



THE ICA CHOICE

Vol 56, No. 02 November 2019



ICA – Implementing B.J.’s Global Vision

ICA Ambassador Program: The ICA-King Koil Fall 2019 China Tour

By Robert J. De Bonis, DC, FICA

THE FOUNDATIONS

We only must look back to the founding of the International Chiropractors Association, in 1926, by BJ Palmer, as the first and only President until his passing in 1961, to realize that he had a huge vision for chiropractic and this organization. This organization was formed because of the need(s) of the profession, that were at the time recognized by BJ. Chiropractors were being arrested and going to jail for practicing medicine without a license by doing chiropractic, new developments in the profession needed to be disseminated, the concept of chiropractic needed to be promoted, to just name a few among others. His idea was bigger than a family business, bigger than Davenport, bigger than the Midwest, or the US, thus he put the “I” in the front of his association, for International. He had a global, world view.

In 1967, King Koil and the ICA began a relationship of developing bedding with input on design from ICA’s Posture Committee. In 1969, ICA awarded King Koil a global acknowledgement and endorsed their products. Fast forward to 2018 and the



ICA signed a ten-year agreement to bring ICA chiropractors to China. The partnership is based on a simple concept, ‘Chiropractic corrects’ and supportive bedding protects.

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Providing Chiropractic Care to the Samoan People

By Lora Tanis, DC, DICCP

Five years ago, the Royal Melbourne Institute of Technology (RMIT) in Melbourne Australia forged a relation with the country of Samoa to provide students a clinical placement providing chiropractic care to the Samoan people. Long-time ICA member and past chair of the ICA Pediatric Council, Dr. Lora Tanis, has been the clinical supervisor for this program since its inception.

“This has been an incredible experience for the students as well as myself.” states Dr. Tanis.

The two-week clinical placement each year provides free chiropractic services to any person in Samoa. The Paul family has graciously provided a space in their village for the clinic. Without them, the clinic could not have become a reality. They not only provided a workspace, but they also have a vegan restaurant and a motel where the students and mentors are housed.



2019 Samoa Team, from left: Sarah Bayliss, Liam Burke, Alison Calanca, Stephanie Hallak, Josh Bilson, Lora Tanis, DC, DICCP

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ICA COUNCILS

The Council on Chiropractic Pediatrics
The Council on Chiropractic Philosophy
The Council on Upper Cervical Care
The Council on Fitness and Sports Health Science
The Council on Applied Chiropractic Sciences
The Council on Wellness Lifestyle Science

CONFERENCES & EDUCATIONAL PROGRAMS

Council on Philosophy Annual Conference in Davenport

Annual Super Conference on Chiropractics & Pediatrics

Advances in the Management of Traumatic Injuries (AMTI) Module 1 of a 5 Part Series

Fitness Symposium 2020 – 29th Year in Conjunction with the Arnold Fitness Expo

IN MEMORIAM

Nell K. Williams, BS, DC

Adam Apfelblat, DC

Franco Columbu, DC

Dr. Piet Seru, DC

Jeanne Ohm, DC

NEWS BRIEFS

Breaking South Carolina News

ICA Annual Philosophy Conference, Davenport

Late Breaking: Thousands Gather on Washington Mall for V.I.E. Event

ICA President Rejects Proposition That Subluxation Based Chiropractic is Not Evidenced-Based

ICA-Canada Established

The India Mission Project

ICA Announces Diplomate in Clinical Chiropractic Pediatrics to Start Feb. 29, 2020

Lloyd Table Company supports Foundation for Chiropractic Progress' Olympic Commercial Campaign

F4CP Honored with Top PR Industry Award

Two-year study says this activity destroys your emotional and physical health

ICA AFFILIATED COLLEGES CAMPUS ROUNDS

We Are Parker Strong! Parker University Announces Rebuild Campaign for Campus Restoration Process

Palmer College of Chiropractic Set to Make Nearly \$20 Million in Capital Improvements

Palmer College of Chiropractic Honors its Founder D.D. Palmer, with a New Statue

Sherman College Launches "I'm READY" Initiative

New Scholarship Named after Spartanberg Chiropractor John H. Porter, Jr.

2019 Homecoming Brings Fun, Education, and a Celebration of Friendship to CUKC

CUKC Receives Grant from Kansas Health Foundation

Life Chiropractic College West to Host CE Seminar in Jerusalem

Life University confers 2019 Annual Recognition Awards

ADVERTISEMENTS

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Palmer College

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Parker University

ICA Choice Display Advertising Rates

The ICA-King Koil Fall 2019 China Tour

Continued from front page

DEVELOPING A PROGRAM

The beginning of the ICA Ambassador Program began years ago when past ICA Executive Director, Ron Hendrickson and Program Director Coralee Van Egmond, DC, FICA traveled to China and spoke on behalf of the ICA. Immediate ICA past President George Curry, DC, FICA, strengthened the program by organizing multiple groups to travel to China throughout the year. Claire Welsh, DC, FICA, Chairwoman of the ICA Ambassador Committee and ICA President Stephen Welsh, DC, FICA solidified the program by officially committing the ICA and King Koil to expand and deepen the mission of bringing chiropractic to the world, by signing a ten-year agreement in 2018.

This enables ICA chiropractors to tour China at least three times a year, sharing the message of chiropractic and the importance of healthy supported sleep. This outreach supported by King Koil in Shanghai, China, is with the clear mission of the importance of chiropractic care for the health of the people of China. It's the vision of the program to increase awareness on the importance and value of chiropractic care not only in China, but ultimately around the world.

SPREADING CHIROPRACTIC IN CHINA

The importance of keeping the spine free from interference and introducing the terminology of vertebral subluxation is understood in China, without resistance. The term, roughly translates into Chinese as a nerve blockage, as opposed to a mechanical musculoskeletal misalignment or lesion. This



Dr. De Bonis adjusting during the tour.



Dr. De Bonis giving a presentation.

message being presented by dozens of ICA members, in over 80 cities throughout China, is pure chiropractic. The understanding that there is an Innate Intelligence that uses the brain and central nervous system as a communication system parallels an ancient Chinese and Asian philosophical tenet of life energy force flow in the body. There is no new acceptance required. It is universally accepted as truth and familiar by the greater society.

The ICA had the privilege and responsibility of delivering the



Dr. De Bonis adjusting.

keynote address sharing the chiropractic message to the First Annual Children's Spinal Health Symposium to medical doctors and other spine care professionals. The ICA presented a project idea to our KK partners that would bring Spine Care & the Straighten Up program to schools in China. The ICA is proud to announce that the recent tour brought the first presentation on Pediatric Spinal Health to an audience of a hundred teachers and administrators in one of Shanghai's largest school districts which will affect the lives of millions of children in the years to come.



Chiropractic care was offered and rendered to the vast majority of everyone in attendance at every venue. King Koil & the people of China get the Big Idea. It is demonstrated when mothers and fathers line up to have their healthy babies checked for 'nerve blockages'.

SERVICE THROUGH MISSION AND VISION

There are many personal stories, impressive case outcomes and results, far too many to mention here. An older woman who bowed to me, reached out and took my hands and place her forehead in them after getting adjusted as a sign of deep respect, gratitude and appreciation. A man who gave me a hat that says, "I am the salvation of the village" after spending the morning watching me adjust people.

Presents, gifts and invitations as a means of achieving fair exchange for what they are receiving. Or the family that drove through the night over six hundred miles to get checked be-



Dr. De Bonis interacting with a baby while on the China Tour.

cause their aunt gave them a call after her adjustment telling them about chiropractic. From my personal perspective, of being in practice for over forty years, I see this service as the pinnacle of my professional career. Truly finding total acceptance and recognition for the profession I've been fighting for and defending for a lifetime, brings an unparalleled level of satisfaction. All this will make you humbled at the power you have in your hands as a chiropractor.

As an ICA Ambassador you're a teacher, Chiropractic missionary, but most of all, a Chiropractor fulfilling your mission. If you feel a call to be part of something bigger, to have a greater impact with your passion and purpose in life, step up and volunteer to become an Ambassador for the ICA Ambassador Program. Each of us can help fulfill BJ's BIG IDEA, help bring chiropractic to the world and guard it well. That is a sacred trust.

Over 58 Years of Healing Children Naturally

OKLAHAVEN
children's
Chiropractic
center

**HAVE
-A-
HEART
2020**

Give Your Heart
1962 2020

Valentine's Week 2020
Give your Heart to
Heal Children Naturally

The "Oklahaven" Children's Chiropractic Center is a non-profit organization dedicated to helping the most profoundly hurt children amongst us using natural, drug-free chiropractic.

Children respond quickly to adjustments since their bodies have great recuperative powers. Many parents come to the Center as their last hope.

The Center specializes in the treatment of neurologically disorganized children: nursing difficulties, colic, diarrhea, allergies, asthma, failure to thrive, developmental delays ADHD through the autistic spectrum, and cerebral palsy are just a few conditions that have been successfully treated.

The Center has never received state, federal, or United Way funding, but continues to help children, as it has since 1962, through the generosity of the people who believe in a natural lifestyle for children.

chiropractic4kids.com

TIC.REVOLUTION 2019

NOV 30

SPEAKERS

7:30 am- 8:30 am

REGISTRATION + WELCOME MESSAGE



DR. STEVE JUDSON
Wake up, Humans!



DR. GEORGE CURRY
The Power of Evidence Based Chiropractic



DR. JUSTINE BLAINÉY
Go for your Dream!
But be prepared to take your 'HITS' too!



DR. AMY HAAS
Practical Adaptability:
Next Level Certainty



DR. AMIT SHARDA
Secret Social Media Strategies Revealed!



DR. MANJIT GAUBA
The Chiropractic Possibility



DR. ANKUR TAYAL
Evidenced-Based Philosophy



DR. CYNDY SHAFT-TOLL
Connecting Effectively with your Target Market



DR. ALEX VIDAN
The Winners Edge: Research and Communication for pro-athletes



DR. PETER AMLINGER
Does your TOR match your TIC

DEC 1

**BODY-SPORT
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8:00am-12:00pm**



DR. SEAN DRAKE
Body-Sport Connection

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Providing Chiropractic Care to the Samoan People

Continued from front page

“We couldn’t have a more perfect partner!” reflects Dr. Tanis.

There are several challenges that the population of Samoa face currently. Lack of healthcare providers/specialists in all areas, equipment, diagnostic services and the sometimes-unbearable heat are a few of the obstacles providing national healthcare. Because of these limitations, many Samoan people come to the clinic for help. They are often not aware of what chiropractic is but know that there is a team from the US and Australia there to help. It’s a great opportunity for the students to put into practice all the clinical skills learned in chiropractic school. “On the job training for the students provides invaluable experience not only in their skill set but their confidence.” says Dr. Tanis.

An integral part of ICA’s Vision and Mission statement is to promote Chiropractic care throughout the world. Dr. Welsh, ICA President, asked Dr. Tanis what they needed most in order to provide the best quality of chiropractic care in Samoa. A good, stable and strong adjusting table with drop pieces was the first item on the wish list. The tables being used were showing their age and either broken or being held together by Kinesiotape (who knew all the uses for K-tape!). As safety is always Dr. Tanis’ number one concern, she wanted the most secure tables that could handle patients of every size. This year, ICA came to the rescue by providing two new chiropractic tables.



Starting work at the clinic with the students.



Opening and assembling the new adjusting tables.

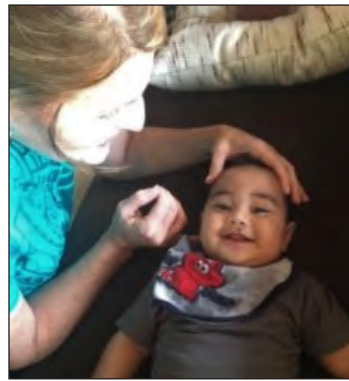


Walking to the clinic.

Dr. Tanis’s Thoughts and Vision:

I have come to love Samoa very much and the people we serve. A part of my heart stays there each year as I see the need for chiropractic care and how it aligns with the traditional village healers’ ideals.

I cannot thank the members of the ICA enough for supporting our national organization which in turn supports chiropractic



Mothers and babies come to the clinic for care.

worldwide. A big thank you to Beth Clay, Acting Executive Director for finding a way to ship the tables to Samoa.

The Samoans do not have access to chiropractic care other than the two weeks RMIT placement is there. I am hopeful that a sustainable chiropractic clinic will be in Samoa’s future. I am working and gathering information on how to make this a reality. Several of the students that were on placement and graduated are willing to come back and donate their time to work in a clinic. These are special students/now colleagues that applied for government money to come on placement and their lives and hearts were forever changed. I’m sure some of you would be interested in joining the efforts to be involved in something bigger than yourself. The miracles we see each and every day as the Samoan people regain health through chiropractic care must be comparable to what BJ experienced and wrote about.

I am forever grateful to RMIT and their students who have a heart for outreach, the Samoan government that makes it possible for us to be there, the ICA for equipment contributions, and the donations of organizations like Kinesiotape. For more information about the program, donations, and how to participate, email Dr. Lora Tanis at drloratanis@verizon.net.



First Team to Samoa. From left: Yoshi, Lora Tanis, DC, DICCP, Cherrie.



Marco Kappenberger and Maria Inez, contacts for the program who helped get the adjusting tables through customs.

President's Message

Stephen Welsh, DC



Guarding the Sacred Trust ... Expanding Internationally ... Growing Domestically ... And Building the ICA Brand.

Guarding the Sacred Trust ...

When Dr. B.J. Palmer founded the ICA in 1926 as the Chiropractic Health Bureau, it had a clear mission... defend chiropractors from charges of practicing medicine without a license and establish Chiropractic as a separate and distinct profession based upon its unique Science, Philosophy and Art.

93 years later, the political and competitive landscape has changed, but the core mission remains the same.

In the early 1970s it was the ICA that recognized the threat from organized medicine and supported the Wilks lawsuit that eventually led to a judgement against our principal competitor. It was the AMA's Committee on Quackery that defined the objective to contain and then eliminate chiropractic as a competing profession. Ten years ago, it was the ICA that initiated the legal action in New Mexico in order to curb the effort to introduce "prescription drug rights" into our profession. Once again, the ICA prevailed in its ongoing efforts to "Guard the Sacred Trust."

Today, the threat now comes largely from outside the United States. It has become apparent that although our principle competitor has abandoned efforts to eliminate chiropractic, the chronic pain/opioid crisis has renewed the desire to "contain" chiropractic. The irony is that our primary competitor views the ICA brand of chiropractic as "Broad Scope" and desires to limit the scope of chiropractic to just neck pain and back pain while denying efficacy for pediatric care, sports performance enhancement, and asymptomatic wellness care or any other neurologically based chiropractic service built around the foundation of correcting subluxations in order to allow the body to heal itself without the necessity of drugs and surgery. The formal complaint against members of the WFC Research Council in June was just the opening salvo in

the ICA commitment to keep the "N" (neurology) in NMSK (Neuro-Musculo-Skeletal) Chiropractic. The ICA has identified the epicenter of this latest effort and has recently announced support for Canadian members as we Guard the Sacred Trust in Canada.

Expanding Internationally ...

When B.J. initiated the name change to the International Chiropractors Association, he had a vision, and one that continues to be expressed in the ICA Vision statement: "Empower humanity to optimal life expression, health and human potential through specific and scientific chiropractic care."

Two years ago, under the leadership of Dr. George Curry, the first ICA/King Koil Global Awareness Tour was initiated. Last year, I had the honor of signing the new ICA/King Koil Cooperation Agreement solidifying our joint efforts to bring the benefits of Chiropractic to China. This year, under the leadership of the Chair of the ICA China Development Committee, Dr. Claire Welsh, the ICA has just completed the 2019 Fall Tour in which 10 ICA Doctors served as ICA Ambassadors and visited over 50 cities spreading the word to the people of China and laying the foundation for future efforts to bring the ICA brand of Chiropractic to China.

Plans for 2020 are already established and we look forward to the 2020 Healthy China Ningbo International Spine Health Forum to be co-sponsored by King Koil and the ICA in cooperation with the National General Sports Administration Research Center and Ningbo City which has been scheduled for Mid-May 2020. As the ICA continues to expand its influence world-wide, look for a new ICA Ambassadors Program for India, and an increased ICA presence in Canada and Europe as the ICA extends its support for efforts to defend the ICA brand of Chiropractic around the world.

Growing Domestically ...

Since its initial founding in 1926, the ICA has had a goal of eliminating discrimination against patients desiring to choose an alternative form of health care. The Pillars of the ICA objectives have centered around the concepts of non-discrimination, freedom of choice and universal access to Chiropractic care.

Today, the ICA continues that tradition with the development of a Medicare legislative framework that will serve the profession by presenting model legislation intended to break down the near monopoly position currently held by Big Pharma and open the US health care market to true competition, giving all US Citizens freedom of choice unencumbered by the artificial barriers that have driven patients toward high cost, high risk interventions that ultimately resulted in the opioid crisis our society currently faces. In an effort to promote civility within a long-divided profession, the ICA Board has recently approved a set of value statements. These value statements are designed to set an example by which all chiropractors can agree to respect the diversity of opinions, techniques and practice styles that exist within the profession and to work together to achieve the loftier goals that are universally accepted. The ICA intends to continue its efforts to advocate on issues and positions that will benefit all chiropractors world-wide.

Building the ICA Brand ...

Having been founded by Dr. B.J. Palmer, son of the “discoverer” of Chiropractic, there does not exist a “Brand” of Chiropractic with more authenticity and credibility than the ICA brand. I would suggest that D.D. Palmer was at least two hundred years ahead of his time. Current research is now validating the fundamental premise upon which our great profession was founded. We now have a scientifically plausible explanation for how the Chiropractic adjustment affects the brain, nervous system and enables the body to improve its functioning.

Now is the time to promote and expand the ICA brand. It is the ICA brand of Chiropractic that has the potential to lead the health care revolution. What the world needs now is a new focus on spinal health dedicated to the creation and maintenance of health, not as a complement to medicine, but as a true alternative approach that can meet the needs of society desiring to become healthier without a dependency on drugs and surgery.

There has never been a time in the 125-year history of the

chiropractic profession that has seen the opportunity that currently lies before us. The “Opioid Crisis” has opened the eyes of the public to the negative consequences associated with an overdependence on a pharmaceutical dominated system.

Our competitors in that system, realizing that the opportunity to eliminate Chiropractic from the competitive landscape has long passed, are now redoubling the efforts to “contain” Chiropractic. Their strategy is becoming clear: 1) accept spinal manipulation as an addition to the practice of medicine for musculoskeletal problems (neck and back pain only), 2) continue to deny neuro-musculoskeletal health benefits derived from the chiropractic adjustment which corrects subluxations, normalizes the nervous system, and allows the body to achieve a greater state of health (without the dependency on pharmaceutical solutions).

The ICA recognizes the long-term threat that exists and is prepared for a future in which our primary competition will come from outside our profession, and from outside the United States.

The challenges we face are great, the future of Chiropractic is in our hands. As the ICA increases its visibility, furthers the international involvement, and increases the member-base, the opportunity to have a voice on the world stage and influence the entire profession is huge. We are committed to ‘Guarding the Sacred Trust’ and ensuring that Chiropractic remains a separate and distinct health care profession.



Vice President's Message

Selina Sigafoose-Jackson, D.C., FICA



It's Time to Come Home to the ICA

Becoming a doctor of any type requires a tremendous investment of time and resources. Choosing to become a doctor of chiropractic brings with it the nuances of a profession that is often judged by others based on the medical model rather than on the chiropractic model.

Until seven years ago, I never thought helping run one would ever be a priority for me. I know my priority when asked to step into a leadership role for the ICA was to not allow our amazing profession to be swept away. To be lost in a sea of treatment or therapies or worse, let drugs and surgery infiltrate. So I did what I thought I had to do and said yes to saying "NO to drugs and surgery."

I never realized, almost 7 years ago, the amount of time, energy and resources I would give to defend chiropractic. How many arrows I might need to dodge by many I once called friends.

I am fortunate to have a very supportive husband and a thriving practice that can sustain me in my absence. Children who see the hours of time devoted to this profession and the ICA

and are proud not jealous.

I know not everyone has the support of a fellow chiropractic spouse or children that see past the long hours. For those of you who give, love and serve nonstop and just cannot give your time, energy, and talents, I am personally asking you to give your membership back to chiropractic through the ICA. I am asking you to come home to the ICA; where your views are respected and your membership is valued.

What I see ICA doing is creating and implementing councils, summits, plans, programs, laws, committees all to promote subluxation focused chiropractic. Writing rebuttals to attacks on subluxation, supporting national and international growth of vitalistic chiropractic and so much more.

I am asking you as a fellow servant and chiropractor to please reconsider your membership with the International Chiropractors Association. Dr. Sid Williams used to say that he would use anyone's dollars to perpetuate our chiropractic. We need your voice, your membership and your dollars to keep ICA and chiropractic a force to be reckoned with.

The ICA Mission

To protect and promote chiropractic throughout the world as a distinct healthcare profession predicated on its unique philosophy, science and art of subluxation detection and correction

Support the organization
that is supporting
your profession.

[To join ICA click here.](#)





SPEAKERS



Evan Katz, DC



Joe Betz, DC



Curtis Fedorchuk, DC

Module 1: Management and Documentation of MVC Injuries

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

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

REGISTRATION

	Early	Regular	On-Site
ICA Member DC:	\$400	\$450	\$500
Non Member DC:	\$450	\$500	\$550
Legal Professional:	\$215	\$265	\$325
CA/Non-DC:	\$215	\$265	\$325
Student:	\$200	\$200	\$200

CE Information

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

REGISTER

chiropractic.org/amti1



Questions?

Contact events@chiropractic.org or (703) 528-5000

Acting Executive Director

Beth Clay



Implementing the Developer's Vision

*A Report from Beth Clay, Acting Executive Director
and Director of Government Relations*

ICA Vision: Empower humanity to optimal life expression, health and human potential through specific and scientific chiropractic care.

ICA Mission: To protect and promote chiropractic throughout the world as a distinct health care profession predicated upon its unique philosophy, science, and art of subluxation detection and correction.

F.H. Barge in the introduction of *Giant Vs Pygmy* quoted B.J. Palmer, "Is a man dead if his ideals live?" and answered with, "No B.J. Palmer, you are not dead, you live in the hearts and minds of those who knew you and those who have read your works. Your fearless countenance is imprinted on our minds. Our courage against what some have called insurmountable odds stands out as an example for us to contemplate and emulate."

Stepping into an expanded role at the ICA, I have taken pause this month to reflect on the Vision our Founder, B.J. Palmer had for the ICA and in 2019 and looking forward to 2020 if we are implementing his vision for the organization. This is particularly important as the chiropractic profession prepares to enter its 125th year and as we seek to see improvements in the laws and regulations affecting access to chiropractors for military and veteran families; Medicare beneficiaries; and chiropractic care across the lifespan worldwide.

The last full year that B.J. was at the helm of the ICA was 1960, so I have used that as a starting off point of reflection. Among his comments at the 1960 annual conference, B.J. provided, "ICA has a definite capacity for greatness." The ICA started 1960 off with an organized effort with numerous programs intended to work together to achieve in the words of one editorial, "complete and total victory." During this time in the organization's history, the ICA was focused on "building professional strength as the underlying base from which all other future programs will be launched. Basic professional strength stems from two principal sources:

1. A vigorous, well-informed and growing profession, and
2. Organization.

Among the activities of that timeframe:

- The ICA published a pamphlet entitled "Back Injury" for members to share in their offices with patients and a focus on the need for more quality chiropractic research.
- ICA launched a "Fill the Colleges" program to double college enrollment in order to meet the chiropractor to population ratio needs before 1964.
- There was great emphasis on public relations for the profession.
- ICA testified in the U.S. Senate about Elder Care Plan.
- ICA launched a decisive multi-pronged action plan to vanquish the discriminatory actions within the insurance industry.
- There was a recognition that the ICA needed to be stronger and more organized.

Could B.J. have predicted in 1960 that 59 years later, 40 people a day will die from taking opioids as prescribed?¹ I cannot say, but I feel confident that he would have been able to predict:

- Early opioid use in patients with low back pain decreased by 90% when their initial visit was to a chiropractor rather than a primary care physician. And a 78% reduction in the risk of a long-term opioid use disorder in those who saw a chiropractor first compared to those who saw a primary care physician first.²
- A retrospective review of insurance data in the US state with the second highest opioid death rate found a 51% lower risk

for an adverse drug event across a 12-month period in adults with low back pain who received chiropractic care compared to those who did not receive chiropractic care. The likelihood for filling an opioid prescription for non-cancer low back pain was 55% lower for those receiving chiropractic care.^{3,4}

- Greater access to chiropractic care was directly linked to fewer young disabled Medicare beneficiaries filling opioid prescriptions in a 2011 study.⁵

- “Among older adults, access to chiropractic care may reduce medical spending on services for spine conditions.” The outcome of an NIH-funded study using Medicare data evaluated access to chiropractic care and the cost of spine conditions among older adults. The authors specifically note, “we found some evidence of a relationship between lower accessibility of chiropractic care and higher spending on diagnostic imaging and testing for spine conditions.”⁶

One of the ICA goals for 2020 is the same as it was in the 1960s, to continue to make reforms in the insurance industry, to finally bring an end to the type of findings published in a 2018 White Paper on Evidence-Based Pain Management which noted, “Practitioners licensed in fields such as ...chiropractic...provide care that is 60–70% less likely to be reimbursed. Even when health coverage is available it is generally limited, such that patients will still have substantial out-of-pocket costs.”⁷

In 1960, the discussion of back injury was seen as a starting off point for patients and policy makers. That continues to be true today especially given the over prescribing of dangerous opioids. In 2019, the ICA outlined the framework used to craft our proposed legislation and through which any chiropractic Medicare legislation should be measured as it outlines the needs of the chiropractic community with certainty:

1. Maintain the current mandate for coverage of the adjustment to correct a subluxation.
2. Remove the restrictive language used to limit reimbursements to the adjustment “only” and mandate coverage of exams and radiographic studies.
3. Introduce the concepts of Sec. 2706 of the Public Health Service Act and eliminate discrimination based upon provider license type.
4. Maintain economic neutrality by removing barriers to reimbursements for existing covered services only.

5. Establish equitability in reimbursement rates for chiropractors to other physician level providers.

6. Eliminate discrimination that denies patients of chiropractors the ability to privately contract and chiropractors the ability to Opt-out of the Medicare system if they so choose.

The elements of the framework embody values and objective of the ICA. There is nothing new or deviating away from the ICA’s path with B.J. I have been questioned about the inclusion of the non-discrimination provision of Section 2706 in this framework. The ICA leadership endorsed Section 2706 of the Public Health Service Act when it became law over 6 years ago. In fact, it will be the implementation of an ICA Objective: “Work for non-discrimination for chiropractic and chiropractic patients in all public and private health care delivery programs.”

While much attention is paid to back pain; I continue to be intrigued that two of the most famous cases of chiropractic care had nothing to do with back pain. The first adjustment administered by D.D. Palmer resolved the subluxation and restored hearing; and the chiropractic care Dr. Gerry Clum received as a young teen saved his sight and led him to the field of chiropractic where he has made tremendous achievements, including time as the ICA President. Scientists have only scratched the surface on exploring how adjusting subluxations affects the various systems and mechanisms of the human body across the lifespan.

B.J. wrote about chiropractors staying on their side of the road, away from the yellow line that has on the other side, ‘medicine.’ The obvious cross overs are prescribing and surgery. There are naysayers who might have said that B.J. crossed over the line by bringing x-ray technology into chiropractic for diagnostic purposes. But x-rays we now understand fall into a ‘dual use’ category – chiropractic and medicine. None of us can know for sure what B.J. would say in 2020 about ‘dual use’ products and services. These are areas the ICA will explore with passion and rigor with its members and colleagues.

In 1960 the ICA had a public relations focus; and today, like all of society, we are adapting to incorporate social media into our public relations. Social media platforms of communications are both a boon and a challenge. They are a boon because they give the ICA and our members and consumers an opportunity to communicate; but they are a challenge on several fronts – first we all are observers to abridgement of online speech, how the corporate leadership of these organi-

Continued on next page

Implementing the Developer's Vision

Continued from previous page

zations are manipulating messaging and postings both in politics and health care. The field of vaccine safety information is now being specifically manipulated and controlled – driving consumers to government website instead of to non-profit organizations. If it can be done in one sector of health care with no consequences to the corporations; then it can and will be done elsewhere. Second, social media from a holistic perspective is designed to inform and uplift; and yet too often I am seeing it used as a complaint forum, and to create dissension, negativity, and discrimination against others who may approach life and chiropractic differently.

I recently saw a video posted online of two antelope locking horns, intent on fighting each other, all along oblivious to the real and present danger of a lion racing towards them ready to take them both down. The biggest threats to chiropractic,

like that lion, are from external sources around the world. Powerbrokers on the other side of the road in medicine who continue to want to marginalize chiropractic. This is where I believe ICA stays truest to the vision of B.J. Palmer by staying focused and being willing to act. Doctors of Chiropractic are physician level providers, but are not doctors of medicine. The ICA will continue to fight vigorously “to protect and promote chiropractic throughout the world as a distinct health care profession predicated upon its unique philosophy, science, and art of subluxation detection and correction.”

True then and now, “Dollar for dollar, there is no better investment than membership in the International Chiropractors Association.” (from the September 1960 *Review*). It is my goal to see the ICA home office work every day to ensure that the ICA will continue to implement the vision of B.J. to be a strong and forward-thinking organization seeking to emulate his passion, discipline and drive.

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SICA Members:

ICA Council on Fitness is currently running a contest. The prize is \$400 in travel plus a free registration for two students to join us at the Annual Symposium on Natural Fitness and Sports, March 5-7, 2020 in Columbus, Ohio. To enter, write a one-page essay or create a one minute video about why you want to attend the conference.

The 28th Annual Symposium on Natural Fitness and Sports, March 5-7, 2020
Location: The Crowne Plaza Downtown Columbus.

For more event info go to icaevents.org/fitness

Do Your CAs Need an Attitude Adjustment?

By Kim Klapp, Founder, Assistants for Chiropractic Excellence in 2000

Practice growth comes from inside out. It doesn't matter if you have amazing procedures and stellar systems if you don't have a success mindset. Does your team understand the role that their attitude plays in patient retention, referrals & collections? Do they know how to harness the power of focus to meet your practice goals?

Your team's mindset is absolutely the difference maker when it comes to what's happening and what is coming. Having a bunch of new patients on the schedule for a day should be a thrilling opportunity. If your office has a truly successful mindset, the chatter sounds something like this:

- Imagine all of those lives that we'll impact!
- Can't you just wait to see what we can help them with?
- What a gift we have in our ability to take them from where they are to where they have been desperately wanting to go!
- Let's make sure we have everything in order so that they have a GREAT first experience!

But is that always the case? None of us live in a sitcom world where our teams are always cheery, all the time. If you're like many of the practices who sign up with our program, busier days have your team talking like this:

- I'm so tired today. I can't. I just can't.
- I don't know how I'm going to get through my calls, paperwork, AND see these people. Can we push them back?
- Who's going to work with the newbies? I don't have time today.

These may sound exaggerated, but I bet you can think of times when you've heard them coming from your office.

We're spending this month of Thanksgiving talking about how to develop a Successful Mindset individually and collectively. This isn't fluff stuff, by the way. We have mountains of evidence that show how practice growth and patient retention are positively impacted when the team adopts a successful mindset. When you and your team look at the challenges ahead as hurdles in a race that you're focused on winning, patients have a better experience, the work gets done, and everyone actually has fun as they complete the challenging work. At the end, you want more!

I've been managing our practice for a long enough period to know what makes a successful mindset possible in individuals and a team. I know how to instill it. I know how to enhance it. I – most importantly – know how to MAINTAIN it. Together, we're going to look at this challenge as a positive one for your growth. Then, we'll overcome it TOGETHER.

Thanks to these A.C.E. members for sharing what their practice gained from this topic:



As you can see, the practices that put this to use see REAL results REALLY quickly. They stay with us, too. We have many practices that have been a part of our training program for years and years. This is mainly because I don't share outdated information! EVERY month has new updates, modern touches, and learnings from our group. You'll gain access to all of that information and have it boiled down into an incredibly accessible, one-hour training video. Along with the video, you'll find an incredible wealth of ready-to-use resources that will have you ready to implement what you've learned faster than you can imagine.

If you can see that it's worth way more than an hour investment in time and the tuition of just \$147 for your entire team to participate if you register as a Basic member (or \$277 for November SUCCESS MINDSET only), then I urge you to register for this course today. The sooner you register, the longer you will have access to this month's online course 24/7. Register today to give your CAs the training, tools and systems to increase your practice success!

Sign up and get immediate access to this month's training! GET STARTED LINK: <https://sc173.isrefer.com/go/Reg/ICA/>

Use special promo code "ICA20" to save 20% off regular member rates!

ICA Council on Upper Cervical Care Releases Policy Statement on Imaging

The International Chiropractors Association (ICA)'s Council on Upper Cervical Care (CUCC) is a professional (organization) designed to advance expertise in the analysis and care of the upper cervical spine and to be a voice for upper cervical chiropractic in research, education, clinical and policy-making environments.¹

CUCC advocates the use of an evidence-informed approach to the use of radiography and other forms of spinal imaging to allow Doctors of Chiropractic to be responsible for determining the safety and appropriateness of chiropractic care. This responsibility includes the detection of characterization of chiropractic vertebral subluxations, congenital and developmental anomalies that may affect the application of chiropractic procedures, and conditions that may contraindicate certain types of chiropractic adjusting methods.

An evidence-informed approach to the use of spinal radiography in a chiropractic clinic acknowledges that radiographic examinations should only be conducted when clinically indicated. This decision is based upon the best available clinical research, the preference of the patient, and the case history, examination findings, that with clinical experience inform the expert judgment of the doctor of chiropractic.

Recommendations such as the denounced and controversial contribution to our profession made by the American Chiropractic Association (ACA) to the American Board of Internal Medicine (ABIM) Foundation's Choosing Wisely Campaign, that ignore available evidence in crafting a number of its recommendations, creates confusion within the profession and the public.

The mandate of this campaign is admirable in attempting to limit unnecessary or harmful procedures. Unfortunately, the submission created by the authors from ACA ignores major directives of the developmental guidelines of the ABIM Foundation such as that there should be generally accepted evidence to support each recommendation.²

The idea that imaging should be limited in acute lower back pain is in direct contradiction to recent evidence that suggests there are patho-anatomic findings that when considered together can be predictive of recurrence.³

CUCC suggests that the ACA's contribution the Choosing

Wisely was premature on this topic. Regarding the cervical spine, obtaining imaging for acute onset of pain continues to be wise as recurrence is the rule for most acute neck pain.⁴

The best evidence suggests neck and low-back pain rank first in years lived with disability.⁵ The CUCC supports using the evidence-informed approach to investigate inclusively the range of treatment options available prior to placing arbitrary limits that will bias investigations and hinder progress.

It is the opinion of the CUCC that each patient has the right to the best available analysis, diagnosis, and clinical care based upon their clinical needs, particularly when it comes to caring for the cranio-cervical junction (CCJ). The literature on the CCJ strongly reflects a need for imaging, as it is the most complex region in the spine.^{6,7} The CCJ is highly variable and anomalous and is prone to malformation.^{8,9}

At a time when the Global Burden for neck disability is so great and when so little comparative study between procedures has been done within the chiropractic profession, there is a great potential for harm if associations and academics rush to make arbitrary rules for clinicians without adequate evidence or consideration. The literature suggests that repeat radiographic imaging is able to assist the clinician in predicting when neck pain and disability will be reduced as opposed to neck pain alone.¹⁰

Recommendations such as these erode the Chiropractic educational system's ability to instruct and investigate established Upper Cervical Chiropractic Protocols. In the CUCC's opinion, this action compromised the ability of patients to obtain safe and effective clinical care from fully trained and capable doctors of chiropractic.¹¹

The Choosing Wisely Campaign appears to be intended as a Best Practice and Clinical Guideline. The CUCC holds that these "Choosing Wisely Recommendations" appear to attempt to limit all Chiropractors who use radiographic imaging to analyze and correct the Vertebral Subluxation Complex.

In accordance with evidence based practices upper cervical radiographic patient positioning, with line drawing analysis for pre and post assessment of Upper Cervical Subluxation Complex indicators are supported by the literature and are reliable.^{10,12,13,14,15,16,17,18,19,20,21,22}

The most appropriate clinical chiropractic imaging guideline currently is the Practicing Chiropractors' Committee on Radiology Protocols (PCCRP).²² PCCRP upholds that chiropractic spinal imaging is indicated in the following cases but no limited to: "abnormal posture, spinal subluxation, spinal deformity (eg, scoliosis, hyper-kyphosis, hypo- kyphosis), trauma, especially trauma to the spine, birth trauma (eg, forceps, etc...), restricted or abnormal motion, abnormal gait, axial pain, radiating pain (eg, upper extremity, intercostal, lower extremity), headache, suspected short leg, suspected spinal instability, follow-up for previous deformity, previous abnormal posture, previous spinal subluxation/ displacement, previous spinal instability, suspected osteoporosis, facial pain, systemic health problems (eg, skin diseases, asthma, autoimmune diseases, organ dysfunction), neurological conditions,

delayed developmental conditions, eye and vision problems other than corrective lenses, hearing disorders, vertigo, tinnitus, spasm, inflammation, or tenderness, suspected abnormal pelvic morphology, post-surgical evaluation, suspected spinal degeneration/ arthritis, suspected congenital anomaly, pain upon spinal movement, and any "Red Flag Conditions" covered in previous guidelines."

These guidelines were accepted by the following five upper cervical chiropractic technique organizations in 2007: Atlas Orthogonal, Blair, Grostic, NUCCA, and Orthospinology. The ICA's CUCC proposes that the individual chiropractor should be able to assess and determine through evidence-informed decision the appropriateness of spinal imaging in the care of their patients.

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Feb. 15th & 16th, 2020

Two Sessions

Feb 15th: 9:00am - 6:00pm

Feb 16th: 8:00am - 12:00pm



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

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

VENUE:

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

Course Description:

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

Course Contents:

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

Registration:

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

Registration is Now Open!

www.icacouncilonuppercervicalcare47.wildapricot.org/event-3558749



Diplomate in Clinical Chiropractic Pediatrics

Montreal Schedule 2020

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

MODULE	DATE	TOPIC	INSTRUCTOR
1	February 29th - March 1st	Prenatal to Pregnancy	Meghan Van Loon, PT, DC, DICCP
2	March 21-22th	Birth to Postpartum	Meghan Van Loon, PT, DC, DICCP
3	April 4-5th	Neonate 1: Adaptation to Extrauterine Life and Normal Neonatal Adjusting	Lora Tanis, DC, DICCP
4	May 16-17th	Neonate 2 -Abnormal Conditions and Adjusting Modifications	Lora Tanis, DC, DICCP
5	June 13-14th	Toddler to 2 Years Normal and Abnormal	Pamela Gindl, DC, DICCP
6	July 18-19th	2 Years to Pre-School Normal and Abnormal	Stephanie O'Neill-Bhogal, DC, DICCP
7	August 8-9th	School Age to Adolescent	Sonia Morin, DC, DICCP
8	September 12-13th	Procedures and Protocols for the Pediatric Practice	ONLINE
9	October 3-4th	Case Correlations & Review of Year 1	Lora Tanis, DC, DICCP
10	December 5-6th	Year 1 Test	ONLINE (2.5 hours)

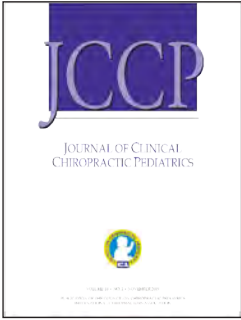
Tuition is \$3300. Options of payment:

1. Discounted rate of \$3,000.00 due with registration.
2. Three payments of \$1,100.00. First payment due with registration. Second payment due at the first module (Feb. 29). Third payment due sixty days after second payment to be processed May 1, 2020.

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

Register today at www.chiropractic.org/DICCP2020

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



Journal of Clinical Chiropractic Pediatrics

Accessible at www.JCCPonline.com



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

“The sharing of scholarly papers, of research big and small, even of practitioners’ case reports is vital to developing clinical trials and larger research projects,” said Co-Editor Cheryl Hawk, DC, PhD. “The availability of these papers can have a significant impact in providing the evidence for chiropractic pediatric care and also making a difference in patient outcomes.” There journal is offered without charge.

Show Your Support for the ICA By Shopping Online

Just in time for holiday shopping, the ICA is pleased to announce the launch of our online store in collaboration with Impact Corporate Promotion (ICP). The ICA online store is your place to buy official ICA and ICA Council related apparel and gift items featuring the ICA and Council logos!

Every sale supports the ICA’s programs.

This store features a wide variety of the most popular corporate apparel in the industry. Brand names including NIKE, OGIO, CornerStone, Red Kap, Eddie Bauer, and many others. There is a wide variety of apparel, hats and bags currently available. The store will be updated on a regular basis with new items.

There are no minimums, you can order as many or as few as you want or need. The listed price includes the embroidery which is done in house by ICP in the US.

A link to the store is available on the top bar of the ICA website. [Click here to shop now.](#)



ICA Taking a Leadership Role at Life University Fall CE Celebration 2019...ICA Showed Up in Full Force!

By Claire Welsh, DC, FICA
ICA Southern Region Director

“The Life University campus in Marietta GA was the scene of an amazing weekend and the ICA was a proud sponsor. It was an honor to support a long-time affiliate, vitalistic Chiropractic college at an event that attracted over 1800 Doctors of Chiropractic from around the globe, making it the largest Chiropractic event in the world!” reported ICA President, Stephen P. Welsh.

Georgia RAs Drs. Brad Pizza and Leana Kart joined Southern Region Director Dr. Claire Welsh, ICA President, Dr. Stephen Welsh and student member Chris Koleti to greet and welcome our ICA members in the Registration tent. Dr. Claire explained that focusing on fellowship, and the ICA’s strong position on hot topics in the Chiropractic world actually resulted in a surge of new members. “It was so exciting to see so many of our ICA leaders, RAs, past leaders and ICA members teaching CE classes, speaking on stage and receiving awards” said Dr. Claire.

It was a packed house as Dr. Guy Riekeman kicked off the plenary session which featured ICA members Dr. Stephanie Sullivan who spoke on the importance of research in advancing the profession, Dr. David Koch who presented the account of the early history of Chiropractic and the systematic oppression the early chiropractors faced, Dr. Gerry Clum who spoke about current health trends and role Chiropractic will play in the future, Dr. James Chestnut’s video presentation on the importance of discussing lifestyle choices with our patients, and Georgia RA, Dr. Leana Kart’s report on the Harris Founda-



ICA Georgia RA Dr. Brad Pizza.

tion grant awarded to the GCA and Life University to educate the people of Georgia on Chiropractic as a first choice in healthcare to prevent Opioid addiction and save lives.

Dr. Gilles LaMarche, Life University’s Vice President of University Advancement had this to say about Life’s recent Fall Celebration: “Life University is honored that the ICA chose to be a gold sponsor at Fall Celebration 2019. By all accounts the event was very successful. With 1,792 DCs registered, 85 speakers presenting and 80 vendors exhibiting their products and services, the energy was palpable. In addition to CE classes we hosted Thirsty Thursday a get together of attendees and vendors; the Annual President’s Circle Luncheon honoring members of the President’s Circle; the Life Alumni



ICA Southern Regional Director Dr. Claire Welsh.



ICA President Dr. Stephen P. Welsh and ABCA President Dr. Quentin Briscoe.



Dr. Paul D. Weeks received the Impact Award.



Plenary with Dr. Leana Kart and Chancellor Dr. Guy Riekeman discussing LIFE U & Georgia Chiropractic Association opioid grant.



Student ICA Member Chris Koleti.



Dr. Roy W. Sweat receiving the Lifetime Achievement Award.

and Friends and LIFEforce Casino Night for all to enjoy; the Lasting Purpose Luncheon honoring award recipients from 2019 Chiropractor of the Year Dr. Christina Gray, to a Lifetime Achievement Award recipient Dr. Roy Sweat; a phenomenal rugby match on Lupo Field where Life U lost on the last play 22-21; and the 1st Black Chiropractors Reception hosted by SABCA which included a panel discussion on diversity, sponsored by Life University and the ICA. Thank you, ICA, for being an important contributor to the success of this event.”

ICA congratulates our ICA members and all the doctors who were recognized for their outstanding service: Dr. Roy Sweat - The Lifetime Achievement Award, Dr. Paul Weeks -the Impact Award, Dr. Dean Depice - To Do Award, Dr. Leana Kart, the

GCA & Life U – recipients of the \$500,000 Harris Foundation Grant to develop a Chiropractic educational program in light of the Opioid Crisis.

The ICA thanks all our members who presented at Fall CE and helped make the Life Fall Celebration a huge success. We appreciate all our members for their commitment to vitalistic, principled chiropractic and for their service to their patients, our profession and to the ICA.

For more information about Life University’s 2019 Annual Recognition Awards and details on the recipients, see their announcement in the Campus Rounds section on page 42.



ABCA (American Black Chiropractors Association) President Dr. Quentin Briscoe and ICA President Dr. Stephen Welsh with students at the Diversity in Chiropractic panel hosted by the ABCA.

Evidence-Based, Adjustment-Centric, Lifestyle Focused: *A Model for 21st Century Chiropractic*

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



The evidence for chiropractic should neither be exaggerated nor unfairly downgraded. The evidence can and should speak for itself and the evidence, when available, can and must guide our clinical decision making. When as a profession we choose to become fully aware of the evidence, and, most impor-

tantly, practice according to it, we will not only best serve our professional interests we will, most importantly, best serve the public interest. This is, of course, true for all healthcare professionals.

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

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

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

I contend that the only thing that has any chance to unite us, allow us to earn the cultural authority we deserve, and provide us our rightful place at the healthcare table is a com-

mitment to evidence-based practice and to the chiropractic health paradigm of addressing the cause/restoring healthy structure and function rather than simply treating symptoms. In other words, we need to become, and brand ourselves as, evidence-based, adjustment-centric chiropractors who recognize the central importance of healthy lifestyle.

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

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

Perhaps the question to begin with is not which of these approaches has to date produced the most research evidence but rather which of these health paradigms is most logical, most beneficial, and most likely to be most effective, cost-

effective, and safe. If the chiropractic health paradigm is not useful in terms of producing benefit for patients it should be abandoned.

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

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

Regardless of what you call the segmental lesion, the legally required, peer-review validated clinical indication for chiropractic adjustment/SMT is a motion segment that has restricted motion and altered neurological function (allodynia/ altered nociception, altered proprioception, altered sensorimotor function). We can argue about semantics, but the inarguable fact is that if you choose to provide care in the form of chiropractic adjustment/SMT you have had the legal obligation to identify a segmental lesion that involves dysfunctional motion and neurology.

You might choose to argue about what to call the lesion or how to clinically define it, but you cannot argue that you have the legal obligation to clinically identify a lesion prior to providing chiropractic adjustment/SMT. It makes no scientific, clinical, or logical sense to argue against the existence of a lesion that all chiropractors are legally obligated to identify in order to provide chiropractic adjustment/SMT. The whole debate about the existence of a segmental lesion is absurd!

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

We all have our biases. The only remedy is an honest appraisal, acceptance, and, most importantly, clinical implementation of the evidence and an honest dedication to research unanswered questions. Lack of research showing ineffectiveness is not evidence of effectiveness. Similarly, lack of research evidence is not proof of lack of clinical effectiveness. Lack of research evidence simply means that we need to conduct research; again, this is true of all healthcare professions. If we lack valid evidence of clinical effectiveness, then we lack the ethical right to make public claims regarding effectiveness – this seems an easily understood and uncontroversial concept to me. Again, this is not proof of lack of benefit and it is not disproof or discrediting of clinical experience, case studies, or patient experience/testimonials. It is simply a lack of valid evidence of a cause and effect relationship between intervention and benefit and public claims of effectiveness should be based on valid evidence of a cause and effect relationship between intervention and benefit.

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

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

Billions and billions of dollars are spent on ineffective and/or harmful treatments each year and nearly as much or more is spent on the adverse effects of these treatments. Think about the economic and human costs of proven ineffective, dangerous, often harmful back surgeries that, despite evi-

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Evidence-Based, Adjustment-Centric, Lifestyle Focused: A Model for 21st Century Chiropractic

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dence of ineffectiveness, expense, and harm, have steadily increased and are now performed more often than hip surgeries. Think opioids, think Vioxx, think about the fact that, according to a study out of Quebec, Canada, for every dollar spent on NSAIDS, sixty-six cents is spent treating the side-effects (which ironically involves prescribing other ineffective, harmful drugs).

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

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

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

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

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

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

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

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

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

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

ICA Announces Evidence-Based Chiropractic and Lifestyle Program Launch in 2020

ICA is pleased to announce changes in our educational program to include the New ICA Council on Evidence-Based Chiropractic and Lifestyle in collaboration with Dr. James Chestnut. Dr. Chestnut will serve as the Council Chair. In his companion article Dr. Chestnut illuminates the importance of evidence-based patient centered care and clarifies that we as a profession do have evidence to support the correction of the subluxation through the chiropractic adjustment.

Throughout his professional life, Dr. Chestnut searched the peer-reviewed literature looking to provide answers to the profession in his books and writings and in seminars.

In 2020, we are replacing the ICA Wellness Certification Program with the Evidence-Based Chiropractic and Lifestyle certification program to be offered through the new Council on Evidence-Based Chiropractic and Lifestyle which will replace the Council on Wellness Lifestyle Science. Answers to questions such as these will be a part of the program:

- What percentage of health problems have a significant neuromusculoskeletal and/or lifestyle associated cause?
- Is there a way to deliver simple, standardized, fast and easy evidence-based lifestyle advice, within the chiropractic health paradigm of addressing the cause/removing interferences, in an efficient clinical manner which will provide proven benefits to patients in the form of increased response to chiropractic adjustment/SMT and general improvements in health and quality of life?
- What are the most evidence-based explanations regarding the effectiveness of chiropractic adjustment/SMT? What is the known neurophysiological, sensory-motor, structural, functional, and metabolic/autonomic importance and/or role of healthy segmental joint function and what are the known neurophysiological, sensori-motor, structural, functional, and metabolic/autonomic consequences of a loss of healthy segmental joint function?
- What are the landmark studies, reviews, and government inquiries showing the effectiveness, cost effectiveness, and safety of chiropractic adjustment/thrust SMT and how can we best utilize these to educate ourselves, our patients, the public, and other healthcare professionals?
- What is the level of evidence regarding safety, effectiveness, and cost-effectiveness for chiropractic compared to surgery for low back pain and other spinal health issues?

- What is the level of evidence regarding safety, effectiveness, and cost-effectiveness for chiropractic compared to usual medical care for low back pain and other spinal health issues?
- What is the level of evidence regarding safety, effectiveness, and cost-effectiveness for chiropractic compared to usual physical therapy for low back pain and other spinal health issues?
- Why is there such heterogeneity amongst the conclusions of systematic reviews, even amongst those published within a very similar time frame and thus reviewing the same body of literature?
- What methodological variables explain the heterogeneity of conclusions of systematic reviews of SMT and, when variables such as frequency and duration of care, proper differentiation between mobilizations versus thrust adjustments/manipulations, and maintenance care provided in gaps between outcome measures in the post-treatment period, are accounted for, does this change the level of evidence for SMT? In other words, are the quality and strength of evidence from valid studies of SMT/adjustment invalidly and unfairly diluted in systematic reviews by pooling such data with data from invalid studies of SMT?
- Is there evidence of bias against chiropractic in the peer-reviewed literature, in systematic reviews, and in clinical guidelines and, if so, how is this best identified and best exposed in a rational, scientific manner?
- According to the available evidence, with respect to the treatment of low back pain and other neuromusculoskeletal health issues, which would, according to a valid, unbiased assessment, be considered the most evidence-based education – medical, physical therapy, or chiropractic?
- Are commonly proffered negative opinions about chiropractic education and practice by skeptics reflective of an honest, scientific review of the available evidence or of dogmatic, unscientific, and deliberate bias?
- Does the evidence support the commonly held view, often included in clinical guidelines, that the majority of low back or spinal pain is self-limiting within a few weeks with or without care?
- Is there any valid clinical evidence that maintenance chiropractic adjustments/SMT provides benefit to patients? If so, why is such care not provided in studies looking at long term

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ICA Announces Evidence-Based Chiropractic and Lifestyle Program Launch in 2020

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outcomes of chiropractic adjustment/SMT?

- What represents an evidence-based chiropractic spinal health exam? According to the peer-reviewed literature, what spinal exam findings are required to indicate clinical need for chiropractic adjustment/SMT and what clinical spinal exam findings regarding vertebral subluxation complex/segmental joint dysfunction are considered most reliable and valid?
- Is pain itself a legal or valid clinical indicator for the need of chiropractic adjustment/SMT or is a segmental spinal exam finding the legal and valid clinical indicator for the need of chiropractic adjustment/SMT?
- How can we ever validly study the detrimental effects of, or the benefits of correcting vertebral subluxation complex/segmental joint dysfunction if we do not standardize our clinical findings around the most reliable and valid clinical methods to determine its presence, improvement, and/or resolution?
- What should be considered an evidence-based claim regarding the effectiveness or benefits of chiropractic care based on the current available evidence?
- What should be considered evidence-based care recommendations, patient education, and public communication?
- Are there any valid studies determining frequency and duration of care or must this be determined during a course of care by valid clinical exam findings at regular and reasonable time periods which measure both progress or benefit, and any further required care to achieve resolution or maximal benefit?
- If we cannot reliably identify the presence and severity of

vertebral subluxation complex/segmental joint dysfunction, how can we ever show progress with respect to its correction? How can we claim that vertebral subluxation complex/segmental joint dysfunction gradually corrects with care if we cannot validly and reliably identify it and document gradual correction?

- If we do not earn public trust can we ever earn cultural authority and if we do not earn trust and authority will we ever reach the millions of suffering patients who erroneously choose other, less evidence-based, less effective care options?
- If we, as a profession, are not willing to practice and communicate in an evidence-based way, that still reflects the chiropractic health paradigm, how will we ever standardize our clinical findings, standardize our care recommendations, and gain public trust and cultural authority?
- What is the cause of the current chronic illness pandemic and what are the most evidence-based solutions for prevention and/or management/resolution?
- What lifestyle habits are required by humans to epigenetically express their inborn/innate potential for quality and quantity of life?
- For the human species, what represents evidence-based eating, moving, and thinking/social interaction choices; what represents evidence-based lifestyle habits or choices; what represents 'Living Right for Your Species Type'.

Plans for the transition and new program will be announced soon. We intend to use a combination of educational approaches including in person seminars and distance learning platforms.

ICA Launching Distance Learning Program for 2020

The ICA is pleased to announce the launch of our Distance Learning Library. Our initial offering includes courses from the Subluxation Summits from 2018 and 2019. Continuing Education have been granted for this initial slate of courses for all of 2020.

Speakers include Dr. Julie Mayer-Hunt, Dr. Jon Minardi, and Dr. John Maltby. The Distance Learning Program is offered at a discount to ICA members. Access can be purchased for speakers from 2018 or 2019 as separate programs; or access to both years can be purchased. Please review the jurisdictions for which CEs have been granted on the registration website.

These courses are the first step. We are going to be adding to Distance Learning Library throughout 2020. Stay tuned.

UPCOMING ICA SEMINARS



2019

- November 16-17** Upper Cervical DCCJP Module 8 – Tampa, FL
- December 6-8** Annual Super Conference on Chiropractic and Pediatrics – Nashville, TN
14-15 Upper Cervical DCCJP Module 9 – Tampa, FL

2020

- January 11-12** AMTI 2020 Module 1 – Orlando, FL
16-17 ICA Mid-Year Board Meeting
18 Upper Cervical DCCJP Online Test
- February 15-16** Upper Cervical Diplomate Presentation Series with Dr. Jeff Scholten – Treviso, Italy
22 Peds 101 with Dr. Stephanie O’Neill - California
29-1 Upper Cervical DCCJP 2020 Module 1 – Clearwater, FL
29-1 Pediatric DICCP 2020 Module 1 – Montreal
- March 1** Upper Cervical DCCJP 2020 Module 2 – Clearwater, FL
1 Pediatric DICCP 2020 Module 1 – Montreal
5-8 Fitness Symposium 2020 – 29th Year in Conjunction with the Arnold Fitness Expo
21-22 AMTI 2020 Module 2 – Orlando, FL
21-22 Pediatric DICCP 2020 Module 2 – Montreal
28-29 Upper Cervical DCCJP 2020 Module 2 – Online
- April 4-5** Pediatric DICCP 2020 Module 3 – Montreal
25-26 Upper Cervical DCCJP 2020 Module 3 – Denver, CO
24-26 ICA Annual Board Meeting – Spartanburg, SC

ICA SPECIALTY COUNCILS



The Council on Chiropractic Pediatrics brings together chiropractic practitioners with a special interest in caring for children and pregnant women. The council provides educational opportunities, resources and support to enhance professional development. Council members are committed to providing chiropractic care that is safe, drugless and clinically appropriate for pregnant women, infants, children and adolescents. The Council offers a Diplomate in Clinical Chiropractic Pediatrics (DICCP) for Doctors of Chiropractic administered by the Council. The Council also advances quality pediatric education through its conferences, symposiums

and peer-reviewed pediatrics journal, the *Journal of Clinical Chiropractic Pediatrics*.

To learn more, please visit: <http://icapediatrics.com/>



The Council on Chiropractic Philosophy focuses on advancing the understanding of chiropractic philosophy through education and published materials including its annual symposium. It promotes continued excellence in patient care and the unique philosophy and scientific approach of chiropractic adjustment to the

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ICA SPECIALTY COUNCILS

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public. The Council offers a Diplomate in Chiropractic Philosophical Standards (DPhCS).

To learn more visit www.icachiropracticphilosophy.org/



The Council on Upper Cervical Care is designed to advance expertise in the analysis and care of the upper cervical spine and to be

a voice for upper cervical chiropractic in research, education, clinical practice and policy-making environments. The Council offers a post-doctoral program in upper cervical care leading to a Diplomate in Chiropractic Craniocervical Junction Procedures (DCCJP). By building a strong network of upper cervical professionals, the Council seeks to promote unity within the articular- and orthogonal- based procedure groups in order to increase chiropractic's impact on public health, advance

research and be a solid resource for information on upper cervical care. The Council also advances quality upper cervical education through its conferences, symposiums and programs globally.

To learn more, please visit: www.icauppercervical.com



The Council on Fitness and Sports Health Science advances research and clinical applications relating to chiropractic, sports, rehabilitation and community fitness with special focus on techniques, strategies/resources for performance enhance-

ment, injury prevention, and case management. A major activity of the Council is the annual Fitness Symposium, the Symposium on Natural Fitness & Sports held in conjunction with The Arnold Classic hosted by Arnold Schwarzenegger, annually in Columbus, Ohio.

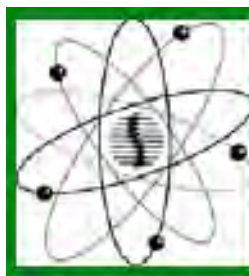
To learn more, please visit: www.icafitness.org



The Council on Applied Chiropractic Sciences promotes advancement of clinical knowledge and case management through programs, resources, credentialing systems, and research protocols. The Council serves as a credentialing body for Chiropractic Certification in Spinal Trauma (CCST), Diplo-

mate in Applied Chiropractic Sciences (DACs) and Consortium for Imaging and Thermography credentials, and sponsors programs in clinical science and technique.

To learn more, please visit: www.icaappliedsciences.org



The Council on Wellness Lifestyle Science promotes advanced wellness and lifestyle intervention expertise within the chiropractic profession.

To learn more, please visit: <http://www.icawellness.org/>



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Kentuckiana Children's Center

The Pediatric Special Needs Practice

Eric Epstein, DC, Staff Doctor, **Jean Elizabeth Grabowski**, Executive Director, **Sharon Vallone, DC, FICCP**, Chair of the Board of Kentuckiana Children's Center, Louisville, KY.

In Kentucky in the early 1950's, Dr. Lorraine M. Golden a 1942 Palmer graduate, read an article in the *Louisville Times* about how families were routinely told to place their children with special needs in state institutions rather than offer them options that would allow their children to remain at home with the family. Dr. Golden knew that chiropractors, along with other health care providers working together in the best interest of these children, might offer families the option to improve their child's quality of life and maintain the integrity of the family unit.

During the 1950's through the 1960's the majority of special needs children were diagnosed with Polio, today the childhood epidemic is Autism Spectrum Disorders. Kentuckiana Children's Center continues to serve special needs children as Dr. Golden envisioned, and Autism Spectrum Disorders comprise 95% of our patient population not Polio.

Autism Spectrum Disorder

Autism spectrum disorder (ASD), is a range of complex neuro-development disorders, characterized by social impairments, communication difficulties, and restricted repetitive, and stereotyped patterns of behavior. [Autistic disorder](#), sometimes called Autism or classical ASD, is the most severe form.

In 2018 the CDC determined that approximately 1 in 59 children is diagnosed with an autism spectrum disorder (ASD).

- 1 in 37 boys
- 1 in 151 girls

Boys are four times more likely to be diagnosed with autism than girls. Most children were still being diagnosed after age 4, though autism can be reliably diagnosed as early as age 2. About 1 in 6 children in the United States had a developmental disability in 2006-2008, ranging from mild disabilities such as speech and language impairments to serious developmental disabilities, such as intellectual disabilities, cerebral palsy, and autism.

31% of children with ASD have an intellectual disability (intelligence quotient [IQ] <70), 25% are in the borderline range



(IQ 71–85), and 44% have IQ scores in the average to above average range (i.e., IQ >85).

[Autism affects all ethnic and socioeconomic groups](#). Minority groups tend to be diagnosed later and less often. Studies in Asia, Europe, and North America have identified individuals with ASD with an average prevalence of between 1% and 2%. Early intervention affords the best opportunity to support healthy development and deliver benefits across the lifespan. There is no medical detection for autism.

The Pediatric Special Needs Practice

Most chiropractors have treated children as a part of their larger family practices. It is rare though, that a chiropractor would treat children, particularly children (birth to 21) with special needs exclusively as is the case at Kentuckiana Children's Center.

While obtaining a diplomate or fellow in pediatrics is not necessary for a chiropractor to see children (in the same way a medical doctor can treat children even if he/she is not a board

certified pediatrician), enhancing clinical skills with post graduate education specific to this population will support a chiropractor in dealing with more complex pediatric health considerations as well as communicating to parents and other healthcare practitioners, in collaboration, as Dr. Golden felt, was in the child's best interest.



Chiropractic healthcare of children presents with significant differences as compared with an adult practice. Typically, chiropractors rely on self-reported history in the clinical decision making process. With young children, children with disabilities, and non-verbal children the doctor must depend on reports by parents, therapists or caregivers. Since children (and special needs children in particular) often experience dysfunction differently than adults, it is necessary for the chiropractor to become increasingly more observant to nonverbal cues from the child and questions be more specific when obtaining detailed information from someone other than the patient.

Examinations must be modified to reflect developmental differences in children of different ages and cognitive function. The doctor must be comfortable with identification and examination of primitive reflexes, especially in the infant as well as to be able to assess retained primitive reflexes in the older child. It is helpful to understand the implications of retained primitive reflexes and to expand their skill set by adding treatment approaches to integrate them.

Often, parents bring their children for care for conditions other than trauma and pain, so a chiropractor must apply his or her clinical knowledge of anatomy and physiology to differentially diagnose and construct an appropriate treatment plan. Because most states mandate that the chiropractor identify a structural (and often spinal) component of dysfunction, it is important that the doctor understands and is able to document how, for example, a visceral complaint has a structural component.

While caring for children from a chiropractic perspective presents with significant challenges, the rewards may be extraordinary though more often measurable goals and outcomes are small and take more time. Some children do not have decades of poor lifestyle choices, for example, making conditions more chronic and difficult to manage, often; results are seen more quickly than in the adult population. There are many challenges with a pediatric only practice like Kentuckiana Children's Center. The doctor must communicate effectively with each parent in relation to the treatment plan and suggested changes in diet.

Another challenge is if the parent is not getting chiropractic or doesn't understand the relational aspect of the adjustment to nutrition and supplementation. Communicating why some changes come slowly is crucial to treatment plan compliance. Managing the parent of a child with ASD or any special need is not taught in chiropractic colleges and is vital in serving this

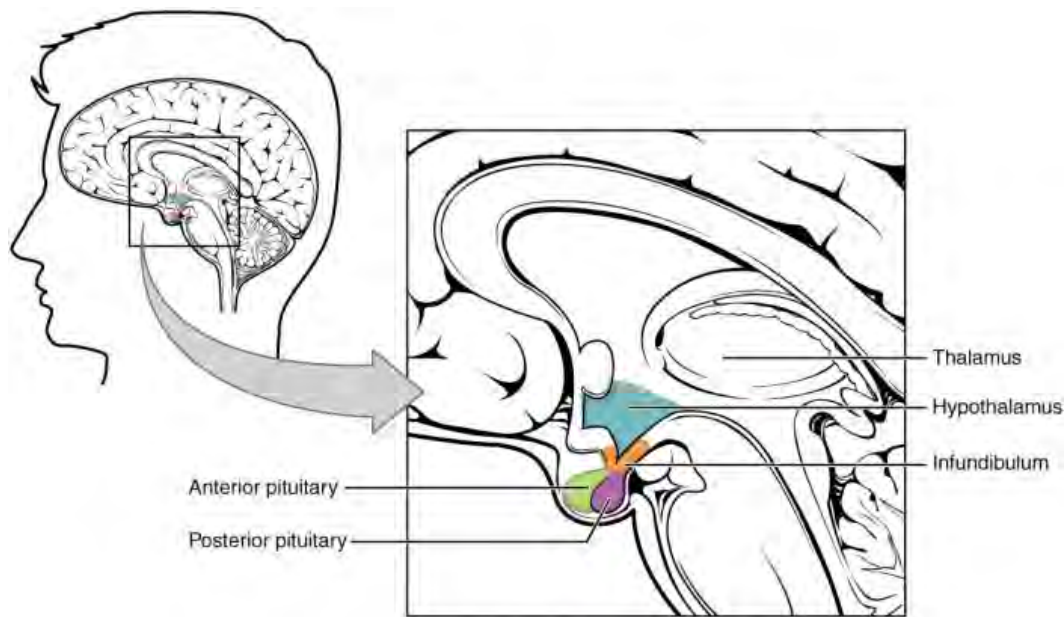
population. Each child will one day be an adult; each special needs child may or may not develop language enough to communicate, or develop executive function enough to discern pain or loss of function. The majority of ASD children have an extremely high pain threshold and by developing skills of observation the chiropractor who begins to care for an adult with ASD will be more attentive to the whole health spectrum. Introducing parents and children to the chiropractic health paradigm may help to develop an early appreciation for holistic health care strategies that the child might carry well into adulthood.

Making chiropractic a part of early development may pave the way for a child to be in control of their overall health as an adult. We can assist the patient, the parent or caregiver of an adult with special needs by educating them about chiropractic's vital impact on whole health and, as consumers, broaden their definition of modern health care.

From the brief description above one can see clearly that a pediatric only practice differs significantly from an Adult only or Family Practice. If you want to enlarge your reach into the special needs community and have questions in serving this population please call KCC at 502-893-7227. For more in depth information about chiropractic for children with autism please join KCC at the 2020 AutismOne conference chiropractic CEU program tract.

[Kentuckiana Children's Center](#) is a 501c3 not-for-profit outpatient pediatric chiropractic outpatient center founded in 1955 by Dr. Lorraine Golden, a visionary chiropractor, located at 1810 Brownsboro Road, Louisville, KY 40206, Phone 502-893-7227. Fax 502-368-2308. Donations, no matter how great or small, are greatly appreciated and serve to continue to provide chiropractic care to "God's Special Children."





The Pituitary Dimmer Switch Revisited

By Charles S. Masarsky, DC, FICA

A while back, I published an article titled, “Concussion: A Pituitary Dimmer Switch” (August 1, 2016; 18-31: <https://www.dynamicchiropractic.com/digital/index.php?i=1219&aid=57774&pn=19&r=t&Page=19>). In that article, I discussed evidence suggesting a history of concussion increases the risk of depressed pituitary function. This post-concussive hypopituitarism (PCHP) typically occurs months or years after the concussive injury, like a pituitary “dimmer switch” on delayed activation. Several researchers have noted an increase in serum levels of anti-pituitary and/or anti-hypothalamic antibodies in PCHP victims. This points to a probably auto-immune mechanism.

A New Hypothesis

I am revisiting PCHP in this article to draw your attention to a hopefully plausible hypothesis I recently published (Hypoxic Stress: A Risk Factor for Post-Concussive Hypopituitarism? Medical Hypotheses, 2018; 121: 31-34: <https://www.sciencedirect.com/science/article/pii/S0306987718305826>). It is an attempt to identify which post-concussion patients are most at risk for delayed development of PCHP. Hypoxia tends to promote excessive inflammation. Excessive inflammation, in turn, is a risk factor for autoimmunity. Connecting these dots, it seems to me that patients under hypoxic stress are at greater risk for PCHP than the general population of concussion victims. This at risk group would include patients with asthma, COPD, and obstructive sleep apnea, among other clinical problems

So, What Does This Have to Do With Chiropractic?

In the discussion section of my hypothesis paper, I propose chiropractic involvement in the care of patients at risk for PCHP for two reasons: First, there is a small but compelling body of published evidence indicating that chiropractic adjustments improve breathing capacities such as force vital capacity and forced expiratory volume in one second. Furthermore, symptomatic relieve has been demonstrated in some case reports of patients with asthma, COPD, and obstructive sleep apnea (references on request). Chiropractic care continuing after the acute symptomatic phase of concussion may potentially make a valuable contribution to preventing and/or ameliorating PCHP.

Next, promising results for patients with arterial hypertension and reflex sympathetic dystrophy have been reported (references on request). This suggests that adjustments help normalize vasomotor tone. This could be critically important where the pituitary interfaces with a narrow stalk of hypothalamic tissue – the infundibulum. The vasculature in this vulnerable structure is a potential hypoxic “choke point”. The last thing the post-concussion patient needs is vasomotor disturbance generated by subluxation in the cervical and/or upper thoracic spine. Hopefully, chiropractic and/or medical institutions will test this hypothesis. In any event, improved breathing and vasomotor tone is a good thing with or without concussion and PCHP.

For a summary of my hypothesis written for a lay audience, please see my article posted with Science Trends: “Explain-

ing Why Concussions May Activate a Pituitary Dimmer Switch, January 3, 2019: <https://sciencetrends.com/explaining-why-concussions-may-activate-a-pituitary-dimmer-switch/>.

Dr. Charles S. Masarsky is a 1981 graduate of New York Chiropractic College. A Distinguished Fellow of the International Chiropractic Association, he enjoys serving as a postgraduate

presenter. His weekend seminar, The Concussion-Subluxation Complex has been presented for several chiropractic colleges and associations. His new seminar, Follow the Oxygen, will be presented at Northwestern Health Sciences University on the weekend of November 2-3, 2019. For information contact the CE Department of Northwestern Health Sciences University: (952)-887-1390, or [click here](#).

Concussions: A Chiropractic Opportunity

Concussions occur much more often than we think. In 2014, the CDC reported approximately 2.53 million traumatic brain injury (TBI) related visits to the emergency department; 812,000 were pediatric cases. TBI can be a result of any serious trauma to the head, but it is often associated with playing sports. In fact, sports account for the second leading cause of TBI in people aged 15-24 years. Even with the growing awareness around concussion, it still gets underreported. Student athletes may hide their concussions for fear of losing playing time. However, chiropractors can help manage concussions. By providing care to those with TBI, we can help them return to play in a safer way.

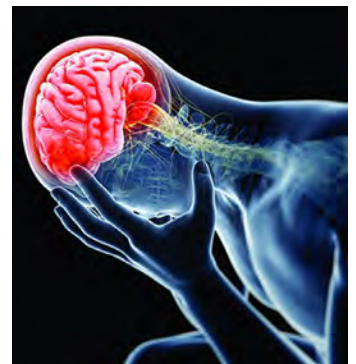
One of the most important aspects of concussion is the process of recovery. There are similarities seen with TBI, whiplash, or any other orthopedic trauma including dizziness, headaches, nausea and changes/difficulty in brain function. However, these symptoms may not be exclusive to just TBI and whiplash. Donovan et al. suggests that the symptoms can be a result of physical, but also psychological stresses in general. Because of this, the likelihood of recovery depends not on the mechanism of injury, but rather, the patient's perspective and expectations of their recovery process. Two variables associated with poorer outcomes were the belief that the patient would not get better, and the use of passive coping strategies. Patients will often wonder whether or not you can help them. The first step in helping someone with a concussion might be helping them believe that they are capable of getting better. It might involve education, love and a lot of support throughout the recovery process.

The second step is to address the actual pathophysiological component of concussion. Concussions result in neurological impairment. However, according to imaging, there is no actual cell death, just neurological dysfunction. Sounds like a chiropractic problem, right? When there is a certain amount of trauma to the head, it causes brain and therefore neuronal dysfunction. The impact creates mechanical deformation of the neuron, causing a change in the flow of ions coming in

and out of the cell. This results in widespread depolarization, causing temporary confusion, vision and balance problems. In addition, the impact causes an increase in calcium influx. The excess calcium overloads the mitochondria, preventing ATP synthesis through oxidative phosphorylation. Consequently, the body must instead rely on the anaerobic production of energy. The anaerobic system produces significantly less ATP, causing an energy deficit. This deficit is magnified by the decreased blood supply to the brain due to the trauma.

As chiropractors, we deal with the nervous system. In these traumatic injuries to the brain, the nervous system sustains quite a bit of damage. However, the key is that this a "functional reversible deficit." If we can restore or at least increase normal function within the nervous system, we can help minimize the detrimental effects of concussion.

Research on chiropractic and concussions is limited, but based on the research available, chiropractic might make a difference for someone suffering from a concussion. Chiropractors are often the first healthcare provider seen by those suffering from a concussion. Symptoms of TBI usually occur with delayed onset, and can include headaches and neck pain, something chiropractors address on a daily basis. We can follow return-to-play concussion protocols and use measurement tools such as the sport concussion assessment tool (SCAT) to monitor concussions, but there is still no standardized guideline for chiropractic management of TBI. There is a need for continued research in this area to develop a clinical guideline that all chiropractors can follow. A trauma that occurs so often with such profound effects warrants more in-depth research. With continued research and awareness about concussions, we can make progress toward better care for our patients.





By Samuel Collins, DC, HR Ross Insurance Network

Being an ethical practitioner requires the thoughtful implementation of your fee schedule and often there is fear about doing something illegal. Can you have different fees for the same service? You may have several different fees (allowances), multiple patients, when you are a provider for managed care products including PPO/HMO style plans, Medicare et al. It is paramount to understand your rights and responsibilities when it comes to discounts and whether it is legal to waive co-pays and deductibles. This becomes very difficult to navigate when plans have very large deductibles and co-pays.

Due to the myriad of healthcare plans including, PPO's, HMO's, EPO's, Medicare, Medicaid, workers' compensation et al there are fees or allowances that are agreed or mandated based on contracts between the provider and the insurance or they may be mandated by law.

Technically there is one "insurance" fee but that would be the fee for plans to which you are not contracted with and is likely your highest fee or allowance. However, the fee for plans you are contracted with will be different and likely lesser than your regular fee.

This would include contracts with Blue Cross Blue Shield, American Specialty Health, Optum Health (United Health Care), Aetna, CIGNA, etc. These plans and your provider contract will control the fee that is paid and the amount you may collect from the patient.



This reduced fee is an agreement between the insurance and you, as a member provider, to accept and collect a lesser amount than your regular fee. The trade-off of this

lesser amount is a likely or anticipated increase in the volume of patients. This managed care contract is what legally allows you to have differing fees from your "regular or non-contracted" rate. I believe these plans are better understood when we call them managed costs instead of managed care.

For instance, your regular fee is \$50 for a particular service and your contracted or allowed rate with plan one is \$26.00, plan two \$41.50 and Medicare \$34.90. These different allowances or fees does not violate or create an illegal fee schedule but simply are contracted and agreed fees between the provider and the plan. These allowances will vary between plans and are independent, with one not affecting the other. This also applies to mandated fees such as Medicare, Medicaid, & workers' compensation.

It would be a sound business practice and a potential marketing tool to be sure patients are aware when seeking care with you, and you are part of these plans, that they are receiving a discount or reduced-fee by using a contracted provider. Patients clearly do choose care based on their expenses and are more likely to seek care when they have lesser out of pocket costs.

However, non-contracted fees would or should be the same for all and not vary as there is no contract or mandated fees. If you were to have varying fees for non-contracted insurance plans from patient to patient or insurance to insurance this would constitute a dual fee and is an improper billing practice. Note that case by case hardships may be an exception.

But what about discounts? Are they legal? Often providers may state they are providing a "cash" discount" however that would technically not be allowed but would be correct and should indicate a discount not based on "cash" but by "prompt pay" or payment at the time of service. States like California have a law that allows a discounted rate for those

patients who are not insured or have no insurance reimbursement for medical services. This fee can be discounted and that rate does not affect the regular or insurance rate. Specifically, this law is **Business and Professions Code 657** and only applies in California.

But in deference to this is California law, Washington state law states the following and clearly has a rule that is the opposite:

WAC 246-808-545 Improper billing practices. The following acts shall constitute grounds for which disciplinary action may be taken:

(1) Rebating or offering to rebate to an insured any payment to the licensee by the third-party payor of the insured for services or treatments rendered under the insured's policy.

(2) Submitting to any third-party payor a claim for a service or treatment at a greater or an inflated fee or charge than the usual fee the licensee charges for that service or treatment when rendered without third-party reimbursement.

Before offering any discounts for cash or prompt pay providers should inquire with their state licensing board, department of insurance or attorney about the legality of offering such discounts.

However, there is direction from the Office of Inspector General (OIG) that has made an opinion on the offering of discounts for prompt payment. In the OIG Advisory Opinion No. 08-03, it states that a 5-15% reduced rate, from prompt payment, is reasonable. This, in my opinion, is fair and reasonable, considering the actual bookkeeping savings by eliminating the administrative and clerical work associated with billing insurance, not to mention the waiting period for payments.

The OIG opinion while valid does not supersede your state laws however and each provider is responsible to be within the laws of their state and should take the time to verify what is allowed and understand any specific regulations unique to your practice area.

As far as the waiving of co-pays and deductibles there is no vagueness here. If a physician's office routinely fails to collect the patient's portion of the care, it is considered a violation of both the Anti-Kickback Statute (AKS) and the False Claims Act. OIG and the Department of Justice recognize that there are cases of financial hardship and make allowances for those unable to pay. They also recognize when a physician makes a reasonable effort to collect from a patient, but does not receive payment. It is the routine waiver of the patient responsibility that can cause serious consequences.

If you are providing any discount for services be sure the receipt or billing reflects this lesser amount and the regular fee should not be reflected on the billing but simply the amount

charged. Do not allow the patient to have billing whether 1500, superbill or some other receipt that reflects an amount higher than what they paid. They should not receive any benefits (deductibles) or payments from insurance above an amount they have actually paid or are expected to pay.

Patients must be made acutely aware of their personal responsibility for their services via a financial agreement. This includes deductibles (even when large) and all unpaid amounts when not contracted. When you are not a contracted provider the patient is liable for all fees not paid by the plan. This often may be confusing to the patient as they believe their plan will pay 80%. Not understanding this 80% is not always (nor often) 80% of what was billed but 80% of what the plan allows and they owe any and all amounts not covered.

For instance, you are not contracted and bill \$100 for services. The plan "states" they pay 80% but it was not clarified as to 80% of what. This "what" is their allowed amount not necessarily your billed amount. In this example, the billed amount is \$100 but the plan allows only \$50 and pays \$40 which is 80%. When you are not contracted with this plan your obligation is to collect \$60 as that is the amount not paid and the liability, of the patient. Hence why many patients seek care from "in-network" providers to avoid paying above the allowed amount for services.

The waiving of or non-collection of this amount would be considered a kickback as the insurance was billed and made payments or allowances based on a billed amount of \$100 and when there was no intent to collect the billed amount but accept the insurance payment as payment in full or simply waiving collecting the full amount. My guidance to offices who do this routinely is to join these plans and avoid any legal issues as you are giving the PPO discount anyway and might as well also get the benefit of having your name available to all plan members who may more likely seek care with you. Do not place yourself in a situation wherein you mistakenly put yourself in an illegal situation with the intent or belief that the benefit to the patient supersedes the law.

For this reason, never set your regular fee based on your highest allowed plan as patients who do not have plans with as high an allowance will have to pay much more out of pocket and less likely to continue or seek care. Hence why some are enticed to waive or forgive fees on those lower allowed plans but still collect the higher on others. That method of collections however would be considered illegal on the basis of anti-kickback and false claims.

Samuel Collins is the director of continuing education seminars and the insurance information network for the HJ Ross company.

In Memoriam

ICA Honors Those Who Have Passed



Nell K. Williams, BS, DC

Dr. Nell K. Williams, the first lady of Life Chiropractic College and Life University passed August 16, 2019. She was a devoted wife, mother, grandmother, chiropractor, educator, and author. Dr. Nell, gave unselfishly, dedicating her life to supporting her husband Dr. Sid and working by his side. Dr. Nell served Life University as Senior Vice President and Dean of Student Affairs for more than a quarter century. Dr. Nell received numerous honors and awards in recognition of her dedication to family, community and chiropractic. Dr. Nell served as a mentor for women by showing all who knew her what true love is – love for their husband, love for their family and love for their profession. She is survived by her daughter, Dr. Kim Williams, her son, Dr. John Sidney Williams, and three grandchildren.



Adam Apfelblat, DC

Dr. Adam Apfelblat, ICA member and community leader passed away unexpectedly while on holiday in Spain with his wife, ICA Board Member Dr. Amanda Apfelblat.



Dr. Adam Apfelblat was an active member of the Michigan Association of Chiropractors (MAC), the MAC VIP Club and the President's Circle at Life University School of Chiropractic. Dr. Adam was an active member of the Waterford Area Chamber of Commerce since 2001 and the Chamber's Board of Directors since 2002. From 2005 to 2010 he served on the Executive Committee, including a two-year term as President from 2009-2010. Dr. Adam Apfelblat obtained a Bachelor of Science in Nutritional Science from Michigan State University and Doctor of Chiropractic from Life University in Atlanta, GA. Dr. Apfelblat is survived by his wife Dr. Amanda Apfelblat, parents Dr. Allen and Mrs. Ellen Apfelblat, sisters Lisa and Julie and nieces and nephews Max, Dylan Elle and Sarah.

Franco Columbu, DC

Franco Columbu, Italian bodybuilder, boxer, actor, chiropractor and known globally as one of Arnold Schwarzenegger's closest friends, died at the age of 78. Columbu started his



mighty career first as a boxer before progressing into Olympic weightlifting, powerlifting, and later bodybuilding, winning the prestigious title of Mr. Olympia in 1976 and 1981. A great champion, Franco Columbu often competed against his dear friend Arnold Schwarzenegger who wrote on Columbu's passing: "I am devastated today. But I am also so, so grateful for the 54 years of friendship and joy we shared. The pumps, the chess games, the construction work, the meals, the pranks, the life lessons - we did it all together. We grew and we learned and we loved. My life was more fun, more colorful, and more complete because of you...". Franco Columbu was born on August 7, 1941, in Ollolai, on the island of Sardinia, Italy. Columbu is survived by his wife, Deborah, and daughter, Maria.

Dr. Piet Seru, DC

Dr. Piet Seru passed away in Milan, Italy at the age of 64. Widely known for his vast academic and scholarly achievements, Dr. Seru published his first book "A Guide to Chiropractic" in 1994 in three languages. Dr. Piet Seru has taught courses in Italy and Europe on how to integrate postural analysis, static or dynamic palpation and the main Chiropractic techniques. After 37 years of experience in practice, Dr. Piet Seru developed a protocol, the Sanrocco Method. Dr. Piet Seru received his first degree in Physical Therapy and Rehabilitation Techniques at the University of Leuven in Belgium and his second as Doctor of Chiropractic at the Sherman College of Chiropractic in the United States.



Jeanne Ohm, DC

Dr. Jeanne Ohm served as the Chief Executive Officer of the International Chiropractic Pediatric Association (ICPA) and Executive Editor of *Pathways to Family Wellness* magazine. Dr. Ohm was a fierce advocate of pediatric chiropractic with passions relating to care in pregnancy, birth and infancy. As part of her passion, Dr. Ohm served on numerous chiropractic boards with like-minded colleagues. Dr. Jeanne Ohm graduated Pennsylvania College of Straight Chiropractic in 1981 and co-founded a family wellness care practice, Ohm Family Chiropractic, with her husband in the same year. Dr. Ohm lived her life innately as an avid mentor, leader, educator, mother, advocate, author, and innovator. Dr. Jeanne Ohm is survived by her husband Dr. Tom Ohm, six children and eight grandchildren.



News Briefs

Breaking South Carolina News

Congratulations to Dr. Beth Ehlich. At the November 14 meeting of the South Carolina Board of Chiropractic Examiners, she was elected Chair. She is the first woman to hold the position. Dr. Beth and her husband Christopher have run Ehlich Family Chiropractic in Greer, SC for 30 years.

ICA Annual Philosophy Conference, Davenport

As the *Choice* goes to press, the ICA Council on Philosophy Annual Conference is taking place in Davenport, Iowa. The conference is bringing together doctors and students to hear from experts and distinguished speakers focused on chiropractic principles. It is also designed to advance discourse and open dialogue with the presentation of professional papers from field doctors and academia.

[Click here](#) for additional information or to register.

Late Breaking: Thousands Gather on Washington Mall for V.I.E. Event

November 14: Several ICA members made the long trip to Washington, DC on their own volition to join with thousands of advocates for children's health to mark the 33rd anniversary of National Childhood Vaccine Injury Act (NCVIA). Coterminous with the burgeoning vaccine schedule that developed after the passage of NCVIA, chronic health conditions in children rose from 12% to 54%.

Beth Clay, stated, "Neither the ICA or its members provide advice on whether to or not to vaccinate. That is a personal and parental decision. ICA has long standing policies promoting informed consent and health freedom. Many ICA members have shared that parents come into their offices and share the stories of their child's life altering adverse reactions. Yesterday, I had the honor of going to visit legislators with an ICA member, who a few years ago as a mother began her journey into reading the scientific data on vaccines and realized that the public message of government health officials did not match the peer-reviewed data. Her message to legislators was simple – we must have informed consent and evidence-based policy decisions. She also shared her opinion that any product that is mandated should not also benefit from liability

protection. Having worked on these issues when working for Congress, and having stayed informed of the science, government actions, and continued attempts to marginalize parent and health professional advocates, I know that the issue is not going away." Children's Health Defense live streamed the day, and while there were reports that Facebook was interrupting the transmission they have reported they will post the video on their website <https://childrenshealthdefense.org/>. Beth continued, "I ended our day on Capitol Hill by sharing an observation with one legislative staffer that any issue in which now retired Congressman Dan Burton, a conservative republican and progressive democrat Robert F. Kennedy, Jr. agree is a crisis that needs to be fixed bears scrutiny."

ICA President Rejects Proposition That Subluxation Based Chiropractic is Not Evidenced-Based

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

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

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

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News Briefs

Continued from previous page

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

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

The ICA Mission has always been “To protect and promote chiropractic throughout the world as a distinct health care profession predicated upon its unique philosophy, science, and art of subluxation detection and correction.” Recognizing that the Chiropractic profession is unique, separate, and distinct, the ICA has long participated in interprofessional collaboration with Partners in the Integrative Health Policy Consortium (IHPC) and advocates for the elimination of discrimination against all licensed non-MD health care providers, including Chiropractic, the largest of traditional CAM professions.

The ICA, a strong supporter of evidence-based research, patient-centered education and practice, also recognizes that there is a need to increase research funding with a focus on the positive effects of the Chiropractic adjustment on improving both function and performance.

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

Dr. B.J. Palmer, the ICA founder, wrote and spoke often about the importance of chiropractic staying in its lane and leaving “medicine” in its lane. These words of wisdom are as practical

today as they were when he wrote them more than 50 years ago.

ICA-Canada Established

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

The India Mission Project

The Indian Association of Chiropractic Doctors (IACD), an ICA Affiliate organization with National Member status in the World Federation of Chiropractic (WFC), conducts several mission trips a year in order to bring chiropractic to India. Major events will occur in January and November 2020. ICA has 20 spots available per year for members to participate. Travelers are responsible for their own airfare, but travel expenses are handled by IACD. If you are interested in participating, please visit www.indiachiropractic.com and email Info@indiachiropractic.com.

ICA Announces Diplomate in Clinical Chiropractic Pediatrics to Start Feb. 29, 2020

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

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

special needs, advanced case management, radiology, pediatric modifications of chiropractic technique, craniosacral therapy and adjunctive care.

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

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

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

Lloyd Table Company supports Foundation for Chiropractic Progress' Olympic Commercial Campaign

The Foundation for Chiropractic Progress (F4CP), a national not-for-profit organization dedicated to educating the public about chiropractic care, is pleased to announce Lloyd Table, one of the largest manufacturers of chiropractic adjusting tables in the world, has sponsored the production of its career in chiropractic commercial to air during the 2020 Summer Olympic Games in Tokyo, July 24 – August 9.

“Lloyd Table Company is proud to be a part of the Foundation for Chiropractic Progress,” says J. Michael Hunter, General Manager, Lloyd Table Company. “As much as anything, we have a vested interest in the success of the chiropractic profession, but way more importantly, we believe in the chiropractic profession!”

The 30 second commercial will serve to both inspire athletes and others to consider a career as a doctor of chiropractic, as well as motivate consumers to seek chiropractic care for themselves and their family. The commercial, which will air on five weekdays, Monday-Friday, between the hours of 12:00 pm EST and 5:00 pm EST during the 2020 Summer Olympics,

will result in promoting a career in chiropractic to 23.7 million U.S. households.

Kent S. Greenawalt, chairman, F4CP, states, “Expected to reach an audience of 204 million individuals, the production of this commercial would not be possible without the support of our generous sponsors, including Lloyd Table Company. We are thrilled to work alongside Lloyd Table Company to create a visual that helps to cement the future of the profession.” With this level of sponsorship, Lloyd Table Company will receive company logo placement in a select number of the Foundation’s Monday Marketing Memos, Podcasts, Fun Fact Friday emails and newsletter recognition.

F4CP Honored with Top PR Industry Award

The Foundation for Chiropractic Progress (F4CP) announced it had been named a PR WORLD Award Gold Winner in the healthcare category for its marketing campaign to educate consumers about the dangers of opioids and benefits of drug-less chiropractic care. The educational campaign, “Save Lives, Stop Opioid Abuse, Choose Chiropractic,” began three years ago and has quickly grown into an assortment of marketing materials available to Doctors of Chiropractic.

The F4CP and other PR World Award winners were honored in San Francisco, CA, Monday, Oct. 28, 2019 during the annual SVUS Red Carpet Awards Ceremony Dinner. Finalists, winners, judges and industry peers were in attendance.

ICA is a proud sponsor of the Foundation for Chiropractic Progress (F4CP) which informs the general public about the value of chiropractic care and its role in drug-free pain management through award-winning educational campaigns. Visit www.f4cp.org; call 866-901-F4CP (3427).

Two-year study says this activity destroys your emotional and physical health

Holly Shakya, assistant professor at UC San Diego, and Yale professor Nicholas Christakis spent two years following 5,208 adults in a Gallup long-term study. The results of the study showed, “while real-world social networks were positively associated with overall well-being, the use of Facebook was negatively associated with overall well-being,” the researchers wrote in a Harvard Business Review article. “These results were particularly strong for mental health; most measures of Facebook use in one year predicted a decrease in mental health in a later year.” Experts advise limiting Facebook time to no more than an hour or so each day.

Campus Rounds

ICA Affiliated Colleges: Cleveland University, Life University, Life Chiropractic College West, Parker University, Palmer College of Chiropractic, and Sherman College of Chiropractic.



We Are Parker Strong! Parker University Announces Rebuild Campaign for Campus Restoration Process

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

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

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

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



Palmer College of Chiropractic Set to Make Nearly \$20 Million in Capital Improvements

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

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

Palmer College of Chiropractic Honors its Founder D.D. Palmer, with a New Statue

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

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

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



Chiropractor John H. Porter, Jr.

Local leaders, college presidents, and many patients and students gathered last month to honor Spartanburg's second black chiro-

practor, Dr. John H. Porter, Jr., and his legacy in the Spartanburg community and at Sherman College. About 140 attended Sherman College's first annual Scholarship Dinner celebrating the newly established Dr. John H. Porter, Jr. Scholarship Fund. Three of Sherman College's five presidents attended to help honor Porter, including Dr. Thomas A. Gelardi, the college's founder and first president; Dr. Jerry L. Hardee, third president; and Dr. Edwin Cordero, fifth (current) president.

Dr. Porter is celebrating his 40th year on the Sherman College faculty and is known as one of the institution's most beloved graduates and professors, as well as a valued community member and health care provider. Dr. Porter is a 1977 Sherman graduate; he joined the college faculty in 1979 and opened his chiropractic office in 1981.

The Dr. John H. Porter, Jr. Scholarship Fund was established to help lessen the financial burden faced by generations of future chiropractic students, allowing them to pursue careers of service like Dr. Porter, dedicated to the health and wellness of their communities.

Sherman College Launches "I'm READY" Initiative

As Sherman College enhances its focus on education and practice success, the college is introducing a new initiative called, "I'm READY." It focuses on providing the many resources the campus needs to prepare our next generation chiropractors for success. With a new student center finished and existing buildings renovated, ongoing support and engagement are necessary to ensure continued success.

One such need focuses on enhancing technology infrastructure to improve patient care, enhance program delivery and increase engagement within the profession and community. The Planmeca Viso™ CBCT unit, provides an opportunity for the college to realize this goal. This unit is an ideal combination of premium image quality and high-end usability. The unit is an impressive step forward in the evolution of cone beam imaging. The goal is to raise at least \$25,000 to help secure it.

"I'm READY" will encompass many areas of practice readiness and student success. It will highlight and address areas of opportunity to align the mission of Sherman College with the success of our students and employees. "I'm READY" will include ways for supporters to invest fiscal, educational and capital resources to serve to the many needs that students will encounter along their journeys into the profession. In addition to financial support, Sherman has a group of faculty eager to

use this advanced imaging in research and clinical efforts. It is our hope to offer the use of this imaging to the field, while advancing the overall care in the community.

Having South Carolina state approval and ultimately, using state-of-the-art technology for these reasons will elevate the quality and stature of the academic environment. The innovative and efficacious unit further supports the utility of technology application to help locate, analyze and correct vertebral subluxation. To this end, you are invited to help support our Sherman College in securing the Planmeca Viso™ for our Health Center, so that Sherman College can strategically position itself to BE READY for new levels of success and be the first chiropractic education institution to have this technology on its campus.



New Scholarship Named after Spartanberg 2019 Homecoming Brings Fun, Education, and a Celebration of Friendship to CUKC

Homecoming weekend Oct. 11-13, 2019, signaled the start of a three-year countdown to the 100th anniversary of Cleveland's founding and its growth into Cleveland University-Kansas City (CUKC). Alumni from around the country – including three from Puerto Rico – attended Homecoming 2019 at the Overland Park Marriott Hotel near the CUKC campus.

"This year, we had a nice group of 30-year reunion doctors from 1989, and it was fun to see them interact," Jalonna Bowie, director of campus and alumni relations, said. "All 13 presentations were very well attended, and we were pleased to have 22 vendors join us in our exhibit space."

Dr. Alan Sokoloff, the team chiropractor for the NFL's Baltimore Ravens, presented a session to alumni and also delivered a presentation to CUKC chiropractic students. His focus was on ways to integrate chiropractic in athletic training rooms.

Other speakers covered a variety of topics, such as imaging of sports injuries, by Dr. Steven Gould, regenerative medicine and exercise therapy, by Dr. Jeff Tucker, and a three-part presentation on practical assessment and treatment concepts, by Dr. Brian Jensen.

CUKC faculty member Dr. Stuart McIntosh presented a ses-

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sion on current trends in the treatment of sports injuries, and Director of Research, Dr. Mark Pfefer, discussed current updates on concussions and pre-participation sports physicals.

Sunday's topics were Current Trends in the Management of Sports-Related Concussion, by Dr. William Moreau, vice president, Sports Medicine Division at the United States Olympic Committee, and Shaping the Cultural Authority of Chiropractic, by CUKC President Dr. Carl S. Cleveland, III.

"In my three years of coordinating the event, I believe this was our best yet," Bowie said. "Registration went smoothly, attendance was great, and the venue did a tremendous job meeting our needs. The alums and practicing doctors in the area like to get their CEUs in a fun-filled, friendly environment."

CUKC Receives Grant from Kansas Health Foundation

The Kansas Health Foundation (KHF) recently awarded a \$25,000 grant to Cleveland University-Kansas City (CUKC) to help promote chiropractic care for Kansans. The funds will be used to raise awareness of chiropractic to the public, and to promote the availability of chiropractic care at the Cleveland University-Kansas City Chiropractic Health Center in Overland Park, Kan. It will also assist with the promotion of CUKC's services offered at outreach clinics for the underserved populations in the greater Kansas City metro area. CUKC was one of



Amy Piersol, right, vice president of advancement at CUKC, worked on behalf of the University to secure the grant. Shown here accepting the check with Dr. Carl Cleveland, III.

87 grant recipients out of 206 proposals received by the KHF in 2019.

The funds are part of an annual program by the KHF called the "Impact and Capacity Grant Initiative." According to Natalie Olmsted, program officer with the Kansas Health Foundation, this endeavor includes up to \$2 million awarded annually by KHF, in increments up to \$25,000, to healthcare-related recipients. Various groups and organizations apply to the KHF seeking funding. The mission for KHF is to support groups that will help improve the health of the state's residents.



Life Chiropractic College West to Host CE Seminar in Jerusalem

In conjunction with the Israeli Chiropractic Society, Life Chiropractic College West will hold a special event in Jerusalem this fall. Life West President Ron Oberstein, DC, will join Dan Murphy, DC, and Jeff Scholten, DC, for a two-day seminar, scheduled for Nov. 7-8 at the Ramada Jerusalem Hotel. Dr. Oberstein will kick off the event with opening remarks, which will focus on how chiropractic professionals can best help grow chiropractic on a global level. In this discussion, which is scheduled for 10 am local time, Dr. Oberstein will also explain the impact of global success stories from around the world, some of which have been made possible by recent Life West service trips to countries such as India and Tonga.

Following Dr. Oberstein's remarks, Dr. Murphy will take the stage for a presentation on the science and philosophy of chiropractic. His discussion will also include reviews of recent chiropractic literature, as well as an audience dialogue.

The second day of the seminar will feature a four-hour discussion hosted by Dr. Scholten, which begins at 9 am. Dr. Scholten, president of the [National Upper Cervical Chiropractic Association](#) or NUCCA, will discuss vertebral subluxation and chiropractic technique with a focus on the craniocervical junction. Following Dr. Scholten's presentation, seminar attendees can spend the remainder of the afternoon and evening enjoying everything Jerusalem has to offer.

While the seminar formally concludes with Dr. Scholten's session, there are also activities scheduled for Saturday, Nov. 9. The slate includes a guided tour of Jerusalem. Reservations for the guided tour are available for \$99 and can be purchased along with registration for the seminar itself. [Visit the official event page to register](#) and access more event information. The event offers 10 CE hours, and spots can be purchased for \$399. This cost includes both lunch and the gala dinner on Thursday, and additional spots at the dinner are available for an additional \$50 cost.

Life University confers 2019 Annual Recognition Awards

Congratulations to recognized ICA Members!

The Alumni Association of Life University has announced the recipients of its 2019 Annual Recognition Awards. Through their professional accomplishments and personal service, fourteen honorees were selected as representatives of professional success, social contribution and cultural change. These outstanding individuals were honored at the Lasting Purpose Recognition Lunch held during our 2019 Fall CElebration Event on Life University's campus. This year's recipients are:

- **Christina B. Gray, D.C.** - Chiropractor of the Year Award. An individual who has made significant contributions to the chiropractic profession and leads the way for other doctors and patients. Dr. Gray has served the chiropractic profession and her community without reproach for the last 25 years. During the hurricanes that devastated many communities on the eastern seaboard a couple years ago, she dedicated hundreds, if not thousands, of hours serving those affected. She is recognized by many, and certainly by us, as a true hero.
- **Andrew H. Krantz, D.C.** - Distinguished Alumnus Award. Honors a Life University alumnus who has reached the pinnacle of success in his career and has brought credit to themselves and to Life University. Dr. Krantz, a 1978 Life University alumnus, remains in active practice after 41 years of service. In addition, he is a Senior Professor of Clinical Sciences at Life University.
- **Zachary Voyce, D.C.** - Young Alumnus Award. Honors a young Life University alumnus, who has graduated within the last 10 years, for their outstanding professional and community achievements. Dr. Voyce is a Life University Class of 2013 alumnus and a member of our LIFEForce tribe. He practices at The Aims Clinic in East Brunswick, New Jersey.
- **Roger Grim, D.C.** - Honorary Alumnus Award. Honors a

friend of Life University who has reached the pinnacle of their individual career and life success, including making a measurable difference in their profession, community and at Life University. Dr. Grim is known by many as the last known chiropractor to be jailed for sharing the truth of Chiropractic. He has traveled the world sharing the message of hope through Chiropractic, as well as people's right to get and stay well. He has honored the principles of Chiropractic for 46 years.

- **Jay Zimmerman, D.C.** - Lasting Purpose: To Give Award. Honors the individual who has demonstrated a notable increase in giving or an expansion of their giving to Life University. Dr. Zimmerman is from the Life University Class of 1987 and practices in Galloway, New Jersey. He is a humble giver. In addition to being a LIFEforce member, he is a diehard rugger who consistently contributes time, talent and treasure to our rugby program.

- **Dean DePice, D.C. (ICA Member)** - Lasting Purpose: To Do Award. Honors an individual who contributes time, talent and treasure to Life University and the chiropractic profession. Dr. DePice is a Class of 1987 alumnus, a member of our LIFEforce tribe and a recent President's Circle member. He and his wife, also a LIFE graduate, have bequested a major gift to the University and have their names on our Legacy Wall. In addition, just recently, they contributed to the Generations Wall.

- **Roy W. Sweat, D.C. (ICA Member)** - Lifetime Achievement Award. A lifetime of lasting purpose and dedication to the Chiropractic profession and Life University. Dr. Sweat has been in practice for 69 years. As a spry and "sharp-as-a-tac" 92-year-old, he said: "I was born to be a chiropractor and will serve until my last breath. Why would I not come to the office every day and serve people? That's what I was put on earth to do." He is the founder of Atlas Orthogonal, in addition to being a true friend to Chancellor Dr. Guy Riekeman and Life University.

- **Paul D. Weeks, D.C. (ICA Member)** - LIFEforce - Impact Award. A new LIFEforce Tribe Member who has hit the ground running since they joined. They jumped right in! This year's honoree has had a 21-year love affair with Chiropractic and says he still wakes up every morning on purpose and on fire. Dr. Weeks is a 1998 Life University alumnus and has been the owner of Dothan Spine and Specialty since 2004. He is a member of the Life University President's Circle at the Advocate level and a very active member of our LIFEforce tribe. He recently said: "My association to LIFEforce and Life University are very special. Whatever time, money and effort that I have

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given to the school has come back many times over.”

- **Stephanie Sullivan, D.C., PhD** - Honorary University Advancement Team Award. Honors a faculty or staff member who exemplifies his/her pride for LIFE through assisting the advancement team and securing donations. Dr. Sullivan is a class of 2008 alumna and the Director of the Dr. Sid E. Williams Center for Chiropractic Research at Life University. In addition to being a chiropractor, she recently completed her Ph.D. in neuroscience. She leads an exceptional team and is always ready to support fundraising initiatives and introduce our team to potential donors.

- **Sandra S. Elbaum, D.C.** - Lasting Purpose: To Love Award. Honors individuals who exemplified the highest level of pride and love for Life University. Dr. Elbaum is a Class of 1990 alumna who has been in practice with her husband Dr. Adam Elbaum for 28 years. Two of their children are also chiropractors and LIFE graduates. She a member of LIFEForce, a member of the President’s Circle and a Trustee on the Life University Board.

- **Brian A Stenzler, M.S., D.C.** - Lasting Purpose: To Serve Award. Honors the individual who has been a beacon for Life University in their service to their community and our profession. Dr. Stenzler is a Life University Class of 1998 alumnus, as well as a member of LIFEForce and the President’s Circle. He has practiced on both coasts and is currently practicing in San Diego, California. He has served the profession on numerous

boards, including the Chiropractic Congress (formerly known as The Congress of Chiropractic Sate Associations), and is the past president of the California Chiropractic Association.

- **Ricardo D. Alvarez López, D.C. and Yadimar Cabrera Marte** - LIFEforce Will Not Stop Award. Honors the individual(s) who exemplified the highest level of commitment to the mission of LIFEforce. This year’s honoree (Dr. Lopez and Mrs. Marte) is a husband and wife team. Dr. Lopez is a 2011 LIFE alumnus. Together with his wife, they founded Caribbean Wellness Center in Hatillo, Puerto Rico. They have been collaborating with Life University hosting recruiting events around the island since 2012.

- **Stuart Bernsen** - Philanthropy Award. Honors an individual who has made a significant impact to Life University through their financial contributions. Recently Dr. Bernsen named Life University as a beneficiary of his charitable remainder trust. When realized, this will be a seven-figure gift. He is not a LIFE graduate, but he chose to support LIFE because of our steadfast vision and commitment to Chiropractic and humanity. He is the co-founder of Chiro One Wellness Centers whose home office is in the Chicago area, with dozens of additional offices in multiple states.

Dr. Gilles LaMarche, Life University’s Vice President of University Advancement, says, “We are so privileged that these honorees offer such comprehensive support to Life University, both in their time and effort, as well as through their generous financial donations. We thank each and every one!”



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THE ICA CHOICE

RATESHEET

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The *ICA Choice* is read because ICA has an important standing in the chiropractic community. It makes news and the viewpoints of its leaders are of significance to the practicing chiropractor and to the future of chiropractic. Every issue is jam-packed with exciting news, timely articles and important issues. Your advertisement in *The ICA Choice* will be seen and read! Advertise and see the difference!

Publication schedule and ad copy deadlines:

<u>Issues</u>	<u>Deadline</u>	<u>Issue Date</u>
Third Quarter 2019	July 31	Aug., 2019
Fourth Quarter 2019	October 25	Nov., 2019
First Quarter 2020	January 24	February, 2020
Second Quarter 2020	April 24	May, 2020
Third Quarter 2020	July 24	Aug., 2020
Fourth Quarter 2020	October 23	Nov., 2020

<u>Ad Type</u>	<u>Ad Size</u>	<u>1 run</u>	<u>2 runs</u>	<u>4 runs</u>
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Full page (boxed)	8" wide by 9 3/4" tall	\$799	\$779	\$759
Half page	8" wide by 4 3/4" tall	\$399	\$379	\$349
One Third (V)	2 7/8" wide by 7 1/2" tall	\$259	\$239	\$219
One Third (H)	8" wide by 3 1/8" tall	\$259	\$239	\$219
Quarter Page	3 7/8" wide by 4 3/4" tall	\$199	\$179	\$149
One Sixth	3 5/8" wide by 2 7/8" tall	\$99	\$79	\$49

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