



## Prosperity Through Unity Exceptional Care for Idahoans

June, 2017

The IACP News, Vol. 1, No. 5

# JAMA Study Advocates Chiropractic Care

A recent [study](#) published in the *Journal of the American Medical Association* (JAMA) adds to growing recent research supporting the use of spinal manipulative therapy (SMT) as a first line treatment for acute low back pain. The literature review found that SMT was associated with statistically significant improvements in pain and function for up to six weeks with no serious, harmful side effects.

The study, *Association of Spinal Manipulative Therapy With Clinical Benefit and Harm for Acute Low Back Pain-Systematic Review and Meta-analysis*, was conducted by Neil M. Paige, MD, MSHS, Isomi M. Miake-Lye, BA and

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*Among patients with acute low back pain, spinal manipulative therapy was associated with modest improvements in pain and function and with transient minor musculoskeletal harms.*

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Marika Suttrop Booth, MS. The question they sought to answer was: Is the use of spinal manipulative therapy in the management of acute ( $\leq 6$  weeks) low back pain associated with improvements in pain or function?

Their published findings reported:

“In this systematic review and meta-analysis of 26 randomized clinical trials, spinal manipulative therapy was associated with statistically significant benefits in both pain and function, of on average modest magnitude, at up to 6 weeks. Minor transient adverse events such as increased pain, muscle stiffness, and headache were reported in more than half of patients in the large case series.”

Following publication of the study, the American Chiropractic Association issued a news release that said, “A new study published in the *Journal of the American Medical Association*

*Continued on page 8*

# Physician Publically Admits Chiropractic Mistake

In a recent New York Times article, physician Aaron Carroll admitted he was wrong about chiropractic care. Here is an excerpt from that article.

About two of every three people will probably experience significant low back pain at some point. A physician like me might suggest any number of potential treatments and therapies. But one I never considered was a referral for spinal manipulation.

It appears I may have been mistaken. For initial treatment of lower back

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*I never considered a referral for spinal manipulation (for back pain). It appears I may have been mistaken. Spinal manipulation seems to be as effective as many other more medical therapies we prescribe, and as safe, if not safer.*

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pain, it may be time for me (and other physicians) to rethink our biases.

Spinal manipulation — along with

other less traditional therapies like heat, meditation and acupuncture — seems to be as effective as many other more medical therapies we prescribe, and as safe, if not safer.

Most back pain resolves over time, so interventions that focus on relief of symptoms and allow the body to heal are ideal. Many of these can be nonpharmacological in nature, like the work done by chiropractors or physical therapists. Physicians are traditionally wary of spinal

*Continued on page 7*



# IACP

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

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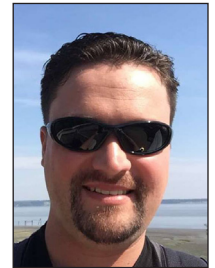
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# President's Corner

## IACP Annual Convention Another Success

By Dr. Scott Crawford, IACP President

“The numbers are in, and the 2017 IACP Convention was a huge success. I cannot stress enough the importance of getting us all together and moving as one group in the same direction. It seems we have always been divided as a profession; however, as chiropractic physicians and IACP members in Idaho, we have been making strides to get



stronger. We still have battles to be won on the legislative front, insurance hurdles, as well as, preventative measures to protect current practice rights.

Stay tuned on how you can help on those fronts; however, the first step you can take to help us build the IACP through the recruitment of more members! Strength in numbers is the only way we will get things done, as we showcased during the 2017 legislative session.

Thank you for this opportunity to serve and always the IACP Membership. Please feel free to reach out to your representative or myself with questions or concerns.



President - Dr. Scott Crawford

## *“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!



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**-Dr. Amy Reynolds**

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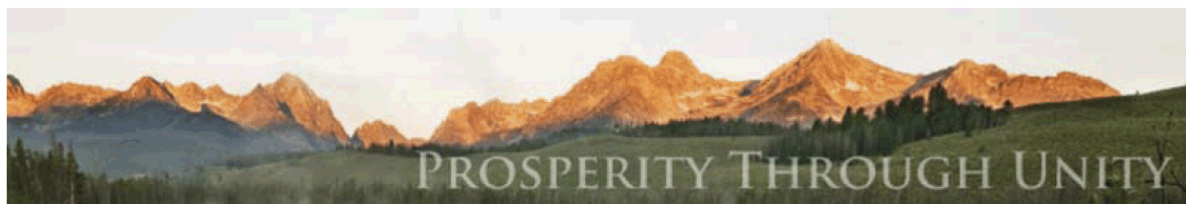
**-Dr. Stephanie Haugen**

*"I graduated from UWS last year. I can't wait to implement all these wonderful techniques in my future practice. I'm so lucky to be exposed to this seminar at the beginning of my career. Thank you so much!"*

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# Physician Admits He Should Have Recommended Chiropractic

*Continued from front page*

manipulation (applying pressure on bones and joints), in part because the practitioners are often not doctors and also because a few chiropractors have claimed they can address conditions that have little to do with the spine. Patients with back pain haven't seemed as skeptical. A [large survey](#) by the Association of Complementary and Alternative Medicine from 2002 through 2008 found that more than 30 percent sought chiropractic care, significantly more than those who sought massage, acupuncture or homeopathy.

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*Some physicians are uncomfortable that we don't have a clear picture of how spinal manipulation actually works to reduce pain. This concern should be tempered by the fact that we don't have a great understanding of why many other therapies work either. Some of the more traditional things we recommend don't even work consistently.*

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Researchers have been looking at the evidence supporting spinal manipulation for some time. Almost 35 years ago, a [systematic review](#) by Richard A. Deyo, MD, MPH, evaluated the available research, most of which was judged to be low in quality, found that there might be some short-term benefits from the procedure. Two reviews from 2003 agreed for the most part, finding that spinal manipulation worked better than a "sham procedure", or placebo, but no better or worse than other options.

Almost a decade later, a [Cochrane review](#) assessed the literature once more, and found 12 new trials had been conducted. This review was more damning. It claimed that spinal manipulation was no better than sham interventions. But since then, data have accumulated, as more higher-quality studies have been performed. Recently, in *The Journal of the American Medical Association*, researchers looked for [new studies](#) since 2011, as well as those that had been performed before.

The evidence from 15 randomized controlled trials, which included more than 1,700 patients, showed that spinal manipulation caused an improvement in pain of about 10 points on a 100-point scale. The evidence from 12 randomized controlled trials of almost 1,400 patients showed that spinal manipulation also resulted in improvements in function.

In February, 2017, in *Annals of Internal Medicine*, another systematic review of nonpharmacologic therapies generally agreed with the other recent trials. Based upon this review, and other evidence, the American College of Physicians released new clinical practice guidelines for the noninvasive treatment of subacute back pain. They recommended that patients should try heat, massage, acupuncture or spinal manipulation as first-line therapies.

Because they fear those potential harms, some physicians are hesitant to refer patients to chiropractors or physical therapists for care. But in all the studies summarized above, there were really no serious adverse events reported. It's possible to find anecdotes of harm to the spinal cord from improper manipulations, but these are rare, and almost never involve the lower spine.

Some physicians are uncomfortable that we don't have a clear picture of how spinal manipulation actually works to reduce pain. It's also possible that some chiropractors do it "better" than others, and we can't tell. This concern should be tempered by the fact that we don't have a great understanding of why many other therapies work either. Some of the more traditional things we recommend don't even work consistently.

*Aaron E. Carroll is a professor of pediatrics at Indiana University School of Medicine who blogs on health research and policy at [The Incidental Economist](#) and makes videos at [Healthcare Triage](#).*

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# JAMA Study Advocates For Chiropractic Care

*Continued from front page*

(JAMA) adds to a growing body of recent research supporting the use of spinal manipulative therapy (SMT) as a first line treatment for acute low back pain.

“The review examined randomized controlled trials, systematic reviews and other published research since 2011 to determine the effectiveness and safety of SMT for low back pain patients. Researchers found that spinal manipulation was associated with statistically significant improvements in pain and function for up to six weeks with no serious adverse side effects. The JAMA study, published April 11, comes on the heels of new low back pain treatment guidelines by the American College of Physicians (ACP) that recommend first using non-invasive, non-drug treatments, including spinal manipulation, before resorting to drug therapies.”

**CHRONIC PAIN**

*“Chronic pain is a prevalent, disabling, and costly condition. In the United States alone, an estimated 126 million adults reported some pain in the previous three months, with 25.3 million adults (11.2%) reporting daily (chronic) pain and 23.4 million (10.3%) a lot of pain. Three musculoskeletal pain disorders—low back pain, neck pain, osteoarthritis—are among the leading nine causes of disability and together with migraine headache and other musculoskeletal disorders account for 9.7 million years lived with disability compared with only 8.8 million years lived with disability produced by the 12 leading causes of medical disability combined. Low back pain is the leading cause of years lived with disability both in the United States and globally and accounts for one-third of all work loss.”*

— Kurt Kroenke, MD and Andrea Cheville, MD, quoted from [\*Management of Chronic Pain in the Aftermath of the Opioid Backlash\*](#)





# Low Back Pain and Spinal Manipulation Research Presented at Experimental Biology Conference



National University of Health Sciences Dean of Research Gregory Cramer, DC, PhD, and NUHS alum Joshua Little, DC, PhD, discussed the mechanisms of low back pain and spinal manipulation as a non-pharmaceutical approach to its treatment at Experimental Biology (EB), a major national scientific conference last month.

The presentations were the accumulation of over 40 years of research. Dr. Cramer has been studying how decreased joint motion can cause adhesions between joints and how spinal manipulation can break up those adhesions and re-establish joint motion.

Over the last decade, his research has been published in multiple journals and presented as posters at previous EB conferences. Dr. Little, a faculty member at Saint Louis University School of Medicine, has focused his research on the neurological changes that occur in the spinal cord and the brain to promote pain states. He has published articles on pain research in several journals, most notably the high impact journal, *Brain*.

At the EB conference, Dr. Little and Dr. Cramer were joined by Laura Stone, PhD, a researcher from McGill University's Alan Edwards Centre for Re-

search on Pain. They each discussed their respective research related to low back pain as part of an hour-and-a-half long symposium. "It was a tremendous honor," Dr. Cramer said. "The symposium was well-attended and generated much discussion afterward."

Hosted by various associations and societies in anatomy, physiology, biochemistry, pathology, nutrition and pharmacology, the annual conference was attended by over 14,000 researchers and featured the latest research in the biomedical and clinical sciences.

The EB symposium was timely, as low back pain is now considered the primary cause of global disability. The low back pain symposium was highlighted to EB conference attendees, likely because of this global burden as well as the recent attention in the media and scientific community to the importance of non-pharmacologic approaches for the treatment of back pain, which includes the recommendation of spinal manipulation.

In February, the American College of Physicians updated its [guidelines for treating low back pain](#), first recommending non-drug therapies like spinal manipulation before the use of medications.

The *Journal of the American Medical Association* (JAMA), also published a [recent study](#) that supports spinal manipulation therapy for effectively alleviating low back pain, which remains a common problem not only among Americans, but throughout the world.

When Dr. Cramer first started his research, there was no evidence supporting the hypothesis that less joint movement (i.e., hypomobility) altered the structure and function of the spinal Z joints. Through his fundamental research approaches, Dr. Cramer demonstrated that hypomobility causes adhesions and degenerative changes in the Z joint, while spinal manipulation induces Z joint motion by separating the joint surfaces, which may break up the adhesions to re-establish joint motion.

"While in private practice, I saw how spinal manipulation benefited my patients firsthand," Dr. Cramer said. "This motivated me to begin doing research on the subject at National University."

During the EB conference symposium, Dr. Cramer specifically discussed the biology of the spinal facet (zygapophyseal or "Z") joints and the clinical implications of spinal manipulation on the joints.

Dr. Little chaired the symposium and spoke on his work studying spinal osteoarthritis and the spinal cord mechanisms underlying low back pain. Dr. Stone's presentation focused on her work using preclinical animal models of intervertebral disc degeneration associated with pain.

"It is promising to see all the research and developments that have taken place supporting spinal manipulation since I began researching the topic," Dr. Cramer said. "More research will add to this growing body of knowledge."

# Chiropractic News

## Health and Human Services Secretary Price's opioid treatment comments called 'unscientific'

Addiction experts are up in arms following remarks from Health and Human Services Secretary Tom Price, in which he referred to medication-assisted treatment for addiction as “substituting one opioid for another.”

Nearly 700 researchers and practitioners sent a letter communicating their criticisms to Price and urging him to “set the record straight.”

The medicines Price referred to are methadone and buprenorphine, both of which are opioids. The letter notes that there is a “substantial body of research” showing the drugs’ effectiveness, and that they have been the standard of care for addiction treatment for years.

The drugs tamp down cravings and prevent withdrawals, helping people suffering from addiction stop misusing prescription or illicit opioids, and get back to living productive lives. Experts say Price’s remarks, made last week to the Charleston Gazette-Mail, ignore the primary benefits of such medications and go against scientific evidence.

“I was just totally gobsmacked,” says Brendan Saloner, an addiction researcher and assistant professor at the Johns Hopkins Bloomberg School of Public Health.

Saloner says that Price’s own Department of Health and Human Services displays information online that contradicts his comments. The HHS website includes a link to the Substance Abuse and Mental Health Services Administration’s information page about medication-assisted treatment, which explains:

“A common misconception associated with [medication-assisted treatment] is that it substitutes one drug for another. Instead, these medications relieve the withdrawal symptoms and psychological cravings that cause chemical imbalances in the body.”

“I couldn’t believe we were having to reopen this conversation. It totally flies in the face of all the evidence,” Saloner says. “These drugs are highly effective in restoring a sense of normalcy in people’s lives.”

Price instead touted treatment with a third addiction medicine, Vivitrol, a brand name formulation of naltrexone, which is an opioid blocker. All three drugs — methadone, buprenorphine and naltrexone — have been shown to help reduce relapse and keep people in treatment.

“Instead of talking about getting the right medication to the right patient at the right time, [Price] actually maligned the use of buprenorphine and methadone,” says Dr. Corey Waller, an addiction psychiatrist who heads legislative advocacy at the American Society of Addiction Medicine.

Addiction experts say that Price’s remarks are consistent with widespread, but inaccurate, views on the use of buprenorphine and methadone, also known as opioid maintenance therapy. They worry that the secretary’s comments perpetuate those views. “It’s not replacing one drug for another, because we define addiction based on behavior, not on the absence or presence of a drug,” says Waller.

## FDA not catching drug safety problems

Among more than 200 new pharmaceuticals and biologics approved by the U.S. Food and Drug Administration from 2001 through 2010, nearly a third were affected by a postmarket safety event such as issuance of a boxed warning or safety communication, according to a study published by *JAMA*.

The results underscore a continuing need to monitor medications for safety problems even years after FDA approval, according to the report in the *Journal of the American Medical Association*, found [here](#).

Three of 222 drugs reviewed during that period were taken off the market for safety reasons; 61 received new warnings on the box, and the Food and Drug Administration issued 59 safety advisories. The boxed warnings are issued for major, potentially fatal risks; the advisories for less serious problems.

Cardiovascular concerns caused the withdrawal of valdecoxib (Bextra), an anti-inflammatory used for arthritis; and tegaserod (Zelnorm), for irritable bowel syndrome. Risk of a dangerous brain infection called progressive multifocal

leukoencephalopathy caused withdrawal of efalizumab (Raptiva), an immunosuppressive drug.

Post-approval safety problems occurred more frequently in biotech drugs such as monoclonal antibodies, psychiatric medications, those getting accelerated approval and those approved near the regulatory deadline for action, the study found.

“We seem to have decided as a society that we want drugs reviewed faster,” said lead author Dr. Joseph Ross, an associate professor of medicine and public health at Yale University. That makes it critically important “that we have a strong system in place to continually evaluate drugs and to communicate new safety concerns quickly and effectively,” he said.

### Study looks at low level laser therapy

A recent [study](#) published in the peer-reviewed *Journal of Athletic Training* compared commercially available lasers in a double-blinded, randomized, placebo-controlled study. Recent studies suggest the prophylactic use of low-powered laser/light has ergogenic effects on athletic performance and postactivity recovery. Manufacturers of high-powered lasers/light devices claim that these can produce the same clinical benefits with increased power and decreased irradiation time; however, research with high-powered lasers is lacking.

Participants received phototherapy before a set of leg exercises and were then measured on three outcomes: maximum voluntary contraction, delayed-onset muscle soreness, and creatine kinase (CK) levels up to 96 hours after the exercise protocol.

Participants were randomized into 4 groups: placebo, high-powered continuous laser/light, low-powered continuous laser/light, or low-powered pulsed laser/light (comprising



both lasers and light-emitting diodes). A single dose of 180 J or placebo was applied to the quadriceps.

Maximum voluntary contraction was maintained in the low-powered pulsed laser/light group compared with placebo and high-powered continuous laser/light groups in all time points ( $P < .05$ ). Low-powered pulsed laser/light demonstrated less DOMS than all groups at all time points ( $P < .05$ ). High-powered continuous laser/light did not demonstrate any positive effects on maximum voluntary contraction, CK activity, or DOMS compared with any group at any time point. Creatine kinase activity was decreased in low-powered pulsed laser/light compared with placebo ( $P < .05$ ) and high-powered continuous laser/light ( $P < .05$ ) at all time points. High-powered continuous laser/light resulted in increased CK activity compared with placebo from 1 to 24 hours ( $P < .05$ ).

The study concluded that low-powered pulsed laser/light demonstrated better results than either low-powered continuous laser/light or high-powered continuous laser/light in all outcome measures when compared with placebo. The increase in CK activity using the high-powered continuous laser/light compared with placebo warrants further research to investigate its effect on other factors related to muscle damage.

### American Chiropractic Association statement on House passage of Republican health care bill

The American Chiropractic Association (ACA) acknowledges the difficulties associated with implementation of the Patient Protection and Affordable Care Act (PPACA), passed in 2010. Many exchanges are down to only one plan available to consumers and premiums have skyrocketed since the law has been in effect.

“The bill passed yesterday by the House of Representatives needs further work to truly enhance patient access to affordable conservative care,” said ACA President David A. Herd, DC. “The American Chiropractic Association is particularly concerned with a state’s ability to apply for a waiver to jettison the essential health benefits provision of PPACA, which outlines the list of benefits that plans in the exchange and the private markets must contain. Our fear is that the only affordable plans that will be available will contain minimal coverage, limiting patient access to chiropractors and other providers who offer non-drug, noninvasive conservative approaches to health care.”

The bill, the American Health Care Act of 2017 (H.R. 1628),  
*Continued on next page*

# Chiropractic News

*Continued from last page*

now heads to the Senate, where it is expected to be amended significantly and may look very little like the bill passed by the House. Differences in each chamber's bill will have to be settled in a House-Senate conference committee. Exact timing on Senate action is not known at this time.

"There was little opportunity for stakeholder input throughout this process," Dr. Herd stated. "We trust the Senate will hone this legislation to protect the millions of patients who have coverage and remove onerous provisions such as the one adversely affecting the essential benefits package. The chiropractic profession remains at the ready to work with the Senate to provide input, especially on issues regarding access to cost-effective conservative treatment provided by doctors of chiropractic."

## Veterans in more pain than the rest of us

American veterans experience higher prevalence of pain and more severe pain than nonveterans, with young and middle-aged veterans suffering the most, according to a new analysis of the National Health Interview Survey (NHIS) by the lead epidemiologist at the National Center for Complementary and Integrative Health (NCCIH) at the National Institutes of Health. This survey provides the first national estimate of severe pain associated with painful health conditions in veterans and nonveterans and underscores the importance



of sustaining efforts to monitor and manage pain among veterans.

"Our analysis showed that veterans were about 40 percent more likely to experience severe pain than nonveterans," said Richard L. Nahin, Ph.D., lead author of the analysis. "As well, younger veterans were substantially more likely to report suffering from severe pain than nonveterans, even after controlling for underlying demographic characteristics. These findings suggest that more attention should be paid to helping veterans manage the impact of severe pain and related disability on daily activities."

The analysis is based on data from the 2010-2014 NHIS, in which 67,696 adults (6,647 veterans and 61,049 nonveterans) responded to questions about the persistence and intensity of self-reported pain during the three months prior to the survey. The majority of veteran participants were men (92.5 percent), while the majority of nonveteran participants were women (56.5 percent). The survey data did not identify any specific aspects of military service, including branch of the armed forces, years of service, or whether the veteran served in a combat role.

Among the findings from this analysis:

- More veterans (65.5 percent) than nonveterans (56.4 percent) reported having pain in the previous three months.
- A higher proportion of veterans (9.1 percent) reported having severe pain than nonveterans (6.3 percent).
- Younger veterans (7.8 percent) were substantially more likely to report suffering from severe pain than nonveterans (3.2 percent) of similar ages, even after controlling for underlying demographic characteristics.
- Veterans were more likely than nonveterans to have any back pain (32.8 percent), back pain with or without sciatica (12.2 percent, 20.5 percent), or joint pain (43.6 percent), but less likely to have jaw pain (3.6 percent) or migraines (10.0 percent).
- The prevalence of severe pain was significantly higher in veterans with back pain (21.6 percent), jaw pain (37.5 percent), severe headaches or migraine (26.4 percent), and

neck pain (27.7 percent) than in nonveterans with these conditions.

- For nonveterans, as age increased, the prevalence of any pain and severe pain also increased; however, for veterans, those aged 50 to 59 were most likely to have severe pain, while the youngest and oldest groups were least likely to have severe pain.

- Veterans aged 18–39 and 50–59 were more likely than nonveterans of the same ages to have any pain. Veterans aged 18–39 were also more likely to have severe pain than nonveterans in the same age group. However, veterans aged 70 or older were less likely to have severe pain than similarly aged nonveterans.

- Male veterans (9.0 percent) were more likely to report severe pain than male nonveterans (4.7 percent); no significant difference was seen between the female groups.

“These findings show that we still have much more to do to help our veterans who are suffering from pain,” said Josephine P. Briggs, M.D., director of NCCIH. “This new knowledge can help inform effective health care strategies for veterans of all ages. More research is needed to generate additional evidence-based options for veterans managing pain. Over time this research may help nonveterans as well.”

NCCIH is partnering with the Department of Veterans Affairs and Department of Defense on 13 grants to research military and veteran health with a focus on nonpharmacological approaches to pain and related conditions.

### **Opioid maker agrees to \$1.6 million settlement in deceptive-advertising case**

A pharmaceutical company has agreed to a \$1.6 million settlement with prosecutors over allegations of deceptive advertising of opioid painkillers. The agreement between Teva Pharmaceuticals, the Santa Clara County Counsel’s Office and the Orange County District Attorney’s Office would head off a civil trial. Teva and four other companies were accused of engaging in deceptive marketing that helped spawn an addiction epidemic.

The agreement, which requires court approval, bars Teva from deceptive marketing. Santa Clara authorities said the settlement funds would go toward helping combat the impacts of the ongoing opioid epidemic in Orange and Santa Clara counties.

The 105-page lawsuit, filed in Orange County by District

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*A joint investigation turned up a “decades-long scheme by the largest manufacturers of prescription opioid painkillers” to downplay the risks of their drugs while exaggerating the benefits.*

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Attorney Tony Rackauckas, alleges five pharmaceutical companies spent millions of dollars to convince the public that drugs meant only for short-term use by cancer patients should be taken for chronic pain. The marketing campaign changed prescription opioids from a niche drug to an \$8 billion industry by 2010 and contributed to more than 16,000 overdose deaths that same year, putting profits above health, the suit states.

Attorneys with the Orange County District Attorney’s Office and the Santa Clara County Counsel’s Office allege that a joint investigation turned up a “decades-long scheme by the largest manufacturers of prescription opioid painkillers” to downplay the risks of their drugs while exaggerating the benefits. The lawsuit alleges that marketing campaigns by Teva – as well as Purdue Pharma, Endo Health Solutions, Janssen Pharmaceuticals and Actavis – helped transform prescription opioids from a niche market geared toward short-term use by cancer patients into a multi-billion-dollar industry in which the highly addictive drugs were used to treat patients with chronic pain.

While the settlement would end Teva’s role in the lawsuit, the charges against Purdue, Endo Health Solutions, Janssen and Actavis remain.

According to the U.S. Centers for Disease Control and Prevention, prescription opioids contributed to 16,651 overdose deaths nationally in 2010 – more than twice as many deaths as heroin and cocaine combined.

### **Positive press for chiropractic**

The chiropractic profession received a boost from some major national sources in recent months. Here’s a recap:

**1. American College of Physicians issues new guideline for low-back pain treatment.** The American College of Physicians (ACP) published a new low-back pain treatment guideline recommending first using non-invasive, non-drug treatments, including spinal manipulation, before resorting to drug therapies. The guideline was published Feb. 14, 2017 in the *Annals of Internal Medicine*. For more information, see

*Continued on next page*

# Chiropractic News

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the [American Chiropractic Association news release](#).

On May 1, 2017, the *New York Times* published an [editorial](#) by Aaron E. Carroll, M.D., that mentions the new guideline in a generally positive light. The article appeared in a major, mainstream publication read by millions of people. “Spinal manipulation—along with other less traditional therapies like heat, meditation and acupuncture—seems to be as effective as many other more medical therapies we prescribe, and as safe, if not safer,” he wrote.

Talking points on new ACP guideline:

- The chiropractic profession has advocated for decades that conservative care choices such as chiropractic be the first line of treatment for low-back pain. Now, with this new guideline, the medical profession is recognizing the benefits of conservative care for this common problem.
- Thanks to this guideline, it’s possible more medical doctors will choose to refer their patients with low-back pain to chiropractors.
- The ACP guideline was adopted by the American Chiropractic Association, which also adopted the Clinical Compass guidelines on chiropractic for LBP at its HOD meeting in March.

**2. Article and editorial on spinal manipulation published in *JAMA*.** The April 11, 2017, issue of the *Journal of the American Medical Association* (*JAMA*) featured the article, [Association of Spinal Manipulative Therapy With Clinical Benefit and Harm for Acute Low Back Pain](#). This systematic review and meta-analysis found that of the 26 eligible RCTs identified, 15 RCTs (1,711 patients) provided moderate-quality evidence that SMT has a statistically significant association with improvements in pain. Twelve RCTs (1,381 patients) produced moderate-quality evidence that SMT has a statistically significant association with improvements in function. One of the RCTs included in this analysis, ‘Adding chiropractic manipulative therapy to standard medical care for patients with acute low back pain: results of a pragmatic randomized comparative effectiveness study,’ was led by investigators at the Palmer Center for Chiropractic Research.

Additionally, an editorial by Richard A. Deyo, M.D., M.P.H., titled, [The Role of Spinal Manipulation in the Treatment of Low Back Pain](#), was published in the April 11 issue of *JAMA*. “If manipulation is at least as effective and as safe as conventional care, it may be an appropriate choice for some patients with uncomplicated acute low back pain,” Dr. Deyo wrote. “This is an area in which a well-informed patient’s decisions should count as much as a practitioner’s preference.”

A [National Public Radio story](#) on April 11 quoted Dr. Paul Shekelle, an internist with the West Los Angeles Veterans Affairs Medical Center and one of the study authors, as saying the *JAMA* study found patients undergoing spinal manipulation experienced a decline of one point in their pain rating. He added that the study also found spinal manipulation modestly improved function.

**3. Article and editorial on spinal manipulation published in *JAMA*.** An [article](#) published April 4 in *STAT News*, a medical journal, discussed the ACP guideline and how it’s bolstering the cause of non-pharmaceutical pain control methods like chiropractic and acupuncture. [Another article](#) published May 10 in *STAT News* covered proposed FDA recommendations that physicians learn more about chiropractic, acupuncture and other drug-free pain treatments as therapies to help patients avoid prescription opioids.

**4. Article posted May 19 on Psychology Today website about new research on chiropractors helping people with low-back pain.** This article, *The Evolving Evidence on Chiropractors for Low Back Pain*, covered the ACP guideline and its recommendation for conservative care first, as well as the *Annals of Internal Medicine* systematic review that found evidence spinal manipulation helps to reduce pain for people with chronic low-back pain. It concluded by saying, “On the whole, the evidence suggests that seeing a chiropractor can reduce pain levels and increase function for people with chronic low back pain.”



# Chiropractic College News Update

## NUHS partners with the University of Western States to expand continuing education offerings

National University of Health Sciences (NUHS) and University of Western States (UWS) have agreed to combine resources to expand continuing education (CE) opportunities for health care providers. The new agreement will allow each university to serve a larger pool of practitioners and students in a more efficient manner. Both universities will develop a shared calendar for programs that will include on-line courses along with new live and pre-recorded webinars. National University will provide CE licensing for all coursework. Students will be able to register for new collaborative continuing education courses starting in September 2017.

“Participants will benefit from the combined programs of both campuses as well as the additional online course offerings,” said Dr. Jenna Glenn, dean of the NUHS Lincoln College of Postgraduate and Continuing Education.

“This collaboration will enhance our ability to provide high quality continuing education programs to a broader range of constituents,” Alisa Fairweather, MPH, director of Continuing Education at University of Western States, added.

National University and University of Western States previously partnered with the signing of an articulation agreement in 2015. That agreement provided UWS students in the doctor of chiropractic (DC) program the opportunity to complete a doctor of naturopathic medicine (ND) degree at NUHS with advanced standing, saving both time and expense.

“This partnership allows us to create institutional efficiencies,” said UWS President Dr. Joseph Brimhall. “It also means both universities will combine creative forces to provide cutting-edge continuing professional education to a broader and more diverse community of chiropractic physicians, naturopathic physicians, massage therapists and other health-care providers.”

## Palmer Student Receives Scholarship

Brian DeCesare, a third-quarter student at Palmer College of Chiropractic’s West campus in San Jose, Calif., was awarded a special \$1,000 scholarship from the California Chiropractic



Scholarship winner Brian DeCesare (right) gets congratulations from West Campus President Bill Meeker, D.C., M.P.H., F.P.A.C..

tic Association’s (CCA) “Endowment for Student Excellence” program during the Saturday Night Gala at the Santa Clara Marriott Hotel, one of the many highlights of Palmer West’s recent Homecoming 2017 event, May 5-7.

West campus student Brian DeCesare received a special scholarship from the California Chiropractic Association (CCA) at the Saturday Evening Gala. On hand to join in the celebration were Brian’s sister, Brooke, with her son, Preston, (left) and Brian’s mother, Madeline Schroeder, D.C. (right).

DeCesare, the president of the West campus Student CCA chapter (SCCA), received his award from CCA Director at Large David Paris, D.C., a 2001 West campus alumnus who provides care at the Veterans Health Administration facility in Redding, Calif., and David Benevento, D.C., CCSP®, a past-president of the CCA, who maintains a practice in Folsom, Calif..

The “Endowment for Student Excellence” scholarship-program was introduced in 2015 by the California Chiropractic Foundation (CCF), the educational affiliate of the CCA, and honorees are selected by the CCA president, with input from the college presidents.

*Continued on next page*

# Chiropractic College News Update

*Continued from last page*

The program provides a way to annually recognize one Student CCA member from each of the three California chiropractic colleges who has uniquely distinguished him/herself through outstanding student-achievement and by involvement with their campus' Student CCA chapter.

CCA Scholarship recipient Brian DeCesare (right) also received special congratulations from West Campus President Bill Meeker, D.C., M.P.H., F.P.A.C..

"I was surprised, and quite honored, to receive the scholarship from CCA," said the Fresno, Calif., native, whose parents, Brett DeCesare, D.C. (Davenport, '85), and Madeline Schroeder, D.C. (Davenport, '85), maintain their practice in Fresno.

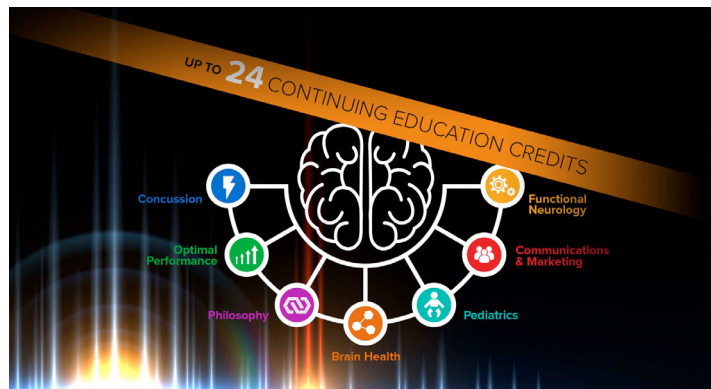
Brian's grandmother, Rita Schroeder, D.C., graduated from Palmer Davenport in 1949 – and his great-grandmother, Ruth Molthen, D.C., graduated from Cleveland Chiropractic College in 1921.

In addition to serving as president of the West campus Student CCA chapter, Brian also participate in a variety of other extracurricular activities, including the West campus Student ACA chapter (attending this year's National Chiropractic Leadership Conference in Washington, D.C.); the Motion Palpation, Applied Kinesiology, and Disc Golf Clubs; and he helped carry the large multi-segment Palmer Spine at the 2016 Turkey Trot event on Thanksgiving morning in downtown San Jose (the largest timed event of its type in the country).

## Life Chiropractic College West presents The WAVE - August 4-6, San Francisco

The WAVE celebrates its 7<sup>th</sup> year of bringing inspiration and a fresh approach on the philosophy, art, science, and future of chiropractic. World-class speakers with perspectives that cultivate cutting-edge conversations that inspire you and help you grow your practice. Enjoy a family-friendly weekend in America's most beautiful city — San Francisco.

WAVE theme this year: Minds That Matter. We will focus the conversation around understanding and communicating how the chiropractic adjustment affects the brain. The role



of the brain and chiropractic is integral to understanding and explaining why a chiropractor belongs on every family's health care team.

August 4-6, 2017, we will be tapping renowned experts including Heidi Haavik, DC, PhD, Ted Carrick, DC, Bruce Lipton, PhD, Scott Rosa, DC, Dan Murphy, DC and others who will show us the very latest in research and science behind the brain and the subluxation.

[More information online.](#)

## Dr. Gerard Clum elected to national posts

Gerard Clum, D.C., president of Life West, was recently elected to the board of the International Chiropractors Association (ICA) for a two-year term, and was re-elected to serve another term as president of the Association of Chiropractic Colleges (ACC). He was also honored by the ICA for his just-completed term as ICA vice president by the organization's incoming president Dr. R. James Gregg.



Dr. Clum has served as president of Life West since 1981 and is currently on a disability leave from the college; Fred Barge, D.C., is acting president until Dr. Clum's return.

## SCU's new Doctor of Chiropractic, Sports Medicine Honors Program

Southern California University of Health Science (SCU) is excited to announce its new Doctor of Chiropractic, Sports Medicine Honors Program. The Sports Medicine Honors



Program is designed to provide chiropractic students interested in sports medicine with a more rigorous immersion of sports medicine education. Students will be taught by some of the top leading sports medicine chiropractors, as well as other athletic and sports professionals, to better prepare them to work in sports medicine field and interdisciplinary environment.

The program includes 30 sports medicine specific chiropractic classes which are designed to elevate students to a higher level of exposure and preparedness in the world of sports medicine. Students will take classes such as: Emergency Management and Standards of Care, which includes certifications in First Aid, CPR for Professionals, O2, and Emergency Medical Responders, as well as nutritional classes taught by top sports nutritionist Douglas Anderson and Research and Clinical experience classes preparing students to be certified strength and conditioning specialists.

The Sports Medicine Honors Program at SCU is the ideal program for students hoping to seek a Chiropractic Sports Medicine Residency at SCU, as well as to become a Certified Chiropractic Sports Physician, Diplomate Sports Physician and/or Certified Strength and Conditioning Specialist. SCU is excited to be paving the way forward in the education of future sports medicine doctors.

### **Rylee Stephens, UWS Sports Medicine Master's student published**

Rylee J. Stephens, a sports medicine master's degree student at University of Western States, had a study titled, [\*Effects of Diaphragmatic Breathing Patterns on Balance: A Preliminary Clinical Trial\*](#), published in the Journal of Manipulative Physiological Therapeutics (JMPT) With assistance from Dr. Mitch Haas, vice president of research at UWS, the study is now in print.

The purpose of this study was to determine the feasibility of performing a larger study to determine if training in diaphragmatic breathing influences static and dynamic balance. A group of 13 healthy people (eight men, five women), who were either staff, faculty or students at University of Western States participated in an eight-week breathing and balance study using an uncontrolled clinical trial design. The participants were given a series of breathing exercises to perform weekly in the clinic and at home, and then balance and breathing were assessed at weekly clinic sessions. Breathing



was evaluated with Liebenson's breathing assessment, static balance with the Modified Balance Error Scoring System and dynamic balance with OptoGait's March in Place protocol.

The conclusion of the preliminary study revealed costal-diaphragmatic breathing patterns may be associated with improving balance and that a study of the phenomenon using an experimental design would be feasible.

### **Palmer West Campus To Host ACA Sports Council Regional Event**

Palmer College of Chiropractic's West campus in San Jose, Calif., has been selected to host the first of four monthly American Chiropractic Association Sports Council (ACASC) [regional mini-conference events](#) designed to "bring cutting-edge sports-focused courses" to different regions of the country from June to September.

The Western Regional mini-conference, "Biomechanics and Movement," will take place at the West campus the weekend of Saturday, June 10 (8 a.m. to 7 p.m.), and Sunday, June 11 (8 a.m. to 1 p.m.). The other Regional mini-conference events are:

- July 29-30 in Orlando ("Neurology and Concussion")
- 12-13 in New Jersey ("Nutrition and Epigenetics")
- 9-10 in St. Paul, Minn. ("Repair and Recovery")

Program-topics for the Western Regional event at Palmer's West campus (which offers 12 hours of relicensure credits) include "Back to the Foot: Understanding the Role of Foot Biomechanics in the Effective Assessment and Treatment of Low Back Pain," featuring guest-speaker Nick Studholme, D.C., CCSP®, CCEP, FAFS, who maintains a practice in Denver, Colo. (where he is team chiropractor for the Colorado Rapids and Chiropractic consultant for the University of Denver Sports and Athletics Program), and "BioMechanical Considerations in Assessing and Treating the Athletic Shoulder," presented by Ryan Kendrick, BPhty, MPhtySt.

Each ACA Sports Council Regional mini-conference offers 12 hours of relicensure credit – and ACA Sports Council members receive a \$50 registration-discount!

The fee for doctors is \$347, and the student-fee is \$197 (with lunch provided on Saturday). Current ACA Sports Council members receive a \$50 registration-discount. Non-member student-registrations will receive a free year's ACA Sports Council membership. For additional information about the ACA Sports Council Western Regional Mini-Conference, contact [Southeast Sports Seminars](#) at (877) 489-4949.

# Classified Ads

*Do you have something to sell, share or advertise with your fellow practitioners? List in the IACP Classified Ads.*

*Ads will be published online and in this magazine for two consecutive months.*

[Click here](#) to submitting your classified ad.

## **Idaho Chiropractor preparing to sell practice equipment.**

Local Idaho chiropractor preparing to sell a great deal of practice equipment. Please see the list below.

- Zenith High-Low Table w/ Pelvic Drop - \$2500 In near perfect condition.
- Graston Soft Tissue Instruments - \$1500 Full set included, well taken care of, 2 cases included. Comes with Emollient
- Office Desk with removable glass top - \$75 measurements are 60" long, 29.5" wide and 30" tall
- Doctor stool with rollers and adjustable height - \$30
- Rolls of Face Paper - \$1 each 13 rolls total
- HP Printer, Copier, Fax, Scanner - \$40 It's the Officejet Pro 8600. Works great, just needs more ink.
- 2 Line RCA Intercom Office Telephone - \$15
- VeriFone Model # OMNI 5700 Card Reader - \$20
- Gray Waiting Room Chairs - \$5 per chair, 12 chairs total in great shape

If you have questions please call or text me at 208-221-3990. Please contact the Doctor for pictures of the specific equipment: [scottjamesmith@gmail.com](mailto:scottjamesmith@gmail.com).

**Position Available:** Our office is faced with the awesome circumstance of serving more patients and seeking a passionate, hard-working, Chiropractor to share mentorship with. Perfect for new graduate, experienced DC unhappy with current practice OR seasoned DC feeling bored. Our thriving cash practice is located in the most beautiful city in the best state in the U.S., so why not build the practice of your dreams in a place you really want to live? Base salary of \$7,200 with bonus incentives, option for long term position, satellite or buy-out. Send resume to Dr. Lance and Dr. Jennifer at: [salmonriverchiropractic@gmail.com](mailto:salmonriverchiropractic@gmail.com)

**Chiropractic Position Available In Idaho.** A chiropractor needed to fill spot of departing chiropractor. The clinic is in Nampa, ID which is a good community and in a family friendly clinic. Desired attributes and abilities: proficient in Activator technique (preferred but not required), energetic, honest, friendly, moral, easy going, hard working, enjoys helping others. Starting pay, \$20/patient. Part-time and/or

full-time work available. Starting date, May 1st 2017 or as soon as possible after May 1st. Contact: 208 466 2536 or [idahojoedc@gmail.com](mailto:idahojoedc@gmail.com)

**Looking for an Independent Contractor in Boise.** Spacious clinic, great team, great equipment, great system. Great location. Please contact Dr. Troy Norris: [drroy@balancechiro.net](mailto:drroy@balancechiro.net)

**Ideal Practice for new doctor** or for another office and source of Income. Asking \$118,000. Owner took over a little over a year ago and has built the practice up to collecting \$150,000 for 2016. Averaging 26 new patients a month in 2016. Low overhead with a great office and great staff. In the right hands the practice should collect two times that much in 2017. New equipment and buildout 26 months ago. Equipment alone is worth \$90,000. Price includes all office and therapy equipment, digital x-ray and digital processor. Dr. is semi-retired and needs to devote more time to other endeavors. Practice is located in Eastern Idaho. For more information please call 435-232-6494. Or send email to: [chiropracticesales@gmail.com](mailto:chiropracticesales@gmail.com)

**No Cost to Start Your OWN Practice:** DC must be motivated to start their own practice in medically integrated office, have high integrity, good adapting and communication skills. This is a great opportunity for a new Dr. wanting to minimize the financial risk of the high cost of build out, equipment and other aspects of opening a new practice. We provide all needed chiropractic equipment, including, but not limited to an x-ray machine for your use. You would also have access to over 5000 patient files and ongoing referral to you from our other services. Please check out our website: [www.healthyhabitswellness.net](http://www.healthyhabitswellness.net)

If you are interested, please fax your resume to (208) 884-2067.

**Eastern Idaho Chiropractic Practice for Sale:** Ideal Practice for new doctor or for another office and source of Income. Asking \$118,000. Owner took over a little over a year ago

and has built the practice up to collecting \$150,000 for 2016. Averaging 26 new patients a month in 2016. Low overhead with a great office and great staff. In the right hands the practice should collect two times that much in 2017. New equipment and buildout 26 months ago. Equipment alone is worth \$90,000. Price includes all office and therapy equipment, digital x-ray and digital processor. Dr. is semi-retired and needs to devote more time to other endeavors. Practice is located in Eastern Idaho.

For more information please call 435-232-6494. Or send email to [chiropracticesales@gmail.com](mailto:chiropracticesales@gmail.com)

**Sequim, Washington Practice for Sale:** Well-established 17-year old family practice expected to collect \$300,000 this year. Doctor take-home pay before taxes: \$170,270.00. Open 3-1/2 days weekly. 206 NP's, 7,607 total visits. Sportsman's paradise!! Sequim enjoys less than 16 inches of rain a year compared to 50 in Seattle. Nestled between the Olympic Mountains and the Pacific Ocean. Turn "Ideal 'turn-key' into dream practice @ dream location!!" Picture are available upon request. 100% financing O.A.C. — Call or Text Rob @ 360-460-8104.

**NEW OR ESTABLISHED CHIROPRACTOR:** Great opportunity for a DC to learn from an old pro and get to know what the Dr has been doing on each patient and get paid as an associate while you prepare to purchase a well-established practice in Boise, Idaho! The Dr is going out on disability but will stay through the transition. You will be paid \$3,000 per month plus 50% of your own patients starting in September, 2016 to learn from the Dr and meet all of his patients- see what this extremity doctor has learned over his 26 years in practice.

The end goal is to purchase this well-established, stable practice. You must show ability to get financing to purchase the practice prior to beginning this adventure, commit to doing so and be capable and willing to learn how to adjust extremities.

Just having this Dr's phone number as yours brings patients and their families in. It is like having the best advertising on the internet because it has been around a long time and patients show up who haven't been in for years in addition to the regulars.

Send your inquiries [toglobal1acn@yahoo.com](mailto:toglobal1acn@yahoo.com).

## Upcoming Events Calendar

### Upcoming IACP Educational Opportunities

- |                         |   |
|-------------------------|---|
| <b>Fall, 2017 TBD</b>   | Nitto Taping / Smart Tools Dual Training Class — <b>UPDATED</b><br>Dr. Ed LeCara – Boise, Idaho<br>16.0 Chiropractic CE Hours |
| <b>October 21, 2017</b> | Going Green Event<br>"Build and Run a Full Functional Cash Practice"<br>Dr. Miles Bodzin / Dr. Ray Foxworth / Dr. Mark Sanna  |
| <b>December 2, 2017</b> | MIPS and MACRA Event<br>Dr. Scott Munsterman - Best Practices Academy   |



# The Idaho Association of Chiropractic Physicians

## *The IACP News*

### Display Advertising Policy, Rates and Information

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

#### **Advertising deadline**

Artwork is needed by the 15<sup>th</sup> of any month for publication in the following month's newsletter. The *IACP News* is published the last week of every month.

#### **Ad Sizes and Rates**

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

Rates are for full color ads **per insertion**. Ads published under a multi-run contract can be changed for each issue at no additional cost. Flash animation (.swf files), animations (.gif format) and video clips can be added to any ad. There is no extra charge for video clips or multi-media in ads unless "assembly" of the ad is required. Some file size limitations apply. For details contact Steve at C&S Publishing [CandSpublishing@gmail.com](mailto:CandSpublishing@gmail.com) or call (916) 729-5432. Email camera-ready ads in high resolution Adobe Acrobat (.pdf) format to: [CandSpublishing@gmail.com](mailto:CandSpublishing@gmail.com). Ad creation and graphic design services are available through C&S Publishing at no additional cost.

<b>Ad Type</b>	<b>Ad Size</b>	<b>1 run</b>	<b>3 runs</b>	<b>6 runs</b>	<b>12 runs</b>
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

**Format:** *The IACP News* is produced in a state-of-the-art digital format. It can be opened and viewed online from both the IACP website at <https://iacp.wildapricot.org/> and also from the publication site: [www.IACPnews.com](http://www.IACPnews.com). The publication site has both current and back issues of *The IACP News*. Questions about the digital format, the website, or display advertising should be directed to Steve at C&S Publishing, (916) 729-5432.

**Acceptance of Advertising:** Publisher 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.