hrs) 7:30am – 12:00pm

Tsu-Tsair Chi, PhD

An introduction to a noninvasive diagnostic technique that analyzes fingernail, tongue and physical markers, a tool that can help detect major health issues in patients even before symptoms start. Learn how visual inspection of physical markers are external manifestations of how your organs are functioning now and how they will function in the future.

2017 Medicare Updates*

(4 hrs) 1:00pm – 5:30pm

Tracy Cole, DC

CCA Past President, Dr. Tracy Cole will provide an in-depth summary of current Medicare documentation requirements to minimize denied claims and audit risks and review of documentation requirements agreed upon by the ACA and regional Medicare carriers including Noridian. Gather the latest information on the new Medicare Quality Payment Program laws as they apply to chiropractic as well review common Medicare billing errors and coding questions.

Sunday, January 8

Radiology

(5 hrs) 8:00am – 1:00pm

Hector RiveraMelo, DC, DACBR

A review of case presentations and discussion of case injuries and pathology as well as a review of normal variants and common findings on radiographs.

* Applicable towards CA BCE mandated CE hours for license renewals. All seminars have been submitted to the California Board of Chiropractic Examiners for continuing education credit.



CALIFORNIA CHIROPRACTIC ASSOCIATION

Register Today for 12 hours of CE!

Name(s) _____ Chiropractic College _____

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(confirmation letter will be e-mailed)

Check here if new address. Check here if you have special needs that may require our attention. A CCA staff person will call to confirm your request.

Please check one: Use this email for all CCA communications. Use this email for confirmation only.

“Right in Your Back Yard” PROGRAM LOCATIONS & DATES (check one)

San Francisco

November 19-20, 2016

Hilton San Francisco

Airport Bayfront

600 Airport Blvd.

Burlingame, CA 94010

650-340-8500

www.hilton.com

Special hotel rate of \$149/night

Palm Springs

January 7-8, 2017

La Quinta Resort & Club

49-499 Eisenhower Drive

La Quinta, CA 92253

800-598-3828 reservations

www.laquintaresort.com

Special hotel rate of \$199/night

Sign me up for: (check below)

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NON-MEMBER

Early Bird / After

(San Francisco: 11/4, Palm Springs: 12/23)

Back Yard Seminar

Doctor of Chiropractic

\$25 enrichment + \$81 deposit*

\$205 / \$235

Student

\$59

\$89** / \$119**

Chiropractic Assistant/Guest

\$99

\$119

HOW TO RESERVE YOUR SEAT

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NON-MEMBERS: Provide check or credit card payment for the appropriate class fee listed above.

Total Amount Due \$ _____ Check Payable to CCA Enclosed: # _____, or

VISA MC AMEX DISCOVER Credit Card # _____ Exp. _____

MAIL Registration to: CCA, 1451 River Park Drive, Suite 230, Sacramento, CA 95815-4521

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1451 River Park Dr., Ste. 230

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ONLINE: www.calchiroseminars.org



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CCA members receiving the CCA rate must be members in good standing (no more than 60 days behind in membership dues) in order to receive continuing education credit. Continuing education credit may be withheld from a member not in good standing until payment of the non-member fee or the amount needed to achieve good standing is made.

**Non-member rate includes SCCA membership.

CANCELLATIONS: All cancellations must be in writing. If CCA cancels for any reason, CCA's liability is limited to the return of the registration fee only. CCA will not reimburse registrant for any travel or hotel cancellation fees or penalties. Checks returned due to insufficient funds and/or stop payment are subject to a \$25 returned check fee. Retain a copy of this form for your records. If you fax your registration, you MUST reserve/pay by credit card. **CCA MEMBERS:** Seminar cancellations received in the CCA office 14 days prior to seminar date will not be subject to a service charge, and the \$25 for Enrichment will be refunded. After the 14-day deadline, a \$50 cancellation fee will apply (the \$25 for Enrichment will not be refunded and an additional \$25 will be charged.) "No shows" the day of the seminar automatically will be charged \$81, and the \$25 for Enrichment will not be refunded. **NON-MEMBERS:** Seminar cancellations received in the CCA office 14 days prior to seminar date are subject to a 20% service charge. Cancellations after the 14 day deadline, and up to 5pm on the day prior are subject to a 40% service charge.

IMPORTANT: "No shows" or cancellations the day of the seminar are liable for the entire fee. If CCA cancels for any reason, CCA's liability is limited to the return of the registration fee only. CCA will not reimburse registrant for any travel or hotel cancellation fees or penalties. Checks returned due to insufficient funds and/or stop payment are subject to a \$25 returned check fee. Retain a copy of this form for your records.

For CCA use only: Verify record _____ Processed _____ Confirm e-ltr _____

Classified Ads

Associate Wanted

VISALIA - Chiropractic/Medical office space to share. Includes: your own private office; 3 examination/treatment rooms; medical/professional office building; modern, beautifully decorated office; spacious waiting room; private restrooms; referral base; ample parking (ADA compliant); break area; city bus stop (across the street). For more information, please contact: Jennifer 559-972-3727

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Contact LSSONAS@aol.com - Send resume and cover letter about your background and interest.

PALMDALE - Dr. Buck E. Bowman owner of GRECO-BOWMAN CHIROPRACTIC is in search of a **NEW graduate** from chiropractic school to join this well established, 26 years in practice, high volume of patients and friendly staff. Serious inquiries contact drbowman@sbcglobal.net or call our Office Manager Cynthia Jackson for any information needed at (661) 272-1800. Hope to hear from you soon.

CARLSBAD - NORTH COAST MEDICAL PLAZA - MANY OPPORTUNITIES. Established Chiropractor wanted to share clinic in North Coast Medical Plaza, Carlsbad, Ca. Office staff and billing provided. Also seeking established Massage Therapists and Acupuncturist. Contact Dr. Kline at 815-245-7281, or 442-232-6708 or e-mail at klinechiropracticandwellness@gmail.com

SAN DIEGO CHIROPRACTOR looking for Independent Contractor. Join this well-established office. Providing friendly staff, x-ray, electronic billing and parking. Conveniently located just off I-5, close to downtown and Mission Bay. Great opportunity to build or relocate practice. Flat rent or percentage. Call (619) 276-7575, email: gbretow1@san.rr.com

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DC's WANTED: Busy Alaskan Chiropractic clinic seeks additional doctors as full time associates or independent clinic directors. Knowledge of AO, Gonstead and Activator protocols helpful, but willing to train. Contact Janna at Paimore & Young: Synergy Chiropractic. (907) 677-6953

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- 2 - 14x17 cassettes with 1/2 speed blue screens - \$40/ea
- 1 - 14x17 cassette with high detail screen - \$40
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Positions Available

CHAIR OF PHILOSOPHY & TECHNIQUE - Life Chiropractic College West, Hayward, CA. Doctor of Chiropractic (DC) required. Seven years equivalent teaching experience. Associate Rank or equivalent experience. Minimum of five years of practice experience for DCs. Business or academic leadership experience. Please apply at jobs@lifewest.edu. Please visit the Life Chiropractic College website for full job description: <http://lifewest.edu/about/job-opportunities/>

HEALTH CENTER MENTOR - Life College Of Chiropractic West, Hayward, CA. Must have a minimum of five years practice experience. Must have a current license to practice chiropractic in CA. Must have a clear record with the Board of Chiropractic Examiners in CA and all other states where licenses have been held. Maintain an active x-ray Supervisor & Operator permit with CA Dept. of Public Health. Please see full job description at <http://lifewest.edu/about/job-opportunities/>
To apply, please email your resume to jobs@lifewest.edu

CLINICIAN-PT Faculty - Palmer College of Chiropractic, West Campus, San Jose, CA. The individual in this position will be responsible for the monitoring and assessing interns' performance in the clinic environment. Requirements include: Doctor of Chiropractic degree; 3 years minimum experience as a field doctor/chiropractic educator; current/active license for State of CA. Visit <http://www.palmer.edu/JobOpenings/> for full posting and application instructions.

FACULTY – FT DACBR - Palmer College of Chiropractic, West Campus, San Jose, CA. This faculty position will include assignments in the chiropractic sciences with an emphasis in radiology instruction. Doctor of Chiropractic Degree required; Diplomate of the American Chiropractic Board of Radiology (DACBR) required; 3 years prior teaching experience preferred. Visit <http://www.palmer.edu/JobOpenings/> for full posting and application instructions.

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An Approach To Help Patients Financially as Well as Physically

By Douglas C. Fitzpatrick
Attorney at Law

Sometimes it seems that the gains made by treatment can be offset, at least in part, by the cost of care, the patient's time away from gainful employment and the inconvenience of the treatment process. This is especially true for patients who are living on-the-edge financially. What, if anything, can the treating chiropractor do about it? Should health care providers assist patients by guiding them to insurance benefits and financial remuneration that may be available as a result of an injury? How proactive should a chiropractor be in directing patients to benefits of which they may be unaware?

Let me suggest a paradigm shift that could be a win-win for both patients and chiropractors:

The intake process could include gathering specific and targeted information that directs the patient to sources of reimbursement for not only your fees but other compensation as well. Often, there are substantial benefits available to patients that are overlooked. For instance, if your fees have been paid by the patient with a check or credit card, why shouldn't he also be reimbursed through the medical payment benefits of his auto coverage? And after your fees have been reimbursed to the patient, why shouldn't he also pursue compensation from the driver who caused the accident?

Consider the all-too-common fact pattern which frequently results in soft tissue injuries to motorists who find themselves in need of chiropractic care for relief: The patient ["Driver #1"] is stopped at a traffic light while running an errand for his employer. He has auto coverage which includes medical payment benefits. He also has health insurance. Driver #1 is rear-ended by another motorist ["Driver #2"] who is also on-the-job and distracted by an incoming text message. Driver #2 and his employer have automobile coverage.

What are the potential sources of reimbursement to the patient? 1] His med pay coverage; 2] His health insurance; 3] Worker's compensation benefits from his employer [remember: the patient was on-the-job when the accident occurred]; 4] Driver #2's auto liability insurance coverage; 5] Driver #2's employer's liability coverage [remember: Driver #2 was also on the job when the accident occurred].

*How grateful would your patients be if, as part of the intake process, you pointed them to benefits and insurance coverage about which they were unaware?
How much goodwill would you generate if you helped patients find coverage to pay not only your fees but compensation above and beyond your fees?*

The prospect of multiple recoveries from different insurance companies doesn't necessarily translate into payments from each. But it could. The patient would need to communicate with the insurance companies to find out what the policies say about each insurer's obligation to pay benefits. Which company is primarily obligated to pay for the costs of treatment? Which is secondarily obligated? What are the rights of each company to reimbursement for benefits paid ["subrogation"]?

It may turn out, under our hypothetical, that the patient is entitled to recover two or three times for the cost of treatment. The prospect of multiple recoveries for the same charges is facetiously described by some claims adjusters as "double dipping." The inference is that the patient is doing something dishonest by benefitting financially from the accident.

If double or triple dipping is available because a motorist has purchased protection in the form of insurance or it is a benefit of employment, there is no reason why the patient should not receive those benefits AND also pursue the party who caused the accident for additional compensation. If the injured motorist has acquired coverage from more than one source through the payment of premiums with hard-earned dollars, benefits should be paid in accordance with the policies notwithstanding protestations of "double dipping" by claims adjusters.

How grateful would your patients be if, as part of the intake process, you pointed them to benefits and insurance coverage about which they were unaware? How much goodwill would you generate if you helped patients find coverage to pay not only your fees but compensation above and beyond your fees?

It doesn't need to take significant time or energy to ask questions, through the new patient registration process, which

prompt the patient to identify insurance coverage and other sources of compensation which will mitigate the cost of treatment.

Additional information can be found at the author's website, www.selfhelpautoclaims.com along with A New Patient Benefits Inquiry Form, in a PDF format, which can be downloaded without cost.

Douglas Fitzpatrick studied law at Chicago-Kent College of

Law, the second oldest law school in the state of Illinois. After graduation, he moved to Arizona where he passed the bar exam in 1977. He taught law at Phoenix College while launching his private practice. He has practiced law in Arizona's state and federal courts for almost 40 years.

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LIFE CHIROPRACTIC COLLEGE WEST

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Dr. Amit (Jimmy) Nanda Elected Chair of the Board of Regents



The Life Chiropractic College West Board of Regents has unanimously elected Dr. Amit (Jimmy) Nanda as its new Chair. Dr. Nanda has served on

the Life West board since 2014 and as the Chair of the Governance Committee since 2015.

The election of Dr. Nanda, which followed the appointment of former board Chair Dr. Ron Oberstein to become the college's Interim President, is especially notable since he is believed to be the first Chiropractic College Board Chair of Indian origin. Dr. Nanda is an Ontario-based chiropractor and founder of the India Association of Chiropractic Doctors. He has focused significantly on promoting diversity – including through enhanced recruitment efforts and international seminars – for Life West and throughout the profession.

As a Life West graduate of 2003, Dr. Nanda is deeply committed to shepherding his alma mater into a continued legacy of excellence in chiropractic education. He has been a leader in helping chiropractors expand their practices and grow their influence in Canada for the past 13 years. During his career he has owned and operated a number of chiropractic offices throughout Canada and India and is currently involved in

facilitating the expansion of health services in both countries.

The principles of giving, loving, doing and serving have been the bedrock of Dr. Nanda's work. He has been involved in many mentoring programs such as anti-bullying and multicultural promotions for positive race relations. As a practitioner, he has offered free chiropractic care to military and police families and to those that could not afford care. Giving back is a core value of his life.

In addition to Dr. Nanda's election, board member Dr. Kristen Giles was elected Vice Chair of the Board of Regents. Dr. Giles is a 2000 graduate of Parker University. She maintains a practice with her husband, Dr. Paul Ruscica, in Napa, California.

Dr. Ron Oberstein Appointed Interim President at Life Chiropractic College West

Dr. Ron Oberstein, a nationally recognized chiropractor and until recently Chair of the Board of Regents of Life Chiropractic College West (LCCW), has been named Interim President following the departure of Dr. Brian Kelly, who served a six-year term at the Northern California institution. The college announced that a presidential search process is now underway, and that the

Board of Regents has elected members Jimmy Nanda, DC, to succeed Dr. Oberstein as Chair, and Kristen Giles, DC, to serve as Vice Chair.

Dr. Oberstein is a 1981 graduate from Life Chiropractic College in Marietta, Georgia. He has a wife who is a chiropractor and three daughters – two of whom are doctors of chiropractic and one who is currently studying at Life West. Dr. Oberstein has left the Life West Board of Regents and has assumed the responsibilities of the Office of the President of the College.

Besides his service on the Board of Life West, Dr. Oberstein is a past Vice President of the International Chiropractors Association and currently serves on its board and is significantly involved in many facets of engagement and professional development in the chiropractic community.

Dr. Oberstein stated that under Dr. Kelly, "Life West has come into its own as a national leader in outstanding chiropractic education and has significantly advanced our mission to create a brighter future for humanity."

Dr. Oberstein, who resides in San Diego but frequents the Life West campus, is looking forward to working with the team at Life West.

"I am honored and proud to serve Life West in this new role. This college is truly extraordinary. From the outstanding faculty, to the dedicated staff and the brilliant and passionate students, Life West has all the ingredients to continue to educate the very best chiropractors in the world. I am excited to contribute to this amazing community."

**Life West is Proud to Present
Our New Sports Performance
Institute and Sports Chiropractic
Educational Program**

Life Chiropractic College West's Sport Performance Institute is built on the philosophy of vitalism, which makes the program unusual in chiropractic education. A vitalistic philosophy recognizes the inherent ability of the body to self-organize and heal. This philosophy is especially valuable to athletes as they pursue optimal function.

Most people recognize how a chiropractic adjustment benefits athletes in pain management and recovery from an injury. Professional athletes have slowly come to rely on chiropractors in their training and recovery teams – but, there is so much more that chiropractic offers to all athletes.

Life West's Sports Performance Institute is focused on the belief that a subluxation-free athlete will perform better, regardless of pain and injury. In fact, when under great chiropractic care, the athlete will be less likely to be injured. When we consider the powerful and intricate relationship between the brain and the proprioceptive senses, it becomes clear that chiropractic adjustments affect the body and the brain in powerful ways that have significant value for anyone who focuses on physical performance.

Life West is dedicated to training chiropractors to become powerful agents in helping athletes to manage their injuries and also to excel in their personal expression of health, wellness, vitality and peak performance, by focusing on removing subluxations.



Life West's Sports Performance Institute is available to our students in three parts. Students can join the SPI club on campus, take an SPI elective or join the Sports Performance Institute.

Students are mentored by a strong roster of faculty members with years of experience caring for athletes from pro

teams and world class competitors, to high school athletes. Our faculty have cared for the Oakland A's, The Cal Berkeley Bears, and many Olympic athletes.

Life West is excited to change the sports chiropractic world and share chiropractic's vitalistic message with athletes everywhere.

The India Mission

Life Chiropractic College West is proud to be a part of a ground-breaking initiative to expand the experience of chiropractic in India. India is an ancient land steeped in tradition and deeply connected to a rich and vibrant history. The people of India are well-versed in eastern philosophy and very receptive to the vitalistic message of chiropractic. The entire country of India has 1.2 billion people and only 10 full-time practicing chiropractors. The people understand and are clamoring for our unique and effective form of health care. We are uniquely positioned to not only provide excellent chiropractic care but to also mentor and shape the understanding and experience of vitalistic, subluxation-based chiropractic care in India.

For this project, Life West has teamed up with the India Association of Chiropractic Doctors (IACD) and the Sant Nirankari Mission. The Sant Nirankari Mission provides a major spiritual retreat twice every year (in November and January) which draws over 1.5 million people to a temporary city over a three day period. The scale of service is nearly unimaginable. It takes 60,000 volunteers to staff each event. The chiropractic tent has grown exponentially with each service trip and needs many more experienced and caring chiropractors to help us provide care. ***We need your help.***

We welcome experienced chiropractors to join us in this unprecedented chiropractic mission experience. You will be working alongside chiropractic students as we provide care for thousands of people daily. The level of gratitude and appreciation you will receive from the patients will be unlike anything you have ever experienced. Registered and approved doctors will have accommodations and transportation arranged for them in country. You will only need to take care of your visa, your flights and your adjusting table. [Click here for more information.](#)



SCUHS Establishes a Relationship With the USOC Training Center

The University has established a relationship with the USOC whereby our qualified sports medicine residents can participate in clinical rotations at the USOC Training Center in Chula Vista. These clinical experiences will be on site at the training center, and supervised by USOC clinical staff.

Our chiropractic doctors provide collaborative, integrative, multidisciplinary health care services to athletes registered at the Olympic Training Center in Colorado Springs, Chula Vista and Lake Placid. It is our team's responsibility to provide evidence based sports performance medicine in support of the training and competition needs of elite and developing National Governing Body (NGB) athletes at the USOTC. It is an honor to be chosen to be part of the USOC Sports Medicine Team.

Dr. Babikian Olympic Rotations

Over the last few years, Dr. Annie Babikian has had the amazing opportunity to complete several rotations at two United States Olympic Training Centers. First in Chula Vista, California with Senior High Performance Health Care Provider, Drs. Kevin Pierce and Brett Guimard and in Colorado Springs, Colorado with Dr. Bill Moreau, Managing Director of Sports Medicine for the US Olympic Committee (USOC), Chief Medical Officer for the Rio Olympic Summer

Games, 2016, and Clinical Professor at SCU, and Dr. Dustin Nabhan, Associate Director, Clinical Research & Multidisciplinary Care for the United States Olympic Committee.

Working at the Olympic Training Center is both a rewarding and educational experience. Chiropractors are highly valued and held to a high standard in the world of Olympics and the rotations are an opportunity to work with some of the best chiropractors and sports medicine doctors in the world as well as some of the best athletes in the world. During her time at the Olympic Training Centers, Dr. Babikian had the chance to work with athletes heading



Dr. Annie Babikian

to the 2016 Olympic Games in Rio and Paralympic athletes just returning from Paralympic trials. She said that working with elite athletes is a lot of pressure, "they will be competing in the Olympics, so not only do you want to provide the best care, you also want to consider what has worked for them in the past because they are used to things being done a particular way."

For Dr. Babikian the knowledge she gained during her rotation is invaluable. "The Olympic Training Center is at the forefront of any new evidence being discovered, and during my rotation there I learned the most up to date diagnoses, examinations and treatment protocols."

The rotations provided her with a new and different perspective as she had the opportunity to observe the thought process and approach of other doctors, and then analyze how she herself would have provided treatment and care. In addition, she stated that the best thing she learned through her rotations was to view every patient as an athlete, "it is awesome to treat someone who is representing our country, who is pushing their body to its highest potential and also being able to utilize the same skills and treat someone who is not necessarily an athlete but whose body requires the same functions and care."

Dr. Annie Babikian is a clinical faculty member for SCU's Spine Care Center and a Clinical Supervisor at SCU Health System. She graduated from La Sierra University with a degree in Biology: biomedical sciences before earning a Doctor of Chiropractic degree from Southern California University of Health Sciences. She has always had a strong interest in the multidisciplinary approach to prevention and treatment of musculoskeletal injuries. Dr. Babikian became the inaugural spine care resi-

dent in May 2013 and completed the program in May 2015. She has completed the Diplomate through the American Chiropractic Board of Sports Physicians and is currently pursuing the Diplomate through the Academy of Chiropractic Orthopedics.

Dr. Babikian expressed what an honor it was to be invited by Dr. Bill Moreau to do a rotation at the Colorado Springs Olympic Training Center and then complete two other rotations in Chula Vista. "I learned so much during my time there and I hope I can bring back the knowledge to share with all the interns at SCU and utilize it with my patients."

Dr. Holder Attends 2016 Paralympic Games

Sports Medicine Dr. Troy Holder had an amazing opportunity to work as a medical service volunteer at the 2016 Paralympics, in the role of Chiropractor

at the Polyclinic in the Olympic Village. Dr. Holder is a current resident of SCU's Sports Medicine Residency program. He graduated in 2010 from Palmer College of Chiropractor West, before ultimately deciding to pursue a Chiropractic Sports Medicine Residency at SCU to fulfill his passion to utilize his skills in helping athletes.

Working at the Paralympics/Olympics are the pinnacle of Sports Chiropractic and for Dr. Holder the opportunity is a dream come true. It represents years of his hard work and dedication in chiropractic care. He stated, "It was such a rewarding experience, I don't know if or when I will get an opportunity like this again. To say it means the world to me is an understatement."

During Dr. Holder's time at the Paralympics he had the chance to work alongside a truly interdisciplinary team. Doctors and providers from a variety of

specialties, such as osteopath, physical and occupational therapy, as well as M.D.s and chiropractors, all worked together in collaboration for the best interest of the athletes.

For Dr. Holder, the best thing about going to the Paralympics was having the opportunity to work with such a high caliber of athletes from a diverse range of sports. He provided care for athletes in powerlifting, paratriathlon, rowing, track and field as well as cycling and sitting volleyball. He stated, "It was great getting to know them, see their amazing dedication and athleticism, and be able to be part of it all."

Dr. Holder also expressed immense gratitude to Dr. John Scaringe, Bill Moreau, Melissa Kimura, and David Foster who were all instrumental in helping him achieve such an amazing opportunity.

SCU at the 2016 USA National Fencing Championship

This past summer, SCU Spine Care Doctor, Annie Babikian, and Sports Medicine Resident, Dr. Parker Dominique and Troy Holder had the opportunity to assist at the 2016 National Fencing Championship in Dallas alongside SCU alum and Director of Sports Medicine for USA fencing Jeremy Summers. As the largest fencing tournament in the world it draws in nearly 4000 competitors from all ages, competing for gold medals in 90 events. Drs. Babikian, Dominique and Holder all had the opportunity to treat athletes of all ages, from as young as 8 and as old as 80. They saw everything from wrist, elbows, low back and shoulder injuries to puncture wounds and concussions. SCU is proud and honored by the achievement of their alumni and grateful for their inviting current SCU residents and doctors to assist at events such as these.



American chiropractors and a Japanese chiropractor working together at the Polyclinic at the 2016 Rio Paralympic games. Left to Right: Jeremy Busch, Troy Holder, Kaz Isa (Japan), Josue Maysonet, Jason Kim, William (Buddy) Ramsey.



Palmer's West Campus Hosts Community Town Hall Event With San Jose Mayor Sam Liccardo

Palmer College of Chiropractic's West campus hosted a special Community Town Hall event with San Jose Mayor Sam Liccardo on Monday, Oct. 17. Other Town Hall participants included West Campus President Bill Meeker, D.C., M.P.H., and Carl Guardino, CEO of the Silicon Valley Leadership Group (SVLG), a public-policy business trade organization that advocates on behalf of more than 400 prominent Silicon Valley employers (including Palmer College) on issues, programs and campaigns that affect the economic health and quality of life in Santa Clara County.

The Community Town Hall series, coordinated through the SVLG, features informal discussion about various socio-economic issues impacting the Silicon Valley, as well discussion specific to the region in which the Town Hall event is taking place (which, for the Oct. 17 event, focused on the northern region of San Jose, where Palmer's West cam-

pus is located). The program concluded with a Q&A session with the audience.

"Palmer was proud to host the Community Town Hall event with Mayor Liccardo, and Mr. Guardino, which provided an opportunity for members of the Palmer community, as well as business and residential members of our neighboring community, to have direct interaction with two prominent leaders who play key roles in the decision-making process that impacts the quality of life for everyone who lives or works in Santa Clara County," said West Campus President Bill Meeker, D.C., M.P.H. "Hosting the Town Hall event also provided a unique opportunity to promote the various ways that Palmer impacts the quality of life in the Silicon Valley, from our campus-clinic and network of outreach clinics, to our broad participation in community events, as the Silicon Valley Leadership Group."



San Jose Mayor Sam Liccardo (center) participated in a recent Community Town Hall event at Palmer's West campus, which included West Campus President Bill Meeker, D.C., M.P.H. (left) and Silicon Valley Leadership Group President/CEO Carl Guardino.

Democratic Congressional Candidate Ro Khanna Visits West Campus

Ro Khanna, Democratic candidate in the Nov. 8 runoff-election for California's 17th Congressional district seat, visited Palmer College of Chiropractic's West campus recently for a tour of the campus, and to learn more about Palmer College and the chiropractic profession. The 17th district encompasses portions of Alameda and Santa Clara Counties, including the region in which the West campus is located.

During his visit, Mr. Khanna met with West Campus President Bill Meeker, D.C., M.P.H., and was joined by James Musick, D.C., a 1972 Palmer Davenport



Ro Khanna (center), who won the Nov. 8 runoff for the Congressional seat in California's 17th Congressional district, visited Palmer's West campus prior to the election, where he met with West Campus President Bill Meeker, D.C., M.P.H. (left) and James Musick, D.C. (right).

alumnus who maintains a practice in Milpitas, and also serves an officer for the California state-chapters of the ACA and ICA.

"I appreciate Mr. Khanna taking time to visit our campus for the purpose of learning more about our program, and the many ways that Palmer serves the community, including our network of outreach-clinics that have received Congressional recognition," said Dr. Meeker.

West Alumna Achieves “Dream” Appointment at Walter Reed

Stephanie Johnson, D.C. (West, '12) was recently appointed as one of the chiropractors providing care for active military-service members in the Physical Medicine and Rehabilitation department at the Walter Reed National Military Medical Center (WRNMMC) in Bethesda, Md. – becoming the first woman to provide chiropractic care at the world’s largest military medical center.

“Working at Walter Reed is definitely the dream — my reaction to having been selected as one of the full-time chiropractors is currently an unknown adjective!” said Dr. Johnson, who graduated with honors, was active in multiple programs and activities as a West campus student, and served a term as National SACA chair.

Dr. Johnson is proud of her pioneering appointment – in particular, so a broader base of patients can benefit from chiropractic care.

“It is important to have both women and men in a team of chiropractors to provide options for patient preference,” said Dr. Johnson, whose chiropractic colleagues include West '89 alumnus



Stephanie Johnson, D.C., 2012 alumna of Palmer’s West campus – the first woman chiropractor at Walter Reed Medical Center.

Terrence Kearney, D.C., (who has served as one of the staff chiropractors since 1999), and Name Fernandez, D.C.

“In a military hospital, many individuals are used to only seeing a male chiropractor, so I find it meaningful to be a woman on board to demonstrate that our strength and skill parallels that of men. I find it especially important to bring a woman to a team of chiropractors to serve as an inspiration to other women who are looking for career paths within the health field.”

Dr. Johnson, a California native, was inspired to pursue a position at WRNMMC (which opened as the Walter Reed General Hospital in 1909, and is historically known as “The President’s Hospital”) following her participation in Palmer’s VA/DoD Internship program at WRNMMC.

“My internship under Dr. (William) Morgan (West, '85) ranks at the top of my collective chiropractic experiences,” said Dr. Johnson, who continues to provide care for patients at her private practice in Annandale, Virginia, two days a week, and also serves as an emissary for the Foundation for Chiropractic Progress (F4CP).

“The multidisciplinary clinical-setting, the patient demographics, and the six months of high-quality mentorship were unparalleled. The capacity to serve at WRNMMC was incredible, and I knew that if an opportunity were to ever arise to work at the hospital, my answer would be a resounding, ‘Yes!’”

Dr. Johnson’s patients at WRNMMC are pleased by the integration of chiropractic care into DoD and VA-managed health centers.

“Many express their appreciation by

making a point to say their chiropractic visits are what they look forward to most in their day, and comment that chiropractic is the only thing that keeps their headaches aware, or their bodies functioning at optimal capacity,” said Dr. Johnson, a Registered Yoga Teacher (RYT), who completed the Marine Corps Marathon in 2014, and studies all forms of dance, including classical ballet and modern, for more than 20 years.

“My opportunity to care for active military and veterans provides me with a unique and awesome way of saying, ‘Thank you for serving to protect this amazing country we get to call home.’”

Palmer to Again Have Major Presence at SVTT

Since the inaugural event in 1995, the Silicon Valley Turkey Trot has grown to become the largest timed-event of its type in the U.S. – and, for the eighth year in a row, Palmer’s West campus will play a major role in the Thanksgiving-morning event, which last year drew more than 20,000 participants, and has raised more than \$5 million for local charities.

Palmer College is one of the SVTT sponsors; the Sports Council (featuring doctors and interns from the Palmer Chiropractic Clinics on the West campus in San Jose) provide complimentary race-day care; West campus students organize an on-campus canned-food donation drive (in support of the SVTT’s “Can Do Challenge” for Second Harvest Food Bank) – and the multi-segment Palmer Spine, carried by West campus students, faculty and staff, is regarded as “the backbone” of the Silicon Valley Turkey Trot.

[Click here](#) for additional information about the Silicon Valley Turkey Trot.

The California Chiropractic Association

The CCA Journal magazine

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The California Chiropractic Association *Journal* is a four-color digital magazine published six times each year by the California Chiropractic Association (CCA) and distributed to member doctors of chiropractic in California as well as out-of-state members and student members. Latest Google Analytic readership numbers: 1,467 readers and 1,730 sessions.

<u>Issues</u>	<u>Deadline</u>	<u>Issue Date</u>
January/February	December 14	January 1, 2017
March/April	February 12	March 1, 2017
May/June	April 13	May 1, 2017
July/August	June 17	July 1, 2017
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