



Prosperity Through Unity Exceptional Care for Idahoans

November 2022

The IACP News, Vol. 6, No. 11

The chiropractor's role in the treatment of sleep disordered breathing

This article was recently published in the *Journal of Clinical Chiropractic Pediatrics* by Kathryn Cantwell DC DICCP CSP CSCP, and Sharon Vallone, DC, FICCP and is reprinted here with permission. [Click here](#) to read the entire current issue of the JCCP.

Introduction

Childhood sleep disordered breathing has become an epidemic problem throughout the world, with 95% of the children with obstructive sleep apnea failing to be diagnosed. "700,000 Aussie kids under 10 have sleep problems which goes up to 1.9 million in the UK, 11 million in the USA and half a billion in Asia." As the quality of children's sleep deteriorates, the rates of childhood obesity, anxiety and behavioral disorders have been on the rise.

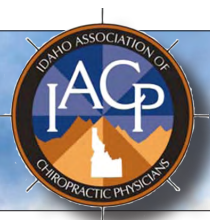
Which healthcare specialty is best suited to diagnose and treat childhood sleep disorders? An infant's first healthcare

providers may be a midwife, doula, lactation consultant and/or a pediatrician. As they get older, they may be referred to an ear, nose and throat (ENT) specialist, pediatric dentist, speech language pathologist, occupational therapist, oral myofunctional therapist, or a behavior therapist. Another healthcare provider whose care spans children of all ages and has the appropriate training to identify this problem is the pediatric chiropractor. The pediatric chiropractor is in a unique position to not only identify the problem, but to make the appropriate referrals while rendering care to the child in a collaborative relationship to resolve the condition. According to a study by Moore, et al., that although snoring and sleep apnea may be the most common indication of a respiratory sleep disorder in a child, one quarter of children presenting to a sleep clinic for evaluation will have a second sleep diagnosis, which is often non-respiratory in nature. They recommend that clinicians working in this arena must be prepared to recognize, evaluate, and manage sleep disorders across the lifespan of the patient.

Continued on page 4

The IACP Board of Directors, and the staff, wish you and yours a most joyous Thanksgiving holiday





IACP

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

2022-2023 IACP Board of Directors — Officers



Dr. Jeremai Hafer
President



Dr. Thomas Bench
Vice President



Dr. Scott Crawford
Treasurer



Dr. John Maltby II
Secretary

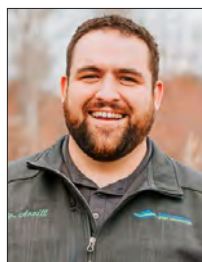
2022-2023 IACP Directors



Dr. Jennifer Wells
District 1



Dr. Michael Henze
District 2



Dr. Kimball Arritt
District 3



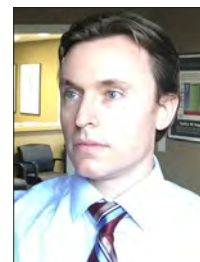
Dr. George Fiegel
District 4



Dr. Howard "Rusty"
Arrington
District 5



Dr. Erik Thompson
District 6



Dr. Grayson Blom
District 7

Idaho Association of Chiropractic Physicians

P.O. Box 8611, Boise, ID 83707

Phone: (208) 424-8344 • FAX (888) 399-5459

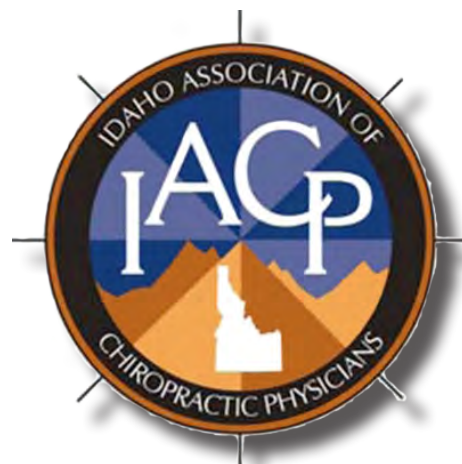
<https://iacp.wildapricot.org> • iacpcontact@gmail.com

For advertising info, email C&S Publishing at: CandSpublishing@gmail.com

In This Issue

The chiropractor's role in the treatment of sleep disordered breathing (Continued)	Pages 4 - 6
IACP Membership Application	Page 7
ChiroHealth USA: The impact of a cybersecurity incident on a practice	Pages 8 - 9
How to live significantly longer!	Pages 10 -13
Become a member of the IACP	Page 13
Osteopathic Manipulative Treatment research	Pages 14 - 15
Chiropractic News	Page 16
Join the ChiroCares 2022 blood drive	Page 17
Chiropractic College News	Pages 18 - 19
The IACP Marketplace: Featured Businesses & Suppliers	Page 20
Classified Ads	Page 21
Office poster notice	Page 22
This month's poster: Walking touted as "wonder drug"	Page 23
IACP News Display Advertising Rates and Sizes	Page 24

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



The chiropractor's role in the treatment of sleep disordered breathing

Continued from front page

Defining the Issue

Sleep disordered breathing is defined as a blockage of all or part of the airway. There is a spectrum of sleep disorders, ranging from open mouth breathing to upper airway resistance syndrome, to snoring and to obstructive sleep apnea. When open mouth breathing is observed in a newborn baby, it is often accompanied by a recessed mandible and possible tongue, lip and/or buccal ties. Snoring can be heard and may be indicative of obstruction. It is the author's opinion that snoring should not be considered normal in an infant (or at any age). Upper airway resistance will sometimes present as noisy breathing. Other types of sleep disordered breathing are respiratory effort-related arousals (RERAs) and parasomnias. RERAs are defined as changes in upper airway pressure which limit the flow of air during each breath in the later sleep stages and rapid eye movement (REM) sleep. Parasomnias include sleepwalking, night terrors, unusual movements, teeth grinding, nightmares and sleep-related eating disorders.

There are many signs and symptoms of sleep disordered breathing, starting with infancy, moving through childhood and into adulthood. Many of these symptoms are either overlooked, or the symptoms are treated but the cause is never addressed. At birth, an inability to latch or breastfeed successfully (meaning transfer sufficient milk to sustain themselves) can be a red flag to assess an infant for sleep disordered breathing. One cause of either or both aforementioned issues could be tethered oral tissues syndrome, aka "tongue-tie." Cranial distortions can also cause latching issues. A recessed mandible can be observed in either one of these conditions. The child may also have a heightened gag reflex which would be an intact neurologic mechanism to prevent aspiration of liquids when the integrity of the suck, swallow, breath synchrony is impaired. As the child grows, an open mouth posture and venous pooling under the eyes may be observed, as well as an architecturally narrow face or poor midface development.

Parental description

The parents may report that the child has many bedtime antics to avoid going to sleep. Once asleep, the child may be very restless, awaken through the night, have enuresis, nightmares, or night terrors. Sometimes they will sleep for long periods of time but never seem well rested. Speech issues with or without tongue thrust (pressing the tongue up against the teeth or between them while swallowing) are very common. These children are often picky eaters and prefer to consume juice or some other type of sugary drink to "keep them going" since they are exhausted. Behaviors can be very challenging with these children.

Sleep disordered breathing in infants can be difficult to diagnose due to the varied signs and symptoms. These babies often do not like to lie on their backs nor their stomachs,

preferring to be held. The caregiver will often report that the baby will only lie on their stomach if they are on someone's lap, thus not in a completely flat position. When nursing, they will often pull on or pull off the nipple, fatigue quickly and either fuss or fall asleep, exhausted from their efforts, before transferring an adequate amount of milk to satiate themselves. They may have a narrow gape and/or shallow latch and dribbling while nursing is also common. The mother will often report that she must supplement nursing, and the provider needs to help her discern whether her milk supply is insufficient or whether the infant is unable to transfer milk therefore failing to stimulate her milk supply. The mother may also report that breastfeeding is painful and that the infant cannot open their mouth wide enough to get a deep, secure latch. This baby will often have a difficult time taking a pacifier as they cannot hold onto it, due to a tongue thrust and/or shallow suck.

Sleep disordered breathing can also present itself as noisy breathing or a light snore – a cause for alarm in an infant. Infants with sleep disordered breathing are also often diagnosed with gastroesophageal reflux (GER). These conditions – inadequate milk transfer, a tongue thrust, a shallow latch or weak suckle, and gastroesophageal reflux disease are often accompanied by aerophagia. This is when the baby is taking in air while feeding, whether it be by breast or bottle, which can be correlated with sleep disordered breathing.

Long-term problems

If sleep disordered breathing is not diagnosed and treated in infancy, it may progress to more serious problems as a toddler, school age child or adolescent. This child will often be observed with open mouth breathing while awake or sleeping. This child may wake frequently through the night. One example would be a toddler who is waking frequently (8-10x at night) to breast or bottle feed. While sleeping, these children may have nightmares, night terrors, restlessness, sleepwalking and persistent enuresis (despite demonstrating bladder control while awake). This child can be very hard to put to bed because they are in a constantly elevated sympathetic state ("fight or flight"). While eating, they will often refuse anything other than soft processed foods such as macaroni and cheese, crackers, or processed chicken nuggets. They are often a slow eater, have an aversion to chunky or chewy textures, and may have a heightened gag reflex (in some cases, causing them to vomit their food). They will constantly crave simple carbohydrates which will perpetuate the sympathetic state. They will often have a nasal voice because of swollen adenoids and/or tonsils. They will be prone to colds and allergies, venous pooling under the eyes and a narrow chin. Behavior issues may start to emerge: they will often be emotional and predisposed to outbursts or anger. When they are of school age, they will frequently be diagnosed with attention deficit hyperactivity disorder (ADHD), attention deficit disorder (ADD) or oppositional defiant disorder (ODD), with poor

focus, inability to concentrate and distractibility as primary symptoms complicated by defiant and impulsive behaviors. Speech can continue to be an issue.

Respiration cycle

The suck, swallow, breath synchrony evolves in utero, with swallowing beginning at 11 weeks. The organized suck/swallow pattern emerges by 32 weeks in utero. The tongue raised at rest and resting on the palate creates the shape of the palate. The palate is the bottom of the maxillary sinuses and the shape of the palate helps determine the size of the airway. Cranial-sacral therapy as taught by sacro-occipital technique (SOT) provides training on evaluation and treatment. Lips closed and a closed mouth posture function as future braces for the teeth, allowing them to come in naturally. A correct suck/swallow position is lips closed with tongue resting on palate while nasal breathing.

All twelve cranial nerves are involved with breastfeeding, but there are seven of the twelve which are critical for successful breastfeeding. As a baby turns their head towards the nipple, they engage accessory cranial nerve (XI). Facial nerve (VII) and trigeminal nerve (V) are used to open the mouth to latch onto the nipple. Hypoglossal nerve (XII) is needed to push the tongue up on the nipple to stimulate milk production. Finally, the milk needs to be delivered to the back of the throat to swallow and the nerves utilized for this are the glossopharyngeal nerve (IX), vagus nerve (X) and trigeminal nerve (V). Craniocervical dysfunctions can impair the correct processing of the cranial nerves. SOT practitioners with cranial training can be effective for helping to resolve cranial nerve issues. The correct pattern for nursing is suck, swallow, breathe, suck swallow, breathe, over and over.

Bottle feeding can cause many issues that may not show up until the baby is a bit older. When a baby bottle feeds, the milk flows into the mouth more easily. The baby does not need to open their mouth as wide as they would breastfeeding. The tongue will often thrust forward to control the flow of milk. All of these patterns may lead to cranial-facial developmental changes that they could carry for the rest of their life. Since the tongue does not need to push up on the palate, the same as during breastfeeding, the palate may not widen out and develop as fully as that of a breastfed baby. This can cause the palate to be high and arched which, in turn, potentiates open mouth breathing, crooked teeth and a need for braces. They could also develop a hooked nose, narrow chin and a smaller airway, causing them to be more prone to ear infections, allergies and asthma.

Associated issues

One reason why breastfeeding can be difficult if not impossible is Tethered Oral Tissue Syndrome, aka TOTS or ankyloglossia. TOTS can be an anterior tie, posterior tie, lip or buccal tie. The definition of a tongue tie is restricted mobility as a result of a short lingual frenum, a condition often affecting breastfeeding, but not always. Evaluating for a tongue tie can be easily done during an examination. The doctor places the baby in a supine position. While wearing

gloves, the doctor places two fingers under each side of the tongue and lifts it up towards the palate while an assistant (or parent) pulls the chin down. The tongue should be able to lift up to the palate. This is when the doctor will observe the frenulum, checking that it does not pull up the floor of the mouth or blanch too much. Not all frenum need be revised with a frenectomy. It is the author's opinion that performing cranial-sacral work on a baby will often help the baby to nurse, but a minimal to mildly restrictive frenum does not always need a revision, nor would it classify as "ankyloglossia." If a baby ultimately needs a frenectomy, manual therapy ("body work" as it is referred to colloquially) with soft tissue therapies, chiropractic adjusting and cranial-sacral work may be helpful to ready the baby for the procedure to optimize the outcome. Keeping up with manual therapy after the procedure is very important to help the baby integrate the changes that have been made neurologically and reduce their compensatory motor patterns and to further reduce any dural tension as a result of the tethered oral tissues. If this condition is not corrected (with or without surgery), there is a possible cascade of symptomatology that can occur. The infant or child may display open mouth breathing, develop a narrow palate/face, frequent illnesses that can lead to snoring and eventually to obstructive sleep apnea as the tongue slides back in the airway rather than remaining up on the palate.

Nasal breathing is what we are designed to do — but what are the effects of nasal versus mouth breathing? Very simply, nasal breathing warms and humidifies air, filters allergens and microbes, creates nitric oxide, increases our ability to absorb oxygen, regulates blood pressure and keeps us in a calm parasympathetic state. Mouth breathing, on the other hand, results in dry mouth, bad breath, snoring, fatigue, brain fog, dental caries and continues to elicit a sympathetic response. Craniofacial development is also affected. A nasal breather tends to develop a wide face, good cheekbones, alert eyes and a straight nose. A mouth breather is prone to develop a narrow face, crooked teeth, crooked nose, head forward posture, tired eyes, droopy eyes, and venous pooling under the eyes.

Sleep stages

It is important that the chiropractor understand all the stages of sleep and the hormonal implications of getting proper or restorative sleep, versus sleep interrupted by sleep disordered breathing. Sleep is usually divided into non-rapid eye movement (NREM) and rapid eye movement (REM). Adults cycle through four to five times a night with each stage lasting 90-120 minutes. Babies and children cycle through more often with their REM sleep lasting longer depending on the number of hours that they sleep.

NREM has four stages. Stage one involves falling asleep during which the heart rate will slow down but the person is still easily aroused by light and sound. Stage two is the longest phase of sleep. At this point, the muscles will relax and snoring may start. Our brains are at work consolidating all the learning from the day. Stages three and four are

Continued on next page

The chiropractor's role in the treatment of sleep disordered breathing

Continued from front page

the deepest phases of NREM sleep. During these stages, temperature, heart rate and breath rate all decrease, and parasomnias and enuresis can occur. Long-term memory is consolidated, and tissue repair and release of growth hormone take place.

During REM, procedural and spatial memory are created (often referred to as the “dream stage”). Physiologically, the body is paralyzed during this stage, and rate of breath, heart rate and blood pressure all increase, and toxins are removed from the brain while brain activity increases.

Time spent in REM vs NREM sleep changes as a child grows. While a six-month-old baby spends their sleeping time equally split between REM and NREM, a five-year-old will only spend 30% of their time in REM and 70% in NREM sleep. By the later teenage years, only 20% of sleep is spent in REM and 80% in NREM which continues throughout adulthood. One reason for this is that neuronal pathways are laid down during REM sleep and synaptic pruning occurs during NREM sleep. Development of the brain starts in the back of the brain, the primal brain, and moves into the front cerebral cortex as maturity takes place. This is why getting proper sleep is important for critical thinking to develop.

Hormonal activity during these stages is deeply affected by sleep disordered breathing. Secretion of antidiuretic hormone (ADH), atrial natriuretic factor, leptin, ghrelin, somatotropin, melatonin, and cortisol are all affected. During normal sleep, ADH is released which inhibits urination while in deep sleep. Atrial natriuretic factor, a hormone secreted by the heart to regulate salt-water balance and blood pressure, is inhibited by sleep apnea which in turn inhibits the release of ADH. Also, secretion of leptin, which inhibits hunger, is decreased with sleep disordered breathing, and ghrelin, a hormone stimulating the drive to eat, is increased. Somatotropin (growth hormone) and melatonin are both decreased, while cortisol is increased, with sleep disordered breathing.

Irregularities in breathing during sleep can cause permanent damage to health, including brain damage with an up to 10-point loss in intelligence quotient. Neurocognitive deficits include impaired attention, focus, reasoning, and problem solving. Prolonged sleep issues reduce gray matter in the brain, and low blood oxygen impairs the immune system but also the growth of a child.

There is also a strong link between inadequate sleep during childhood, and an increased risk of Alzheimer's disease in adulthood. The glymphatic system in our brain is the lymphatic system for the glial cells, most active during the deepest phases of NREM sleep. The glial cells shrink by 60 per cent during these phases to accommodate space around neurons to allow cerebral spinal fluid to flow more easily and flush out metabolites from the day's neuronal activity.

This process during NREM sleep also cleans out amyloid proteins linked to Alzheimer's disease.

Other key parameters: Several environmental factors can affect the quality of a child's sleep. It is best to provide a dark room for maximum production of melatonin. Screen time prior to sleep should be kept to a minimum, and the use of blue light glasses can improve sleep quality and duration. Children's sleep is affected by artificial sweeteners and food dyes, and these chemicals should be eliminated and replaced by whole foods and a minimum of sugars.

Pacifiers should be discouraged by six months of age. Prolonged use of a pacifier can affect formation of the jaw and contribute to open mouth breathing. A good alternative is the Myo Munchee, a medical grade silicone device invented by a dentist in the 1960's and carried on by his daughter, Mary Bourke, chiropractor. It helps train proper suck/swallow, stops thumb sucking, promotes nasal breathing, supports cranial-facial growth and healthy oral hygiene. It can be used with babies as young as six months (Bebe Munchee) and comes in many sizes to accommodate the growing child.

Conclusion

Chiropractors may play a key role in the field of sleep disordered breathing and are often a part of a team to help with nursing issues such as latching, constipation, colic or GERD. The collaborative network often includes neuro-muscular dentists, orthodontists, pediatric dentists, oromyofunctional therapists, speech and language pathologists, occupational therapists, ENT's, behavior specialists, lactation consultants, midwives, doulas, and naturopaths. A chiropractic exam complements most pediatric exams, evaluating for infant reflexes, evaluation of the suck and cranial-sacral assessment to determine the presence of tension in the dural sheath. Chiropractors can also screen for tongue, lip, and buccal ties and can perform pre and post frenectomy work if needed. The treatment may include chiropractic adjusting, cranial sacral work, teaching use of Myo Munchees and educating families about environmental and nutritional correlations for quality sleep. This team approach is often the optimal way forward to assist children in fully functional feeding and sleeping mechanics.

The question always to be explored is, “Where is your tongue?” The goal should be lips sealed, with the tongue on the palate, and nasal breathing.

The Journal of Clinical Chiropractic Pediatrics is published online at <https://jccponline.com/> and this entire article, including footnotes, can be read without cost.





IACP MEMBERSHIP APPLICATION

Contact Information:

Name: _____ License #: _____

Practice Name: _____

Business Address: _____ Business Address 2: _____

City, State, Zip: _____ County: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

IACP Membership Categories: Types of Membership and Benefits:	<i>Full Amount</i>	<i>Monthly</i>	Payment Information:
<u>IACP CENTURY CLUB</u> All Standard Membership Benefits, plus: <ul style="list-style-type: none"> • FREE Convention Member Registration; • FREE Non-DC Staff Member Convention Registration; • Expanded Discounts for Member and Staff on three IACP quarterly seminars; • 25% Discount on advertising via the IACP newsletter and/or website; • 25% Discount on Bronze Level Convention Sponsorship; • Invitation to IACP PAC Dinner(s) for legislative officials targeted for IACP support; • Opportunity to write articles for IACP newsletter editions*; • Two FREE classified ad both online and printed newsletter per year; • First Call - IACP Referrals for patients seeking specific DC techniques/education; • Invitation to the IACP President's Dinner – including other Century Club members, past IACP Presidents, Idaho Legislators & Sponsors; • Portion of C. C. dues fund the IACP PAC - supporting legislative efforts/candidates. <small>** The IACP reserves the right to review articles and edit submissions as it deems necessary.</small>			Payment Type: <input type="checkbox"/> VISA <input type="checkbox"/> MC <small>(circle one)</small> <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Check Credit Card #: _____ CVC: _____ Exp. Date: _____ Billing Zip Code: _____
<u>IACP STANDARD MEMBERSHIP</u> <ul style="list-style-type: none"> • \$100 discount on convention registration fees • \$20 discount for each staff member on convention registration fees; • 10% Discount on Online CE Credits offered through the IACP Website; • 10% Discount on ICD Coding Books Offered by the IACP; • 10% Discount on all products, videos and materials sold by the IACP; • Earn at least 6 FREE CE credits each year at district meetings; • Discounts on Quarterly IACP Seminars for Member and Staff; • One FREE classified ad both online and printed newsletter per year; • Find A Doctor Referral Directory and access to members only information regarding Medicare, insurance & legislative insight; 			Optional PAC Donation: PAC stands for Political Action Committee the fundraising arm of the IACP. All monies donated go directly to supporting campaigns, educating state representatives, and hiring watch groups to guard against harmful legislation that would curtail your right to practice. I wish to support my profession by donating: <input type="checkbox"/> \$25/mo. <input type="checkbox"/> \$55/mo. <input type="checkbox"/> Other: \$ _____/mo.
<u>RETIRED DC MEMBERSHIP</u> <ul style="list-style-type: none"> • Annual subscription to IACP Newsletter (12 issues per year); • 10% Discount on all IACP events or classes • Discounts on advertising in the IACP Newsletter or on the IACP website; • Discounts on classified ads in IACP Newsletter or on the IACP website. 			
<u>MULTIPLE DC HOUSEHOLD MEMBERSHIP</u> <ul style="list-style-type: none"> • For dual DC households where both members of the household are practicing DCs. Spouse can choose a discounted Century Club or Standard Membership. 			25% Reduction in Membership Category
<u>NEW GRADUATE MEMBERSHIP</u> <ul style="list-style-type: none"> • New chiropractic college graduates receive basic membership for no fee! 			FREE

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

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

Signature: _____ Today's Date: _____

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

The impact of a cybersecurity incident on a practice

By Dr. Ray Foxworth, President of ChiroHealthUSA

The cybercriminals are out there, and healthcare practices are foremost in their sights. A mid-year [article](#) in *Forbes* spotlighted some striking cybersecurity statistics. 93% of company networks are vulnerable to cybercriminals while only half of U.S. businesses have a cybersecurity plan. Healthcare practices are the top victims for cybercriminals for two reasons.

First, they're often lucrative targets based solely on their business models. Second, they possess [protected health information](#) (PHI), a data-rich snapshot consisting of patients' financial and medical details. Let's examine the dire consequences that can result from a cybersecurity incident in your practice.

Cyber Breaches: Their Costs and Consequences

Further [statistics](#) reveal that the healthcare sector is losing more to data breaches on average than any other with \$10.1 million per incident in 2022. Those are the kind of numbers that can close a practice for good. How does this huge loss manifest in real terms?

- **HIPAA Violations.** Practices taking all possible cybersecurity precautions have some recourse to defend themselves if records are breached. Those who don't will pay twice over for non-adherence to HIPAA data protection regulations and possibly ignoring post-cyber incident protocol. This could mean steep fines or jail time under HIPAA's [multi-tiered penalty](#) structure.

- **Reputational Damage.** Practices that survive a cybersecurity incident's internal losses and regulatory fees may wither in the court of public opinion. Breached clinics can suffer significant, sometimes business-ending, blows to community relationships. In the worst cases, breached practices make headlines and become bywords for digital disaster, yet things needn't be so public to cause reputational harm. Patients compromised by a breach may spread the word of how they suffered by association with a particular chiropractor.

- **Legal Action.** One or more individuals may choose to sue, further increasing negative exposure and compounding financial loss. The healthcare sector is [hit hardest by patient lawsuits](#), not just by cybercriminals. Data privacy attorneys exist to assist patients with grounds for action,

and the government's Office of Civil Rights investigates any cybersecurity incident that impacts more than 500 people.

The threat is extensive, and the consequences are potentially devastating. This doesn't mean practices are helpless. Here's how to construct stronger cyber defenses.

Position Chiropractic Data in the Cloud

The cloud provides a buffer against physical hardware and paper records being compromised or damaged. Plus, cloud security is automatically updated. Practices, therefore, continually benefit from the latest in online cyber protection, earning the platform its "future proof" reputation.

This benefit doesn't apply to onsite storage because a practice's devices (both in-house and remote) must be manually updated with new patches and versions. Unfortunately, users don't always take the time to do that. The *Washington Post* highlighted the [high cost of not applying software updates](#) despite tech experts considering them as possibly the best way to prevent cyberattacks.

Unite Staff and Patients as a Cybersecurity Team

A practice's role in cybersecurity is critical. Staff members must be trained in prevention and response. Onsite electronic storage must have strong passwords, anti-malware and anti-virus software, and a firewall. Multi-step authentication should be implemented to access all patient files, and all five of these precautions should be present on every device with onsite or remote access to your practice.

Educate your patients on the risks of cybercrime and encourage them to adopt home cybersecurity measures and best practices. These include never opening links they don't trust, contacting your practice for confirmation even if communications appear legitimate, and recommending that they regularly check their finances and medical details for any sign of unusual activity.

Go the Extra Mile and Protect Your Practice with CHUSAdefense

Cyber incidents can happen to anyone. [CHUSAdefense](#) can provide between \$100,000 and \$1,000,000 in coverage against regulatory action proceedings. [Contact](#) us for more information.

Meet Our **ChiroHealthUSA 2022 Scholar**

Dustin Eiggerstaff is the oldest recipient of ChiroHealthUSA's Foxworth Family Scholarship, at almost 35 years old. A student at Life University, he is a nine-year Amphibious Reconnaissance veteran medically retired from the United States Marine Corps. "My military career was cut short due to multiple traumatic injuries and being medically retired, but I continued to have the burning desire to be of service," he shared with us.

Dustin has a strong interest in pediatric and sports chiropractic and a strong desire to provide chiropractic services to active and reserve service members, veterans, and their families. "I have seen fellow service members and veterans who have been able to stop taking pain medications because that is the only option they had before chiropractic was introduced into their lives. I am grateful for my first adjustment while on active duty, it started me on this path and has helped shape the goals of my future practice." Dustin was one of 12 applicants with a perfect score. The selection process involves over 20 leaders within the chiropractic profession, with the final decision made by a member of the Foxworth family.

He lights up when talking about his wife and children. Our favorite quote from his application is, "I want nothing more in my life than to set the right example for my children and be someone they want to emulate."

Congratulations, Dustin, on becoming 2022's CHUSA scholar; we are excited to watch your career unfold and see your impact on the profession's future.



1-888-719-9990 | ChiroHealthUSA.com

Apply now for the 2023 scholarship at www.chusascholar.com



How to live significantly longer!



If you can ace these four tests, science says you're likely to live significantly longer and with less stress because, as Warren Buffett says, success is at least partly based on longevity.

Success rarely happens overnight — especially in business, where success is almost always the result of years of sustained effort. It takes time to make the right connections. It takes time to build a great team. It takes time to create long-term, loyal patients.

In business, longevity matters, so much so that Warren Buffett calls time “the Methuselah technique”: the financial advantages of a long life and a high rate of return.

And then there's this: [A recent study](#) conducted by the Census Bureau and two MIT professors found the most successful entrepreneurs tend to be middle-aged—even in the tech sector. The researchers compiled a list of 2.7 million company founders who hired at least one employee between 2007 and 2014. The average startup founder was 45 years old when he or she founded the most successful tech companies. In general terms, a 50-year-old entrepreneur is almost twice as likely to start an extremely successful company as a 30-year-old. (Or, for that matter, a successful side hustle.)

In short, the longer -- and healthier -- you live, the more likely you are to be successful. But how can you know if you're at greater risk of dying sooner? Here are a few simple tests. Just keep in mind that each test yields indications, not certainties. “Passing” any of the following doesn't guarantee

lower mortality risk. Even so, each test involves some degree of causality, not just correlation.

Plus, [research shows](#) that achieving a high score -- or working to improve your scores — can help you perform better under stress. Can elevate your mood for up to 12 hours. Can increase the production of a protein that supports the function, growth, and survival of brain cells. Exercise can even improve attention, concentration, and learning and memory functions.

Test Number One: Pushups

Researchers had participants take a physical, and do a treadmill stress test and push-up test. Over the next 10 years, they determined that men able to do 40 or more pushups during the baseline exam were 96 percent less likely to experience a cardiovascular event than those who could do only 10 or fewer.

Even though aerobic capacity has long been considered the gold standard of fitness assessments, pushup capacity was more strongly associated with reduced cardiovascular disease risk. How many pushups you can do might be a better way to evaluate your risk of heart attack or stroke than an assessment of your aerobic fitness! [Research](#) at Harvard found, “evidence that push-up capacity could be an

easy, no-cost method to help assess cardiovascular disease risk in almost any setting. Surprisingly, push-up capacity was more strongly associated with cardiovascular disease risk than the results of sub-maximal treadmill tests.”

Put even more simply: How many pushups you can do might be a better way to evaluate your risk of heart attack or stroke than an assessment of your aerobic fitness. Keep in mind only middle-aged, “occupationally active” men were studied; the results may not perfectly apply women or to less active men of other ages.

Improving your pushup capacity is, like most things fitness-related, a simple matter of time and effort: Put in the right kind of effort over a sufficient amount of time and you will improve (which, if you think about it, is incredibly empowering). Say you can do 10 pushups in a row. Commit to a three-times-a week schedule, one that slowly adds volume to your workout. (And takes less than 10 minutes to complete.)

Week one: Do one set of 10 pushups, rest for 60-90 seconds, do another set to failure (you may not be able to do 10), and repeat one more time for three total sets.

Week two: Do one set of 12 pushups. (Don’t worry: You’ll be able to do 12.) Then do two more sets to failure.

Week three: Do one set of 14 pushups, and then do three more sets to failure. The goal is to increase your strength and endurance, which is why you add an additional set.

Keep increasing the number of reps per set until you hit 20 in your first set, then add three reps to your first set every week. And add two more total sets to each workout for a total of six.

By week eight, your rate of improvement will have accelerated; you may find yourself doing 30-plus pushups in the first set with relative ease. And by then you’ll know how much volume to add to your program to ensure you eventually can do 40 reps in one set.

Test Number Two: Walking

A [University of Sydney study](#) found that people who can walk at a fast pace (3 to 4 miles per hour) have a 24 percent lower risk of all-cause mortality compared with those who walk at a slow pace. Walking at an average pace was found to be associated with a 20 percent risk reduction for all-cause mortality compared with walking at a slow pace, while walking at a brisk or fast pace was associated with a risk

reduction of 24 percent. A similar result was found for risk of cardiovascular disease mortality, with a reduction of 24 percent walking at an average pace and 21 percent walking at a brisk or fast pace, compared to walking at a slow pace.

The protective effects of walking pace were also found to be more pronounced in older age groups. Average pace walkers aged 60 years or over experienced a 46 percent reduction in risk of death from cardiovascular causes, and fast pace walkers a 53 percent reduction.

As the researchers write, “These analyses suggest that increasing walking pace may be a straightforward way for people to improve heart health and risk for premature mortality.”

Map a one-mile course, or crank up your fitness tracker, and walk as briskly as you can for a mile. Then evaluate the results. Keep in mind there’s an added bonus. Another [study](#), called *White matter microstructure mediates the association between physical fitness and cognition in healthy, young adults*, shows there’s a definite link between physical fitness and improved cognitive function that results in improved memory, reasoning, sharpness, and judgment. That work noted:

“With the present work we provide evidence for a positive relationship between PF and both white matter microstructure as well as cognitive performance in a large sample of healthy young adults. The observed positive association between PF and cognitive function extended to nearly all cognitive domains with most pronounced associations for fluid intelligence, cognitive flexibility and processing speed. Our finding of a significant mediation effect of PF on cognitive performance through white matter microstructure furthermore points to a crucial role of brain structural alterations in the association between PF and cognition. Importantly, the observed significant associations between PF, brain structure and cognition withstood correction for a wide range of potentially relevant nuisance covariates, which makes it unlikely that the observed pattern of results was biased by the presence of common cardiovascular or metabolic risk factors. A setup of hierarchical regressions revealed that while regressors such as age, sex, BMI and HbA1c were associated with cognition and FA in the respective models, only the inclusion of education years substantially weakened the estimated effect of endurance on cognition and FA. The present study thus supports the concept of a robust positive relationship between PF and preserved brain structural integrity as well as cognitive performance in a wide range of cognitive domains.”

Continued on next page

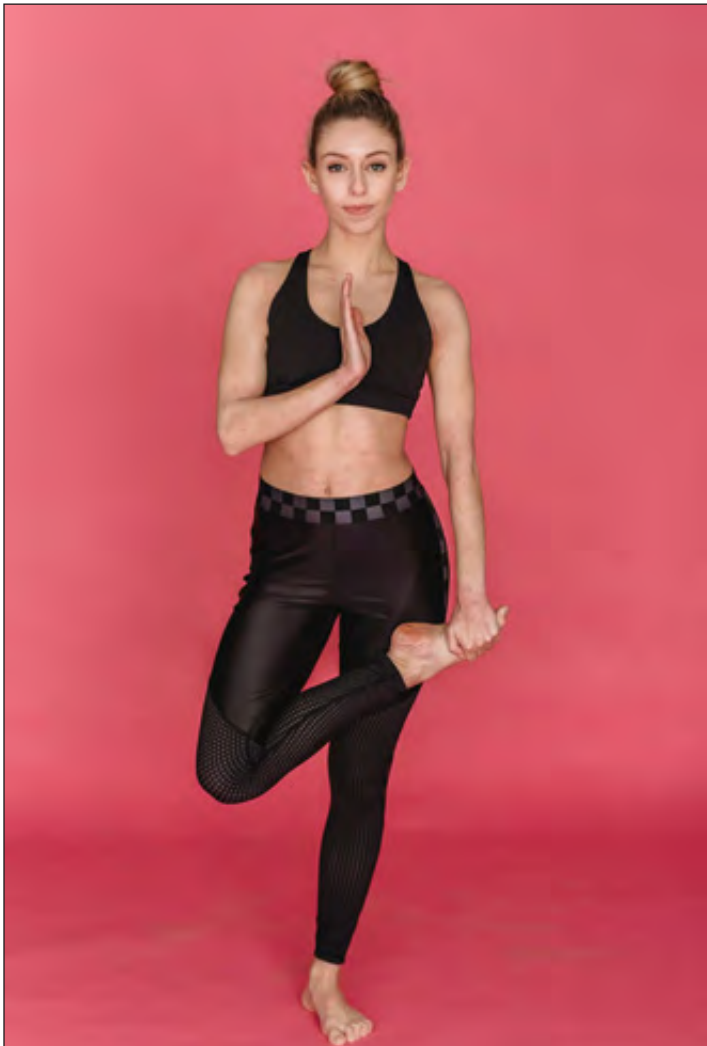
How to live significantly longer!

Continued from last page

Test Number Three: The Sitting-Rising Test

A [study](#) called, *Ability to sit and rise from the floor as a predictor of all-cause mortality*, which was published in *European Journal of Preventive Cardiology* found that how well you can go from a standing, to sitting, to standing position indicates whether you're at greater risk of mortality. That study noted:

"While cardiorespiratory fitness is strongly related to survival, there are limited data regarding musculoskeletal fitness indicators. Our aim was to evaluate the association between the ability to sit and rise from the floor and all-cause mortality. Musculoskeletal fitness, as assessed by SRT, was a significant predictor of mortality in 51–80-year-old subjects. Application of a simple and safe assessment tool such as SRT, which is influenced by muscular strength and flexibility, in general health examinations could add relevant



information regarding functional capabilities and outcomes in non-hospitalized adults."

Here's how it works. Stand barefoot on a non-slick floor with plenty of open space around you. Cross one leg over the other, and lower yourself to a sitting position. Then try to stand back up. The goal is to do it without touching the floor with your hands, knees, elbows, forearms, or the sides of your legs.

Now score yourself. Start with 10 points, and subtract half a point for each time you needed to use your hand, or knee, or forearm, or shift onto the side of one leg before levering yourself up. Also subtract half a point if you lost balance.

The bad news? People who scored less than 8 points were two times as likely to die within the following six years compared to those who scored higher. People who scored 3 or less points were more than five times as likely to die within the same period compared to people who scored more than 8 points.

But there's also good news. Managing to increase your SRT score was associated with a 21 percent decrease in mortality. If you scored a 6 today, and next month you score a 7, your mortality rate decreases significantly.

That's because flexibility, balance, and muscle strength make a major difference in overall health, especially as you age, and the SRT test is a reasonable indication of overall activity and fitness levels: If you lack flexibility, the test is harder. If you lack balance, the test is harder. If you're overweight, the test is harder. All of those things may indicate a higher risk of mortality, as documented by [research](#) done in 2007 called, *Cardiorespiratory Fitness and Adiposity as Mortality Predictors in Older Adults*."

Test Number Four: The Grip Strength Test

A 2018 [study](#) found handgrip strength works as a proxy for measuring overall body strength and muscle mass. Handgrip strength is "strongly associated with a wide range of adverse health outcomes. Lower grip strength correlated with higher incidence of cardiovascular disease, chronic obstructive pulmonary disease and various types of cancer."

One way to test your handgrip strength is to use a dynamometer. But since most people don't have a dynamometer, another way to evaluate grip strength is to

hang from a pull-up bar for as long as you can. Simply loosen up, take a few deep breaths, and start hanging.

For men, consider 60 seconds a good target. For women, 30. But in some ways the initial target is irrelevant. The researchers found that a 6-pound decrease in grip strength for women, and 11 pounds for men, correlates with a 16 percent higher risk of dying from any cause. Do a little math and that means if you're a woman and can only hang for 20 seconds, or a man who can do only 30, your mortality risk is likely higher.

On the flip side, improving your grip strength should correlate with greater longevity, since grip strength is an accurate bio-marker in that it reflects the overall condition of your skeletal muscles.

Want to improve your grip strength? [Squeeze-y trainers](#) are relatively inexpensive. Or you could just hang from a pull-up bar every other day. (And mix in a few pull-ups while you're at it.) Your strength will naturally increase. And if you get bored with that, start doing one-armed hangs. You'll be surprised by how quickly you'll improve.

And that's the best part of all. Working to improve one thing — how many pushups you can do, how fast you can walk, etc.— naturally leads to doing other things. Many people, once they start to work out regularly, naturally begin to eat healthier. One [study](#) called, *Exercise Training Reduces Reward for High-Fat Food in Adults with Overweight/Obesity*, found that people who exercised for 12 weeks



(long enough to make exercise a part of their lifestyle) still liked fatty or high-calorie foods just as much, but no longer wanted to eat them as much.

As the researchers write, "Exercise might improve food reward and eating behavior traits linked to the susceptibility to over-consume." They concluded: "This study showed that 12 wk of exercise training reduced wanting scores for high-fat foods and trait markers of overeating in individuals with overweight/obesity compared with nonexercising controls. Further research is needed to elucidate the mechanisms behind these exercise-induced changes in food reward."

"Join the Pack"

Become a member of the IACP

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

Osteopathic Manipulative Treatment research



[Research](#) published this year by Hannah Roland, Amanda Brown, Amy Rousselot, Natalie Freeman, J. Michael Wieting, Stephen Bergman and Debasis Mondal called, *Osteopathic Manipulative Treatment Decreases Hospital Stay and Healthcare Cost in the Neonatal Intensive Care Unit*, suggests that Osteopathic Manipulative Treatment (OMT) can reduce both patients' recovery time and the financial cost of their acute medical treatment and rehabilitation. The paper's abstract says:

"Osteopathic manipulative treatment (OMT) is used in both inpatient and outpatient settings. Evidence suggests that OMT can reduce both patients' recovery time and the financial cost of their acute medical treatment and rehabilitation. Multiple studies from neonatal intensive care units (NICUs) are presented in this article that demonstrate infants treated with OMT recover faster, are discharged earlier, and have lower healthcare costs than their non-OMT-treated counterparts. Data clearly show that adjunctive OMT facilitates feeding coordination in newborns, such as latching, suckling, swallowing, and breathing, and increases long-term weight gain and maintenance, which reduces hospital length of stay (LOS). Osteopathic techniques, such as soft tissue manipulation, balanced ligamentous tension, myofascial release, and osteopathic cranial manipulation (OCM), can reduce regurgitation, vomiting, milky bilious, or bloody discharge and decrease the need for constipation treatment. OMT can also be effective in reducing the complications of pneumonia in premature

babies. Studies show the use of OCM and lymphatic pump technique (LPT) reduces the occurrence of both aspiration and environmentally acquired pneumonia, resulting in significantly lower morbidity and mortality in infants. Based on published findings, it is determined that OMT is clinically effective, cost efficient, a less invasive alternative to surgery, and a less toxic choice to pharmacologic drugs. Therefore, routine incorporation of OMT in the NICU can be of great benefit in infants with multiple disorders. Future OMT research should aim to initiate clinical trial designs that include randomized controlled trials with larger cohorts of infants admitted to the NICU. Furthermore, a streamlined and concerted effort to elucidate the underlying molecular mechanisms associated with the beneficial effects of OMT will aid in understanding the significant value of incorporating OMT into optimal patient care."

Osteopathic manipulative medicine, the authors note, is an evidenced-based comprehensive approach to healthcare in which osteopathic physicians apply osteopathic philosophy, structural assessment, and the use of osteopathic manipulative treatment (OMT) in the diagnosis and treatment of patients by emphasizing that structure and function are integrated in health and disease states.

They also assert that the science and art of OMM is becoming increasingly popular in the healthcare field, primarily due to its clinical effectiveness and minimally invasive nature. Osteopathic manipulations consist of a set of patient-

focused hands-on treatments directed at adjusting the body's musculoskeletal system. The osteopathic method of patient care was designed to be a "complete system", which means that OMT can be directed and modified for any disease type and severity.

The research goes on to say: "The use of OMT in neonatal intensive care units (NICUs) has demonstrated tangible successes in the treatment of pneumonia, ankyloglossia, feeding dysfunction, and gastrointestinal distress in preterm babies as well as in assisting with weight gain and maintenance of newborns after discharge. A recent prospective multicenter observational study (OSTINF Study) found that osteopathic treatment is associated with major positive changes in the severity of health complaints in neonates and infants. Therefore, a growing number of parents are turning to osteopathic physicians for help with their infants' and children's chronic health issues."

The primary basis of osteopathic medicine is the belief that somatic dysfunctions can result in associated conditions impacting peripheral nerves, blood flow, immune system efficacy, and organ function. In general, the goal of osteopathic treatment is to realign the body and motivate self-healing at both a superficial and deeper level by manipulating the fascia.

The research concludes: "This review article discusses data from multiple clinical studies that clearly demonstrate the therapeutic benefits of OMT in decreasing both recovery time and the financial cost of medical treatment and rehabilitation in the NICU. Studies show that adjunctive OMT helps feeding coordination in newborns and decreases the need for constipation treatment. Furthermore, OMT

can be highly effective in reducing the complications of both aspiration and environmentally acquired pneumonia in premature babies. Five OMT techniques are most frequently used in the NICU setting, namely, lymphatic pump techniques, diaphragm treatment, balanced ligamentous tension, myofascial release, and osteopathic cranial manipulation, which have been discussed at length. The multi-institutional and randomized OSTINF Study found that OMT is associated with significant reductions in the severity of health complaints in neonates and infants. However, despite encouraging findings, a concerted and streamlined effort to properly catalog the effectiveness of OMT in treating infants are still lacking. Furthermore, although osteopathic medicine is based upon an understanding of the basic principles of body unity, self-regulation, and the interrelationship of structure and function, the lack of investigations to delineate the underlying mechanisms associated with its therapeutic benefits remains a significant challenge. While several published studies have documented the financial benefits of using OMT in the NICU, as documented in this review, there is a dearth of information on how these "tried and true" osteopathic techniques achieve their outcomes at the molecular level. Elucidation of these mechanistic insights will not only enable us to understand the significant benefits of OMT treatment of newborns and infants but also help guide osteopathic treatment in adults and elderly populations. In this respect, Wieting et. al. (2013) showed that a daily postoperative OMT protocol improved functional recovery of patients who underwent a coronary artery bypass graft (CABG) [78]. Future OMT studies in older patients, especially those with chronic conditions, will both facilitate and underscore the efficacy of osteopathic manipulations."



Chiropractic News

ChiroCongress 2022 St. Louis Convention November 10 - 12, 2022

We can't wait to see you in St. Louis!

Stay and play beside Ballpark Village and Busch Stadium! The Hilton St. Louis at the Ballpark hotel is the destination that connects you with an innovative guest experience. Walk outside the door and you are just steps away from the Busch Stadium - home of the St. Louis Cardinals, the Gateway Arch, America's Center, Enterprise Center, the Riverfront, restaurants, and all of St. Louis, Missouri's major attractions.

The hotel is a masterful architectural design with a soaring lobby, spectacular city views of the Busch Stadium and Gateway Arch, with an oversized, state-of-the-art business center, concierge amenities, and a first-rate array of food and beverage venues, including a 360 of-St. Louis, Market Street Bistro, Ballpark Pizza, Starbucks, and outdoor patios with spectacular views of the downtown skyline. Whether traveling to Missouri on business or pleasure, guests of the Hilton hotel can escape to their own field of dreams in their guest rooms with views of the Busch Stadium and the Gateway Arch.

Convention will be held at the Hilton St. Louis at the Ballpark!

[2022 Covention Website](#)

Students can sign up once per entry period and are eligible to win one NCMIC Bucks for Boards award annually. Winners will be notified by email and/or phone.

Chiropractic Medicare Modernization Bill surpasses 150 cosponsors

The Chiropractic Medicare Coverage Modernization Act reached a milestone recently by surpassing 150 cosponsors in the U.S. House of Representatives. This is bill to amend title XVIII of the Social Security Act to provide Medicare coverage for all physicians' services furnished by doctors of chiropractic within the scope of their license, and for other purposes.

The bill (H.R. 2654), which has received strong bipartisan

support since it was introduced in 2021 by Rep. Brian Higgins (D-N.Y.), gained additional momentum this year with the introduction of a Senate companion bill (S. 4042) by Sen. Richard Blumenthal (R-Conn.).

"We are immensely grateful to the many members of the chiropractic profession and their patients who have contacted their members of Congress in support of H.R. 2654/S. 4042. The 150-plus cosponsors and bipartisan support this bill has attained represents historic progress toward our goal of achieving equity for chiropractic patients and their doctors," said ACA President Michele Maiers, DC, MPH, PhD.


The statute that currently regulates chiropractic in Medicare has been unchanged since 1972 and limits Medicare beneficiaries to coverage of a single chiropractic service, manual manipulation of the spine. H.R. 2654/S. 4042 would update this and bring Medicare in alignment with chiropractic coverage in most private plans by enabling beneficiaries to access the chiropractic profession's broad-based, non-drug approach to pain management, which includes not only manual manipulation of the spine and extremities, but also evaluation and management services, diagnostic imaging and utilization of other non-drug approaches.

For a full list of H.R. 2654/S. 4042 cosponsors, and to learn how you can support this important legislation, visit www.acatoday.org/Medicare.

ACA to meet in Washington DC

The American Chiropractic Association (ACA) will hold its annual meeting, ACA Engage, in person Jan. 25-28, 2023, at the Omni Shoreham Hotel in Washington, D.C. It will be the first time the event will be held on location since the beginning of the pandemic.

Engage 2023 will feature a wide range of education programs (with up to 20 CE credits available), as well as opportunities for doctors of chiropractic and students to lobby for pro-chiropractic legislation, learn about new products and services in the chiropractic industry, and network with colleagues and friends from across the nation. The ACA House of Delegates will also convene during the event to hold elections, deliberate important issues and conduct other association business.



Donate Blood, Save Lives!

JOIN THE CHIROCARES 2022 BLOOD DRIVE!!

The Foundation for Chiropractic Progress (F4CP), a not-for-profit organization dedicated to educating the public about the value of chiropractic care, in collaboration with ChiroCongress and ChiroCongress Cares, two national organizations that represent and support chiropractic and chiropractic state associations have launched a national blood drive through December 2022.

“ChiroCongress and ChiroCongress Cares are proud to work with F4CP and the American Red Cross to raise awareness and donations across the country through this drive,” states Elizabeth Klein, executive director. She explains, “Since the pandemic and other disruptions to essential services, there has been an extreme shortage of blood supply, causing a national crisis. Through collaboration, we anticipate state association leaders, doctors of chiropractic (DCs), and their patients will get involved to donate and support the Red Cross.”

The virtual blood drive is a nationwide effort to encourage individuals to schedule a blood donation near them, support financially or utilize this drive to build awareness of the need to save lives. Participants can visit <https://chirocongress.org/chirocares/2022-blood-drive/> and find a blood donation center near them.

“We are honored to be collaborating with ChiroCongress and ChiroCongress Cares to run a national campaign for such a great cause,” says Sherry McAllister, DC, president, F4CP. “This blood drive comes at a very important time in our country and our profession has the ability to make a positive impact nationwide.”

For more information visit <https://chirocongress.org/chirocares/2022-blood-drive/>.

Join the ChrioCares 2022 Blood Drive by doing the following:

1. Contact your members and let them know you are participating in a life-saving moment and would value their participation. Download materials we have created to help you get the word out! [Get Started today!](#)
2. Have your members make an appointment through our ChiroCares Blood Drive Link. Copy and paste the link to share with your members: <https://rcblood.org/3yPzAbX>
3. Unsure about what donating looks like? Here is a helpful page that explains how to donate: <https://chirocongress.org/chirocares/how-to-donate/>
4. If you have a member who is interested in hosting a blood drive, contact Suzi to find out more (suzi@chirocongress.org)
5. Upon donating blood, ask your members and their patients to take a selfie and post it on social media with #ChiroCares2022
6. Unable to donate blood? The American Red Cross is also accepting cash donations to support this effort. Cash donations allow them to purchase supplies and equipment to continue to provide this life-giving service. To make a cash donation visit their website at: <https://www.redcross.org/donate/cm/chirocares-pub.html/>

Chiropractic College News

Alyssa Troutner, DC recognized in SpineLine's "20 Under 40"

Logan Alumni Alyssa Troutner, DC ('18), MS ('18) has been recognized in SpineLine's "20 Under 40", a campaign by the National Association of Spine Specialists (NASS) showcasing the brightest young physicians under the age of 40.

Recipients are selected by the SpineLine committee, looking for the most deserving individuals based on accomplishments, community service and philosophy of care. On the list next to many surgeons, Troutner's inclusion shines a light on the future of chiropractic care for spine pain.

"It is encouraging to see acknowledgement of different spine care disciplines in this publication," said Troutner. "Modern pain care demands collaboration and chiropractors are becoming increasingly assimilated into standard healthcare facilities. I hope that this award may be one small indication that positive changes are occurring in representing the value that all spine care professionals have."

Northeast College opens FAST Lab

In Fall 2022, Northeast College of Health Science unveiled a new learning space featuring the latest innovation in chiropractic education. The Force Assessment Simulation Technology (FAST) Lab boasts the same ground-breaking technology that has been helping today's elite athletes improve and optimize their skills and performance.

College President Dr. Michael Mestan said the revolutionary technology incorporated in the FAST Lab will complement Northeast's already-rich curriculum of lectures, clinical rotations and human cadaveric dissection labs to provide yet another tool in an education designed for student success.

In the FAST Lab, Northeast's doctor of chiropractic students work with human analogue mannequins on treatment tables, both embedded with Force Sensing Table Technology™ that allows them to receive on-demand data regarding adjustment force, direction, amplitude and speed. This information guides the learning process as students develop the psychomotor skills to make accurate high-velocity, low-amplitude thrust adjustments.

The Lab also uses Dartfish technology, which allows video data of each adjustment to be collected in real-time. FAST Lab mannequins and tables are equipped with sensors and cameras that capture each adjustor's motions, mapping out the biomechanics of the adjustor's body. This provides data about each student's position, stance and movement which, with faculty help, can be analyzed to optimize adjustment efficiency and effectiveness.

Sherman College of Chiropractic names Dr. Jack Bourla president

The Sherman College of Chiropractic Board of Trustees has named Dr. Jack Bourla to become the sixth president of the college as it enters its 50th year in 2023. He will begin his tenure at Sherman College on December 1, 2022, and follows Dr. Edwin Cordero, who announced that he would be leaving the college at the end of the year.



"I want to express my deepest gratitude for the contributions that Dr. Edwin Cordero has made to the advancement of Sherman College and guiding us back to prominence after successfully navigating some difficult times in our history. Dr. Bourla and Dr. Cordero are working together to ensure a seamless transition for our students, faculty, staff, alumni, and supporters," said Dr. Shawn Dill, Chairman of the Sherman College of Chiropractic Board of Trustees.

"Dr. Bourla is the right person for this next chapter in the history of Sherman College. He has tirelessly represented the philosophy of chiropractic and has been aligned with the vision of the college since becoming a chiropractor. His blend of experience in chiropractic education as well as his success in private practice make him the right choice for Sherman College at this time," added Dr. Dill.

Around the chiropractic profession, Dr. Bourla is known for his compassionate leadership style, command of the chiropractic philosophy, and diplomatic handling of diverse opinions in the field.

"I look forward to building on the success and growth of

Sherman College and ensuring that the college is primed for the changing ways of higher education. I will be a champion for our students, faculty, and staff. And most importantly, I will use this opportunity to further protect the principles of chiropractic upon which the college was built," said Dr. Bourla.

Dr. Bourla is the owner of Providence Chiropractic Center in Redwood City, California and a 1997 graduate of Palmer College of Chiropractic West. In addition to providing chiropractic care to his community for the past 25 years, he has served the profession in many ways: as Dean of Clinics at the Life Chiropractic College West Health Center, an 11 year member of Sherman College's Regent Program, as an active member of the International Federation of Chiropractors and Organizations (IFCO) where he has been a board member, three-time president and a two term board chair, a committed member of the Delta Sigma Chi fraternity, and an international speaker promoting the purity of chiropractic.

Northeast College honors anatomical gift program

A significant part of Northeast College of Health Sciences chiropractic students' experience is learning anatomy through donations of human bodies made to the College's Anatomical Gift Program. Donors who have given their body for students' scientific study through human cadaveric dissection were honored during the College's 2022 Anatomy Center Memorial Ceremony on Oct. 6, in the campus's Delavan Theater.

Family and friends of the 23 donors were invited to Seneca Falls to celebrate the lives and commitment of their loved ones, who provided this selfless gift to advance science and healthcare. The service included blessings by Interfaith Chaplain Dr. Allison Stokes, military honors performed by the local Waterloo VFW and a faculty keynote address from Dr. Robyn Wakefield-Murphy, who thanked donor families for their patience in respecting their loved ones wishes upon death.

Less than one percent of the world's population has the unique opportunity to learn human anatomy from a donor, said Dr. Michael Zumpano, director of the Anatomy Center and Anatomical Gift Program. "I have had the honor to learn the intricacies of the human body from individuals who have donated themselves. Even today, I learn something new from our donors every day."

The Anatomical Gift Program is a whole-body donation program in which individuals can donate their body directly

to Northeast College for education and research. For Northeast students, working with donors is their first patient experience, Zumpano said.

Interns join Chiropractic Health Center at Sherman College

Twenty-Three interns are now ready to serve the community and see patients at the Sherman College Chiropractic Health Center, a teaching clinic for senior students in their final stage of internship before graduation from the doctor of chiropractic program.

Interns celebrated the entrance of this final phase of their chiropractic education on April 15 during a pinning ceremony on the Sherman College campus, located at 2020 Springfield Road in Spartanburg.

Honoring Chiropractic Legend Dr. Joe Strauss

A Letter from Trustee Judy Nutz Campanale, DC, ACP

When you think of Dr. Joe Strauss, you may think of the 26 books he has written. You may think of his involvement in opening a chiropractic college in the Philadelphia area. Or you may think of his incredible practice where, tens of thousands of people received regular, lifetime, chiropractic care. The truth is, you may think of all these things because of the enormous impact he has had.

Because of the gifts that Dr. Strauss has given to the chiropractic profession and to humankind, we seek to honor him in a significant and lasting way by renaming the Sherman College of Chiropractic Bookstore in his honor. The project is particularly timely now as Dr. Strauss' health has begun to decline due to significant strokes he experienced in 2013 and 2019. This makes NOW a wonderful time to let Dr. Strauss know how much his colleagues and friends appreciate him.

Donations of any amount are welcome. If you would like to be a part of creating the Joseph B. Strauss Bookstore, [get started here](#). Expressions of gratitude and love for Dr. Strauss and his wife of 56 years, Iris, are also welcome. You may send cards/notes to Dr. Strauss and his family in care of Sherman College. Thank you for helping us honor a beloved chiropractic pioneer and leader in service.

Letters can be sent to: Dr. Joe Strauss, c/o Institutional Advancement, 2020 Springfield Rd., Spartanburg, SC 29316

IACP Marketplace

The IACP News,
this monthly newsletter of the Idaho
Association of Chiropractic Physicians,
reaches 600-800 chiropractors
across Idaho every month.
Build your business right here!



Producing modern, digital magazines and
newsletters exclusively for non-profit associations.

www.CandSpub.com



Enjoy more compliance, peace of mind, and simpler financial options that help
your patients combat rising health care costs, increasing co-payments, and skyrocketing deductibles



ChiroHealthUSA is one of the simplest and easiest solutions to counter potentially illegal dual-fee schedules and improper time-of-service discounts offered by doctors in an effort to make care more affordable for patients. The great news is that when your state association partners with ChiroHealthUSA — as IACP does — not only do you and your patients benefit, but the entire profession wins through our donation to IACP.

1-888-719-9990

www.chirohealthusa.com

info@chirohealthusa.com

**Get your display advertisement into the IACP Marketplace and save BIG!
Less than a dollar a day gets your ad going – \$29 a month.
Email Steve today at: CandSpublishing@gmail.com**



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

BE SUCCESSFUL IN CHIROPRACTIC! Looking to mentor a principled, ethical, and motivated DC who loves and wants to be successful in Chiropractic. This is a golden opportunity to be paid well, while getting a great education with an option to buy. Learn how to build a dynamic high-volume, high-tech, “relief and wellness” style family practice. Associate doctors assume full duties a Doctor of Chiropractic including managing patient cases from patient acquisition to care plans and case management. Work in a multi-doctor co-operative environment. Benefits include 401k, health insurance, paid time off. Located in Beautiful Boise Idaho. Do you qualify? Call Dr Strickland at 208-989-1060. Check us out on the web at www.betterlifechiro.net

Well-Established Chiropractic Practice and Office for Sale :

A 32 year established practice and office building for sale in Grangeville, Idaho. Doctor retiring.
A free standing building of 1624 sq. ft., with a private patient parking lot, on a 10,000 sq. ft. corner lot. 3 treatment rooms, therapy bays, X-ray room, reception area, waiting room, private Dr.’s office, storage room.
Equipment includes: 2020 Imaging digital X-ray, Chattanooga adjusting tables, Zenith high-low table, intersegmental traction table, ultrasound, interferential, hot packs and ChiroTouch software.
Diversified, Thompson Drop and Activator techniques.
All office furnishings and equipment included in sale.
Average collections of \$210,000 per year, for the last 3 years, on 3.5 days a week. Low overhead.
Practice & equipment: \$185,000
Office building: \$300,000
Small town living on the beautiful Camas Prairie. Literally minutes from your door, the outdoor paradise offers: Hunting, fishing, river rafting, hiking, snowmobiling, skiing, 4 wheeling. For more information, contact me at:
Cell #: (208)983-6537, please leave a message; Email: Jazzman14@msn.com



Office Posters



We have created a FREE [printable PDF](#) of the ***Walking touted as “wonder drug”*** poster on the following page, and the following posters are available online:

Ways to keep moving with joint pain

Go outside and get the benefits of Vitamin D

The drug-free approach to pain reduction

Get up and move!

STRETCHING for better joint health

Easy exercises to keep your neck healthy

Chiropractic care will help you work from home more comfortably

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

Tips for safe stretches

Don't let pain keep you from enjoying life

7 simple steps to a longer, healthier life

Please feel free to print out and use any or all of the flyers.

Or, make them available as handouts to your patients.

They are available on the website,

www.IACPnews.com in an easy to print format.

Each has the following tagline:



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

Walking now touted as “the closest thing we have to a wonder drug”

Getting exercise through walking is as easy as lacing up your sneakers and hitting the pavement or trail. Doing so is a safe way to get a workout without needing a gym, and it can boost your mental and physical health in several important ways. “Walking is the most studied form of exercise, and multiple studies have proven that it’s the best thing we can do to improve our overall health, and increase our longevity and functional years,” says Robert Sallis, MD, a family physician and sports medicine doctor with Kaiser Permanente. It’s never too late to reap the benefits of walking: A small 2013 study in the journal *Maturitas* found that seniors with an average age of 80 who walked just four times a week were much less likely to die over the study’s 10-year follow-up period than those who walked less. The many benefits of regularly walking include:

1. Lower body mass index (BMI): A study from the University of Warwick in Coventry, England, published in 2017 in the *International Journal of Obesity* confirms that those who walk more and sit less have lower BMIs, which is one indicator of obesity. In the study, those who took 15,000 or more steps per day tended to have BMIs in the normal, healthy range.

2. Lower blood pressure and cholesterol: The National Walkers’ Health study found that regular walking was linked to a 7 percent reduced risk of high blood pressure and high cholesterol.

3. Lower fasting blood sugar (glucose): Higher blood glucose levels are a risk factor for diabetes, and the National Walkers’ Health Study also found that walkers had a 12 percent lower risk of type 2 diabetes.

4. Better memory and cognitive function: A 2021 study published in the *Journal of Alzheimer’s Disease* found that when adults 55 or older with mild cognitive impairment were assigned to either stretching and toning exercises or to aerobic training—mostly walking—both groups showed some improvement on cognitive tests. But when compared with the stretching and toning group, the group that walked for fitness improved aerobic fitness more, had decreased stiffness in neck arteries, and showed increased blood flow to the brain in ways that researchers think could provide more cognitive benefits in the long term. A clinical trial of older adults in Japan published in the *Journal of the American Geriatrics Society* in 2015 found that after 12 weeks, men and women in a prescribed daily walking exercise group had significantly greater improvements in memory and executive function (the ability to pay focused attention, to switch among various tasks, and to hold multiple items in working memory) compared with those in a control group who were told just to carry on with their usual daily routine. And a study of 299 adults, published in the journal *Neurology* in 2010, found that walking was associated with a greater volume of gray matter in the brain, a measure of brain health.

5. Lower stress and improved mood: Like other types of aerobic exercise, walking—especially out in nature—stimulates the production of neurotransmitters in the brain (such as endorphins) that help improve your mental state.

6. Longer life: In a review of studies published in 2014 in the *International Journal of Behavioral Nutrition and Physical Activity*, researchers found that walking for roughly 3 hours a week was associated with an 11 percent reduced risk of premature death compared with those who did little or no activity.



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

The Idaho Association of Chiropractic Physicians

The IACP News

Display Advertising Policy, Rates and Information

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

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

Classified Ads: IACP accepts classified ads. They are published without cost for IACP members, but can also be purchased for \$100 by non-members. For additional information about placing a classified ad, contact Caroline Merritt, IACP Executive Director at (208) 515-6263 or caroline@idahotruenorth.com.

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

Ad Type	Ad Size	1 run	3 runs	6 runs	12 runs
Full page (bleed)	8 5/8" wide by 11 1/4" tall	\$450	\$414	\$378	\$330
Full page (boxed)	8" wide by 9 3/4" tall	\$450	\$414	\$378	\$330
Half page	8" wide by 4 3/4" tall	\$267	\$264	\$224	\$190
One Third (V)	2 3/8" wide by 9 3/4" tall	\$190	\$174	\$159	\$140
One Third (H)	8" wide by 3 1/8" tall	\$190	\$174	\$159	\$140
Quarter Page	3 7/8" wide by 4 3/4" tall	\$160	\$146	\$134	\$115
One Sixth	3 5/8" wide by 2 7/8" tall	\$105	\$97	\$88	\$75

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

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

The IACP News is produced for the IACP by C&S Publishing

Phone: 916-729-5432 • Email: CandSpublishing@gmail.com