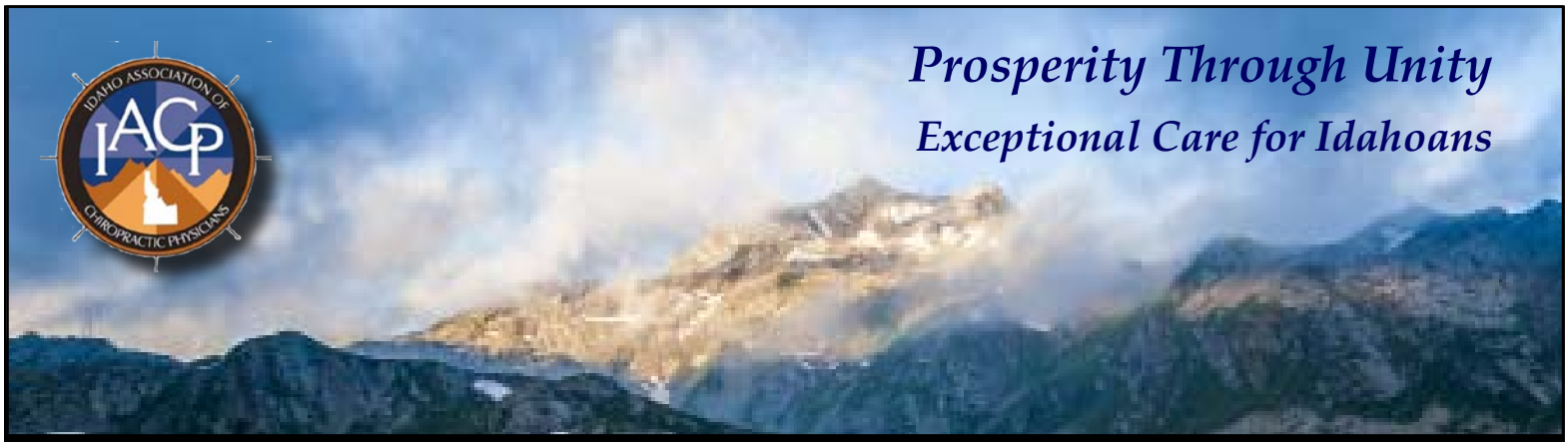


November 2026 *The IACP News*, Vol. 10, No. 11

Landmark whole person health course for conventional clinicians

The Foundation for Chiropractic Progress (F4CP), a not-for-profit organization dedicated to informing and educating the general public about the value of chiropractic care, is celebrating its contribution to a landmark medical education course on Whole Person Health releasing at the end of October.

Co-developed by Georgetown University and the Institute for Natural Medicine, the curriculum is targeted, in part, at teaching conventional clinicians when, why, and how to refer patients to key integrative and whole health practitioners.

F4CP president, Dr. Sherry McAllister, is featured in a lecture showcasing Doctors of Chiropractic (DCs) as a powerful partner for non-pharmacologic pain care and other whole person interventions.This unprecedented program is specifically designed for Medical Doctors (MDs), Doctor of Osteopathic Medicine (DOs), Physician Associates (PAs), Pharmacists (PharmDs), and Nurse Practitioners (NPs). The course is set to launch at the end of October as a three-part digital, self-paced, and asynchronousprogram. It focuses on providing actionable, evidence-based frameworks to safely implement whole-health therapies into everyday family practices and covers core syllabus themes including clinical nutrition, herb-drug interactions, mind-body therapies, natural pain relief, and collaborative care models.

Future versions of the course may be made available for integrative practitioners and chiropractors to help build a common educational framework to increase collaboration and build interprofessional trust.

"This course is a monumental step forward for our

Continued on page 4

Concussion study results released

Chiropractic care is commonly associated with back and neck pain treatment, but its application in head injury recovery is increasingly recognized within the broader healthcare community. When a concussion occurs, the forces transmitted to the head and neck frequently affect the cervical spine — the uppermost portion of the spine located in the neck region. Misalignments, muscle tension, and joint dysfunction in this area can significantly contribute to ongoing symptoms following a head injury.

A new study on concussions in 11- to 18-year-olds was published last month in *JAMA Pediatrics*. The r andomized clinical trial was conducted by Sara P. D. Chrisman, MD, MPH, Beth J. Bollinger, PhD., and Allina Flaat, MPH. Called, *Mobile Subthreshold Exercise Program (MSTEP) for Youth With Prolonged Concussion Recovery*, it sought to find out if a virtually delivered aerobic exercise program (Mobile Subthreshold Exercise Program [MSTEP]) improved recovery for youth with persistent postconcussive symptoms.

In the Introduction to their research, the authors noted: "Nearly 2 million concussions occur in the US annually, and adolescents are a high-risk group due to sports participation. While most individuals recover in days to weeks, up to 30% experience symptoms like headache, difficulty focusing, and sleep disruption that continue for months or years, and such persistent symptoms are the primary cause of

Continued on page 5

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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In This Issue

Landmark whole person health course (continued)	Page 4
ICA submits comments to CDC National Health Interview Survey	Page 4
Concussion study results released (continued)	Page 5
ChiroHealth USA: Would your billing patterns survive an AI-powered audit?	Pages 6 - 7
It's time to build a healthcare system	Pages 8 - 9
Switching off a protein makes human cells burn more fat	Pages 10 - 11
Chiropractic News	Pages 12 - 13
2027 IACP Annual Convention, April 30 - May 2, 2027	Page 13
Chiropractic College News	Pages 14 - 17
Join the Pack - become a member of IACP	Page 17
Classified ads	Pages 18 - 19
Office poster notice	Page 20
POSTER: Chiropractic Care Helps with Weight loss	Page 21
IACP News Display Advertising Rates and Sizes	Page 22

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

Landmark whole person health course

Continued from front page

profession," said McAllister. "By directly educating conventional clinicians, we are helping them better understand chiropractic scope, evidence, and clinical outcomes. This initiative will help build essential cross-profession trust, leading to better communication and increased patient referrals."

INM president and CEO, Dr. Michelle Simon, notes, "This course is an important step in closing the awareness gap among conventional healthcare providers about whole person health practitioners and the evidence base supporting the therapies they employ."

The course's co-development with Georgetown University provides substantial institutional prestige, visibility, and mainstream legitimacy to the chiropractic profession through its inclusion as a core whole health discipline. It is a fantastic opportunity to share growing evidence that chiropractic care can be a valuable part of health teams nationwide.

"The Whole Person Health course is a watershed moment for collaborative care, according to F4CP chairman Kent Greenawalt. By educating conventionally trained clinicians on evidence-based natural therapies, this program builds a critical bridge to the chiropractic profession. It validates the whole person, non-pharmacological approach our doctors champion every day, empowering a more unified and patient-centric healthcare system."

ICA submits comments to CDC National Health Interview Survey

The National Health Interview Survey (NHIS) monitors the health of people across the country—the U.S. population—by collecting and analyzing data on a broad range of health topics. NHIS focuses on the health of U.S. children and adults. The activity is managed within the Centers for Disease Control and Prevention (CDC). Initiated in 1957, it is the nation's largest and oldest national health survey.

Reports produced as a result of this project have been informative to the public and policy makers alike. For instance, in 2015, the survey reported on the Use of Complementary Health Approaches Among Children Aged 4–17 Years in the United States: National Health Interview Survey, 2007–2012. Among the issues reported was the utilization of chiropractic by youth.

In 2016, the report Use of Complementary Health Approaches for Musculoskeletal Pain Disorders Among Adults: United States, 2012 was issued. In this report, Americans who were interview noted, that "more than 50% of U.S. adults (125 million) had a musculoskeletal pain disorder in 2012. Just over 20% of U.S. adults had arthritic conditions (22.1%) or lower back pain (20.3%). A smaller percentage of persons reported having non-arthritic joint pains or other joint conditions (17.5%) and neck pain or problems (14.3%), and (9.8%) had sciatica."

As part of the research focus on whole person health, the Whole Person Health Index was developed as a research tool. It was used in the 2025 Survey. The CDC has requested public input on the Survey. As a member of the NCCIH Coalition for Whole Person Health Research, the ICA has submitted comments to this request focused on the importance of the Whole Person Health Index. ICA Submitted Comments include:

"Chiropractors frequently care for people whose health concerns affect mobility, physical activity, sleep, stress, daily function, work, family responsibilities, and overall quality of life. Consequently, our members see every day that health cannot be adequately understood solely through diagnoses, disease prevalence, procedures, medication use, or health care expenditures.

The Whole Person Health Index would provide substantial practical utility by capturing dimensions of health that matter directly to individuals. Its nine questions address general health, quality of life, social and family connections, diet, physical activity, stress management, sleep, meaning and purpose, and the ability to manage one's health. These domains provide a more complete picture of how Americans are actually living and functioning.

Concussion study results released

Continued from front page

dysfunction and disability following concussion. A few randomized clinical trials (RCTs) have shown that aerobic exercise (ie, exercise that increases heart rate) is associated with more rapid resolution of symptoms postconcussion when delivered acutely postinjury. However, these studies did not include individuals with more persistent symptoms and thus were not able to address whether exercise initiated at a later time point following injury was beneficial. Experiencing headache or difficulty concentrating for weeks or months disrupts engagement with school and sport, creating distress for individuals and their families and causing them to seek care in hopes of speeding recovery. As a result, much of the burden of concussion management centers on the treatment of persistent symptoms. While a few smaller RCTs of aerobic exercise have included individuals with persistent postconcussive symptoms, these studies have not been powered to definitively answer whether exercise initiated weeks or months after injury provides benefit."

The study was designed as follows: "A randomized clinical trial was conducted from 2021 to 2025 comparing the Mobile Subthreshold Exercise Program (MSTEP) to a stretching control for 11- to 18-year-olds with concussion up to 1 year from injury. Participants were recruited from a variety of outpatient locations in 4 US states (Washington, Utah, Wisconsin, and Oregon). Recruitment and data collection occurred from March 2021 until October 2025, and data analysis occurred from November 2025 to April 2026."



Concussion recovery often requires a multifaceted approach, and chiropractic care should be a component of a broader strategy. Most benefit from combining chiropractic adjustments with rest, physical therapy, and cognitive rehabilitation, and as this new study suggests, adding aerobic exercise intervention (MSTEP).

The research Concluded: "In this large, federally funded randomized clinical trial, we found that a virtually delivered aerobic exercise intervention (MSTEP) was associated with faster recovery, lower symptoms, and greater functionality 3 months after initiation compared to a stretching control but did not appear to benefit individuals with more chronic symptoms (>3 months). Future studies should explore (1) methods for implementing virtually supported exercise in a variety of outpatient settings, (2) mediation of aerobic exercise intervention effects following concussion, and (3) evidence-based treatment approaches for individuals with chronic concussive symptoms."



Would your billing patterns survive an AI-powered audit?

By Dr. Ray Foxworth, DC, FICC

Picture a Tuesday afternoon in a chiropractic office. The doctor is adjusting patients. The CAs are juggling phones, checkouts, and a waiting room that somehow filled up all at once. In the back office, someone opens an envelope from Medicare: Records request.

Nobody saw it coming. The first reaction is usually, "Why us?" That question is worth asking, because the way practices get noticed is changing. For years, many chiropractors pictured an audit beginning with someone sitting at a desk and pulling a handful of claims. Today, computers can first look at enormous amounts of claims data. They can identify unusual billing patterns, compare providers with their peers, spot statistical outliers, and help determine where a closer look may be warranted.

CMS says its Fraud Prevention System uses machine learning to monitor and analyze Medicare fee-for-service claims before payment. Its program-integrity contractors also have access to claims histories, provider profiles, peer comparisons, average billing reports, and other analytical tools.

That does not mean artificial intelligence is sitting somewhere reading every chiropractic SOAP note and deciding who gets audited. But it does mean your billing tells a story long before anyone asks for your documentation. What story is yours telling?

Medicare Is Looking for Patterns

CMS's Medicare Program Integrity Manual specifically directs contractors to use data analysis to identify potential claim-payment errors and potential fraud. That analysis can include finding statistical outliers in billing patterns or detecting patterns across groups of claims that may suggest improper billing or payment. Think about what that means in a chiropractic practice. One claim may not look unusual.

A hundred claims may reveal a pattern. A thousand claims can reveal one very clearly.

If virtually every Medicare patient receives the same frequency of care, the same code combination, or follows an unusually similar utilization pattern, the claims data may show that consistency before anyone ever sees the patient's chart. That does not automatically mean the care was improper. An outlier is not the same thing as fraud.

But being different from your peers can cause someone to ask why. Once that question is asked, your documentation may need to provide the answer.

The Technology Is Already Here

This is not something coming five years from now. CMS describes its Data Analytics and Systems Group as its primary focal point for data analytics and systems used to prevent fraud, waste, and abuse. CMS says these efforts include data mining, behavioral analysis, network analysis, predictive analytics, and machine-learning analysis.

Its Fraud Prevention System monitors Medicare fee-for-service claims using machine learning, while Unified Program Integrity Contractors—UPICs—perform fraud, waste, and abuse detection and prevention activities.

In June 2026, the Department of Justice announced its National Health Care Fraud Takedown, which included charges against 455 defendants and more than $6.5 billion in alleged false claims. DOJ specifically pointed to the use of cutting-edge data analytics in identifying targets.

Those were fraud cases involving conduct far beyond the normal mistakes we worry about in an ordinary chiropractic office, and we should not confuse criminal fraud with an innocent coding or documentation error.

But the enforcement strategy tells us something important:

The government has gotten very good at looking for patterns.

CMS also reported $41.9 billion in Medicare program-integrity savings for fiscal year 2025, a 59% increase from the previous year. According to CMS, 68% of those savings resulted from cost-avoidance activities such as revocations and automated claim denials rather than recovering money after it had already been paid. The direction is pretty clear. The goal is increasingly to identify questionable activity earlier.

What Would Stand Out About Your Practice?

This is where I want us to bring this conversation back home to chiropractic. If Medicare compared your claims with those of other chiropractors in your region, what would stand out?

Do nearly all your patients receive the same number of visits? Does one chiropractor in your practice consistently bill very differently from the others? Are your treatment patterns driven by the patient's documented condition, or does everybody seem to travel down essentially the same road? Does your documentation change as the patient improves, worsens, or plateaus? Could you explain an unusual utilization pattern if someone asked?

These are not questions about making your practice look more "normal." Please do not misunderstand me. We should never change appropriate patient care simply to match somebody else's statistics.

The question is whether the care we provide is medically necessary, properly documented, correctly coded, and defensible. If you are an outlier for a legitimate reason, your records should help tell that story.

Cloned Documentation Creates Its Own Problem

Billing data is only part of the picture. OIG's fraud, waste, and abuse education materials specifically identify documentation issues and abnormal billing patterns indicating overutilization as potential red flags.

Most chiropractors understand that copying yesterday's note into today's record can create problems. The bigger danger comes when templates make every patient start sounding remarkably alike. We have all seen notes where the date changes but very little else does.

Templates are not the enemy. They can make a busy chiropractic practice more efficient and help us capture information consistently. But a template should help us document the patient in front of us. It should not turn ten different patients into ten copies of the same patient.

Your record should reflect what happened that day. What changed? What did you find? Why was today's service necessary? How is the patient responding? Does the treatment plan still make sense based on the patient's current condition? If a records request follows an unusual billing pattern, those details become mighty important.

Audit Yourself Before the Computer Does

You do not need sophisticated artificial intelligence to begin looking at your own patterns. Start with the reports already available inside your billing system. Look at your Medicare utilization. Review your most frequently billed codes. Compare doctors within the practice. Look at treatment frequency and duration. Review patients who have unusually long episodes of care. Then pull a sample of the records behind those claims. Does the documentation support what was billed? Can you follow the patient's progress through the record? Would another chiropractor reviewing the file understand why the care was provided? Are your notes individualized? Do your claims and your records tell the same story?

I have said for years that one of the worst times to discover your compliance problem is after somebody else discovers it first. Technology has simply made that lesson more important.

Do Not Practice Scared. Practice Prepared.

Whenever artificial intelligence enters a conversation, it is easy to jump from reasonable concern to science fiction. That is not what this is about. This is about recognizing that Medicare's program-integrity tools are becoming more sophisticated. CMS and its contractors can analyze billing at a scale no human auditor sitting with a stack of paper charts ever could. That should not frighten a chiropractor who is providing appropriate care and documenting it well. It should motivate us to look at our own data.

At ChiroHealthUSA, we have always encouraged doctors to make compliance part of the practice rather than something pulled off a shelf when an audit letter arrives. Train your team. Review your billing. Check your documentation. Know your numbers. When something looks unusual, find out why. Your claims are already creating a picture of your practice. The question is whether you have looked at that picture yourself. Because the next auditor may not begin with your SOAP note. They may begin with your pattern.

Reach Dr. Foxworth at 1-888-719-9990, info@chirohealthusa.com, or www.chirohealthusa.com. Join a free weekly webinar on practicing with greater peace of mind — register at www.chirohealthusa.com.

It's time to build a healthcare system

By Russell H. Greenfield, MD, Founding Executive Director, The Institute for the Advancement of Whole Health at Southern California University of Health Sciences. This article was first published on the Southern California University of Health Sciences websire and can be read in full here.

The United States has built one of the most sophisticated medical systems in the world. We have extraordinary hospitals, groundbreaking technologies, advanced pharmaceuticals, and highly skilled healthcare professionals capable of interventions that would have been unimaginable a generation ago. Yet for all our medical advances, Americans are not nearly as healthy as they should be.

In 2024, U.S. healthcare spending reached $5.3 trillion—approximately $15,474 per person and 18% of our gross domestic product—according to the Centers for Medicare & Medicaid Services. That's more than any other nation spends, both per capita and as a share of its economy. Yet despite this extraordinary investment, the U.S. ranked last overall—including last in health outcomes—among 10 high-income countries in the Commonwealth Fund's 2024 comparison of healthcare systems. Meanwhile, chronic disease continues to place an enormous burden on our healthcare system. According to the Centers for Disease Control and Prevention, 90% of the nation's annual healthcare expenditures are for people with chronic and mental health conditions, many of which could be prevented, delayed, or better managed through more proactive approaches to health.

These statistics reveal a fundamental disconnect between what our healthcare system is designed to do and what people actually need. We have built a system that is remarkably capable of diagnosing and treating illness, but far less effective at preventing disease, promoting well-being, and helping people stay healthy throughout their lives. In many ways, what we call a healthcare system is actually a sick-care system.

Consider how healthcare is typically delivered and financed in the United States. Our payment structures have historically rewarded the volume of services provided: office visits, diagnostic tests, procedures, hospitalizations, and other medical interventions. Although value-based payment models are expanding, much of the system still operates within incentives tied to delivering care after a problem has developed. We know that factors such as nutrition, physical activity, sleep, stress, social connection, and living conditions are critical to prevention and health maintenance, yet our healthcare financing and delivery systems often provide limited support for addressing these factors in sustained, meaningful ways.

Key Takeaways

- Despite extraordinary medical advances and outsized healthcare spending, Americans continue to experience poorer health outcomes than people in other wealthy nations.
- Our healthcare system is largely structured around diagnosing and treating illness, as opposed to preventing disease and helping people achieve lifelong health and well-being.
- Improving health outcomes and controlling healthcare costs will require fundamentally rethinking the financial incentives that drive our healthcare system, along with how we deliver, teach, and evaluate care—with greater emphasis on prevention and long-term well-being.

A physician may recognize that a patient's uncontrolled diabetes is influenced by food insecurity, chronic stress, and limited opportunities for physical activity. But recognizing those challenges and having the time, resources, and reimbursement mechanisms to address them are very different things. Similarly, a patient experiencing persistent back pain may benefit from education, physical therapy, exercise, or other evidence-based nonpharmacological approaches. Yet the availability, affordability, and coordination of those services can vary considerably, potentially steering patients toward pharmacological treatments that are more readily accessible rather than those best aligned with their needs and preferences.

These are not failures of individual healthcare professionals. They are consequences of a system in which the structures surrounding clinical care can make it difficult to prioritize long-term health. We have become highly proficient at paying for healthcare services. But what would it take to pay for health?

Answering that question requires more than expanding preventive screenings or encouraging healthier lifestyles, important as those efforts are. It requires rethinking the purpose of healthcare itself, and moving toward an approach that places the person, rather than the disease, at the center of care.

This is the fundamental premise of Whole Health. Instead of organizing care primarily around diagnoses and symptoms, Whole Health begins by asking a different question. Rather than simply "What's the matter with you?" it asks, "What matters to you?" That distinction recognizes that health is not merely the absence of disease, but the ability to live a meaningful, fulfilling life. A person's goals, values, relationships, environment, and daily circumstances become central to understanding what health means for them and how healthcare can best help them achieve it.

Whole Health brings together conventional medical care, prevention, lifestyle approaches, evidence-informed complementary practices, and support for self-care. It emphasizes collaboration across healthcare disciplines and meaningful partnerships with patients, families, and communities. Importantly, this is not simply an aspirational philosophy. In its landmark 2023 report, *Achieving Whole Health: A New Approach for Veterans and the Nation*, the National Academies of Sciences, Engineering, and Medicine outlined a framework for transforming healthcare to prioritize well-being, prevention, and the needs and goals of individuals. The report also examined the Veterans Health Administration's experience implementing Whole Health as an important example of system-level transformation and measurable success.

The report stated:

> "Health care in the United States is at a critical crossroads. Life expectancy has been decreasing for nearly a decade. Complications from multiple chronic conditions continue to rise. Mental health needs are at an all-time high. Unhealthy behaviors are prevalent. Despite remarkable breakthroughs and innovations in treating disease, the United States has worse health outcomes than most other developed countries and at a substantially higher cost. Adding fuel to the fire, the COVID-19 pandemic has killed millions of people worldwide; caused physical, mental, and social suffering; and exacerbated health and economic inequities.
>
> "The current systems of health care are failing us, largely due to four factors. The country has designed a health system to cure disease and not to promote health. The for-profit economics of health care have incentivized an environment of "haves" and "have nots" with inequities in access to care and inequities in the quality of care delivered to people and entire communities. The country has failed to adequately invest in addressing upstream factors that drive well-being; these known social determinants of health shape our daily lives and influence health more than health care delivery itself. The nation has focused on developing new cures to disease but has neglected to advance the science and systems of how we deliver care, which is essential to ensuring that the right people get the right care at the right time.
>
> "Veterans represent a particularly vulnerable group that is at greater risk for poor health outcomes. Recent U.S. military conflicts in Iraq and Afghanistan have spotlighted the trauma and stressors affecting the millions of U.S. service members who have been in active war zones since 2001."



Switching off a protein makes human cells burn more fat and prevents new fat cells from developing

Halloween is over but the effects of all that candy we all indulged in remains. Now, scientists out of the Weizmann Institute of Science claim to have discovered that switching off a protein called Mitch makes human cells burn fat and prevents new fat cells from developing. The breakthrough builds on experiments in mice that showed remarkable resistance to obesity and improved muscular endurance, raising hopes for a new approach to weight-loss treatment.

The Weizmann Institute of Science is now a multidisciplinary research center, in Israel. The Institute has been associated with six Nobel laureates and three Turing Award winners. (Weizmann Institute of Science. "Scientists discover a hidden switch that burns fat and blocks new fat cells." ScienceDaily, 24 October 2026. *www.sciencedaily.com/releases/2026/10/261023002905.htm*.

Chiropractors know the problems of an overweight patient: back pain is compounded by overweight and obesity. Patients put on weight, particularly around the holidays.



That anterior paunch pulls the abdomen down and forward, causing low back pain. There is an impingement of the nerve root as it passes through the intervertebral foramen. The ligaments which reinforce the intervertebral articulations, plus the overlying musculature, are torqued and/or stretched beyond normal. All ranges of motion are guarded and painful.

Now, emerging research suggests that one remarkable protein switch may control whether cells burn fat or store it. Disabling this protein appears to increase fat consumption and interfere with the formation of new fat cells, raising the possibility of a different approach to treating obesity, and with it, related joint and back issues.

The findings, published in *The EMBO Journal* in January 2025, suggest that manipulating this protein could eventually offer a way to influence both fat burning and fat accumulation. The Abstract to the work, titled, MTCH2 controls energy demand and expenditure to fuel anabolism during adipogenesis, reports: "Mitochondrial carrier homolog 2 (MTCH2) is a regulator of apoptosis, mitochondrial dynamics, and metabolism. Loss of MTCH2 results in mitochondrial fragmentation, an increase in whole-body energy utilization, and protection against diet-induced obesity. In this study, we used temporal metabolomics on HeLa cells to show that MTCH2 deletion results in a high ATP demand, an oxidized cellular environment, and elevated utilization of lipids, amino acids, and carbohydrates, accompanied by a decrease in several metabolites. Lipidomics analysis revealed a strategic adaptive reduction in membrane lipids and an increase in storage lipids in MTCH2 knockout cells. Importantly, MTCH2 knockout cells showed an increase in mitochondrial oxidative function, which may explain the higher energy demand. Interestingly, this imbalance in energy metabolism and reductive potential triggered by MTCH2-deletion prevents NIH3T3L1 preadipocytes from differentiating into mature adipocytes, an energy consuming reductive biosynthetic process. In summary, the loss of MTCH2 leads to increased mitochondrial oxidative activity and energy demand, creating a catabolic and oxidative environment that fails to fuel the anabolic processes required for lipid accumulation and adipocyte differentiation."

In sum, the researchers at the Weizmann Institute of Science have identified a protein called MTCH2, nicknamed "Mitch," that plays an important role in controlling metabolism. When

scientists disabled this protein in laboratory experiments, cells began consuming more fuel, including fats and carbohydrates. They also found that removing Mitch could interfere with the process through which immature cells develop into fat cells.

Over the past decade, medications designed to promote weight loss have transformed obesity treatment. Drugs such as semaglutide and tirzepatide have helped many patients achieve substantial reductions in body weight, largely by influencing appetite and the body's responses to food.

But losing weight does not necessarily mean losing only fat. Weight reduction can also involve a decline in lean body mass, which includes muscle and other tissues. Preserving muscle is especially important because it supports strength, mobility, and metabolic health.

The importance of MTCH2 became even clearer in research published on October 3, 2025, in Nature Communications. An international research team, which included Gross and Chourasia, investigated how MTCH2 influences metabolism in fat tissue. By analyzing human and mouse fat samples, studying cultured fat cells, and conducting experiments in genetically modified mice, the scientists identified another mechanism linking this protein to energy expenditure.

They found that MTCH2 helps regulate the movement of fatty acids into mitochondria, where these molecules can be broken down to produce energy. The process involves an enzyme called carnitine palmitoyltransferase 1, or CPT1. This enzyme acts as an important checkpoint, helping determine how much fat can enter mitochondria for use as fuel.

Normally, CPT1 activity is regulated by a molecule called malonyl-CoA, which signals when cells should limit fatty acid consumption. The researchers discovered that MTCH2 physically interacts with CPT1 and influences how strongly this regulatory signal affects the enzyme. Removing MTCH2 altered that control system, allowing mitochondria to increase fatty acid utilization and energy expenditure. This provided a more detailed molecular explanation for why disabling the protein could encourage cells to burn additional fat.

A 2026 analysis of 20 clinical trials involving 15,782 participants found that lean mass accounted for approximately 25% to 39% of the weight lost with several widely used weight-loss medications. Importantly, the researchers found that comparable proportional losses also occurred with lifestyle interventions, while adding resistance training helped preserve more lean tissue.

Chiropractic patients who are overweight or obese are a group which often have special health needs and concerns. Spinal problems and lower extremity conditions are more frequent. There is also a greater need for postural evaluation and absorption of heel-strike shock. Problems with shoe fit and multiple biomechanical abnormalities increase the challenge in achieving a satisfactory response. This article will attempt to address several factors which are crucial to achieving optimal results with obese patients.

A "miracle pill" to lose weight may be in our future, but patients can get help right now with weight issues through chiropractic care. Chiropractic Weight Loss is gaining attention as more people realize that sustainable weight management is about more than calories and workouts. While healthy eating and regular exercise remain essential, they don't always address the underlying physical and neurological factors that influence how the body stores fat, manages stress, and regulates metabolism.

By focusing on spinal alignment, nervous system function, and whole-body balance, chiropractic care supports weight loss from a functional and sustainable perspective. A properly aligned spine plays a key role in nervous system communication. The nervous system controls digestion, hormone regulation, and metabolic efficiency. When spinal misalignments interfere with nerve signals, the body may struggle to regulate appetite, energy levels, and fat storage.

Chiropractic Weight Loss care helps restore proper nerve function, allowing the body to work more efficiently. When the nervous system is functioning optimally, metabolism improves and the body is better equipped to burn calories naturally.



Chiropractic News

Dr. Betz honored with Impact Player of the Year



At the ChiroCongress Annual Convention held in Kentucky November 2026, Idaho's own Dr. Joe Betz, President of the ICA, and Dr. Chris Anderson, President of ACA, were honored with the Impact Player of the Year Award. They were recognized for their joint efforts in supporting and advocating for the profession of chiropractic. One item the international Chiropractic Association and American Chiropractic Association have been partnering on is Bill HR539, the Chiropractic Medicare Coverage Modernization Act.

Dr. Joe Betz has been an active member of the IACP through his many years in chiropractic serving as a past President of IACP. We send huge gratitude and congratulations to him and his colleague for the continued work they do to protect and progress chiropractic.

ICA congratulates Life University on the appointment of Dr. Brian Kelly as President

The International Chiropractors Association (ICA) congratulates Life University on the appointment of Dr. Brian Kelly as its next President. Life University, based in Marietta, Georgia, announced the appointment on October 9, 2026, and Dr. Kelly will assume the presidency in November 2026.

Life University reported that Dr. Kelly was selected after an executive search conducted with the firm Carter Baldwin. Dr. Kelly has more than three decades of experience in chiropractic education, higher education leadership, and clinical practice. Dr. Kelly earned his chiropractic qualification in Australia and a Master of Business Administration from the University of Waikato in New Zealand.

"On behalf of the International Chiropractors Association, I congratulate Dr. Brian Kelly and the Life University Board of Trustees on this important appointment," said ICA President Dr. Joe Betz. "Dr. Kelly brings tremendous experience – having already served successfully as president of two chiropractic colleges. This level of experience matters at this time in history for Life and the profession. Strong, well-led institutions that prepare Doctors of Chiropractic to the highest standard are essential to the advancement of chiropractors in our health care systems globally. We look forward to working with Dr. Kelly to advance chiropractic education and research."

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Dr. Joe Betz has been an active member of the IACP through his many years in chiropractic serving as a past President of IACP. We send huge gratitude and congratulations to him and his colleague for the continued work they do to protect and progress chiropractic.

ACA announces Engage 2027 featured speakers

The American Chiropractic Association (ACA) has announced featured speakers for Engage 2027, its annual conference, taking place Jan. 21–23 in Washington, D.C. The event will bring together doctors of chiropractic, students and other chiropractic stakeholders for educational programming, advocacy and networking opportunities.

Engage 2027 will feature experts and thought leaders from across health care, research and chiropractic practice, who will share insights on topics ranging from the science of compassion and evidence-based care to professional leadership, entrepreneurship and practice development.

Stephen Trzeciak, MD, MPH, a physician-scientist and nationally recognized researcher on compassion in health care, will deliver the opening keynote. Dr. Trzeciak is chief of medicine at Cooper University Health Care and professor and chair of medicine at Cooper Medical School of Rowan University in Camden, N.J. With 150 scientific publications,

he has contributed to prominent medical journals, including JAMA and The New England Journal of Medicine. He is also co-author of three books exploring the science of human flourishing, including his latest, The Hope Effect: The Science of Healing, Achieving, and Breaking Through.

Robert Vining, DC, DHSc, will deliver the McAndrews Leadership Lecture. He is a professor and associate dean of clinical research at the Palmer Center for Chiropractic Research in Davenport, Iowa, and an active mentor for early-career researchers. Dr. Vining has authored or co-authored more than 75 peer-reviewed publications. His research focuses on advancing evidence-based chiropractic care, including studies on low back pain and chiropractic integration into multidisciplinary healthcare settings, as well as the development of the first validated quality measures for chiropractic care. He received ACA's Academician of the Year award in 2019.

Lisa Goodman, DC, CCSP, ICSC, CACCP, TPI-L1, will be featured during a general session at Engage. An international speaker on practice development, prenatal care and pediatric sports chiropractic, Dr. Goodman founded The Practice Fox, an educational platform for early-career chiropractors, and Washington Park Chiropractic, a multidisciplinary practice in Denver, Colo. She is also the author of The Manual for the Chiropractic Entrepreneur and was named the 2025 Chiropractor of the Year by Women in Leadership.

Clint Daniels, DC, MS, FACC, will deliver the closing session presentation. Dr. Daniels is chiropractic director and resident director at VA Puget Sound Health Care System and an affiliate assistant professor at the University of Washington. He has published more than 50 peer-reviewed papers, with research interests that include chiropractic integration into veteran and military health care, persistent spine pain following surgery, suicide prevention, and chiropractic best practices. He also chairs the Clinical Compass Scientific Commission.

Engage 2027 attendees will have access to 19 CEs via online, in-person and post-conference sessions. For more information, visit www.acatoday.org/engage.

Researchers begin NIH-funded study into first-line back and neck pain treatments

Southern California University of Health Sciences researchers are undertaking a $545,000 study funded by the National Center for Complementary and Integrative Health (NCCIH), part of the National Institutes of Health. The study examines an important question in back and neck pain care: What happens when patients begin treatment with medication compared with nonpharmacological approaches? Led by researchers in SCU's Division of Whole Health Research, the interdisciplinary project will use Medicare claims data to compare three first-line approaches: nonpharmacological care, pharmacological care, and a combination of both. Researchers will examine differences in patient safety, healthcare costs, and escalation to more invasive forms of care, building on previous research comparing integrative approaches such as chiropractic and acupuncture and pharmacological treatment.

2027 IACP Annual Convention
April 30 - May 2, 2027
The Grove Hotel - 245 S Capitol Blvd, Boise

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

Our fresh and diverse set of six speakers, along with our exhibition of industry partners, will provide you with professional development as well as applicable products and services to benefit your practice. 18 hours of CE, including six hours of technique, are available for chiropractic physicians. Our CA track will include 13 hours of training in chiropractic philosophy and lifestyle, nervous system regulation, practice management, and AI impact on practice.

IACP is once again recognizing our members' contributions to our profession through our annual awards program. IACP is accepting nominations for our 2027 Annual Awards program. Please take a few minutes to nominate a colleague, or even self-nominate.

Be sure to join us for a fun Casino night on Friday evening. IACP will also hold a no-host gathering in the Grove Hotel lobby bar on Saturday evening. Once again, we are raffling off a firearm and will hold a 50/50 drawing. Tickets can be purchased as part of the registration process. All proceeds benefit the IACP's PAC.

Chiropractic College News

Renee Haberl, DC Brings Patient Safety Lessons to SCU and Arizona Board Service



For Dr. Renee Haberl, preparing future chiropractors includes teaching them when a patient needs care beyond what they can provide. In classroom discussions at Southern California University of Health Sciences (SCU), she asks students to recognize warning signs, explain their decisions, and consider how they would communicate concerns to a patient.

That focus on patient safety also informs her new role as a professional member of the Arizona Board of Chiropractic Examiners. Appointed by Arizona Governor Katie Hobbs, Dr. Haberl began her term on September 10, 2026, and will serve through July 1, 2031. Her appointment builds on years of service with the Arizona Association of Chiropractic, including a term as president from 2010 to 2014. She also received Chiropractor of the Year recognition in 2012, 2013, 2014, and 2020.

Dr. Haberl is program coordinator for SCU's Arizona Doctor of Chiropractic program, where she teaches Spinal Palpation, Examination Skills, and Interprofessional Education. Dr. Haberl believes her service on the Arizona Board of Chiropractic Examiners will bring valuable new perspectives to her teaching, particularly in the areas of ethics, patient safety, and professional accountability. She also hopes her appointment will encourage students to recognize that professional leadership can take many forms, from providing excellent patient care to mentoring colleagues and volunteering within their communities. "The advice I would give students is to never wait for a title or position to become a leader," Dr. Haberl said.

D'Youville President Lorrie Clemo elected to NCAA Division II Executive Board

D'Youville University President Lorrie Clemo has been appointed to the NCAA Division II Executive Board, a national leadership position that will allow her to help shape the future of collegiate athletics while representing institutions throughout the East Region.

The appointment marks a milestone for D'Youville, which transitioned to NCAA Division II in 2023. Just three years later, President Clemo will have a voice in decisions affecting nearly 300 Division II colleges and universities nationwide.

The term begins in October 2026 and will run through January 2029. She will be eligible for re-election to an additional two-year term.

"I am honored to represent the East Region and serve alongside colleagues who share a commitment to the success and well-being of our student-athletes," said Clemo. "At D'Youville, we've seen firsthand the opportunities that Division II athletics creates for students, both in competition and throughout their educational experience. I'm excited to contribute to the continued growth of Division II while helping ensure that academic achievement, athletic excellence and personal development remain central to the student-athlete experience."

Northeast college chiropractic students earn top honors at Sports Symposium

Northeast College of Health Sciences is celebrating national honors for its chiropractic students, highlighting the College's commitment to developing future healthcare leaders through hands-on learning, faculty mentorship and real-world clinical experience.

At the American Chiropractic Association (ACA) Sports



Council Annual Symposium, held Sept. 25–26 in Minneapolis, Minnesota, Northeast's Sports Medicine and Rehabilitation Club was named Student Chapter of the Year, while club president and seventh-trimester chiropractic student Cathryn Brought earned Student of the Year honors.

Adding to the recognition, Dr. Jose Balseca (D.C. '14) was appointed to continue serving as faculty advisor for the ACA Sports Council, further highlighting Northeast's leadership in sports chiropractic education.

Remembering Dr. Robert A. Crocker Jr., Founding Dean of HAPI



Northeast College of Health Sciences mourns the loss of Dr. Robert A. Crocker Jr., who died peacefully at his home in York, Pennsylvania, on Sept. 4, 2026. He was 75. Bob served this College as a trustee, as chair of the Board, and as founding Dean of the Human Anatomy and Physiology Instruction (HAPI) program. His work helped shape who Northeast College of Health Sciences is today.

Bob was born in Brooklyn on July 16, 1951. He brought a broad education to his career. He earned a bachelor's degree in philosophy and psychology from Boston College. He then earned a bachelor's degree in human biology and his Doctor of Chiropractic from National College of Chiropractic. He owned and operated Crocker Chiropractic in North Babylon, Long Island, for more than twenty years.

Bob was active in his professional communities. He served on the board of the New York State Chiropractic Association. He created a program to help new practitioners start their careers. In 1993 the association named him its Chiropractor of the Year. He was a Fellow of both the American and International Colleges of Chiropractors and a member of the Human Anatomy and Physiology Society.

Northeast college expands chiropractic education with musculoskeletal ultrasound technology

Northeast College of Health Sciences has added advanced diagnostic musculoskeletal (MSK) ultrasound machines to its Integrated Learning Spaces, strengthening both chiropractic education and patient care while reinforcing the College's long-standing commitment to blending tradition with innovation.

The new MSK-dedicated ultrasound units will be used across the Doctor of Chiropractic (DC) curriculum and Northeast's out-patient clinic system, allowing students to gain hands-on experience with the same technology they will use in real-world practice. The systems provide real-time imaging of muscles, tendons, ligaments and joints, giving students and clinicians immediate visual insight to complement traditional palpation and assessment.

Integrating MSK ultrasound into both academic and clinical settings enhances diagnostic confidence, supports more precise treatment planning, and improves the patient experience through nonradiation, point-of-care imaging. Patients benefit from clearer explanations of their conditions, while students develop stronger clinical judgment and confidence before entering professional practice.

"Integrating MSK-specific ultrasound into our curriculum directly supports academic excellence," said Dr. Eugene Spilker, assistant vice president for chiropractic. "Because students are learning on MSK-dedicated machines that they will also use in our health centers and eventually their own practices, they gain sharper clinical judgment, more precise treatment planning and greater confidence. This powerfully advances our curriculum, our clinical practices and our graduates' readiness."

Continued on next page



Chiropractic College News

Continued from last page

Life Chiropractic College West names Dr. Marilyn Al-Hassan Interim President



On October 1, the Board of Regents of Life Chiropractic College West (Life West) announced the appointment of Dr. Marilyn Al-Hassan as Interim President, effective immediately. Dr. Al-Hassan is a veteran higher education executive who has served in several senior leadership positions at Life West, including Executive Vice President, Chief Strategy Officer and recently Chief Academic Officer, providing leadership across institutional strategy, academic and operational initiatives, accreditation, and long-term planning.

"Dr. Al-Hassan brings exactly the combination of experience, institutional knowledge and steady leadership that Life West needs at this important time," said Dr. Jimmy Nanda, Chair of the Life West Board of Regents. "She knows our students, faculty and staff, brings experience leading institutions through periods of transition and change, understands the accreditation environment, and has a strong record of strategic, academic and administrative leadership grounded in integrity." Dr. Nanda noted that the Board voted unanimously to appoint Dr. Al-Hassan.

She has more than two decades of experience in higher education. Before joining Life West, she held leadership positions at the University of La Verne, Argosy University and Charles R. Drew University of Medicine and Science. Her career has included serving as a campus president in Southern California and in senior academic and executive leadership roles, where she has built and expanded academic programs, developed multi-campus initiatives, strengthened student success and retention strategies, and led operational improvement efforts. She has also served as a Higher Learning Commission accreditation committee chair.

At Life West, Dr. Al-Hassan has played a significant role in institutional strategy, including spearheading the strategic planning and execution of the College's first Additional Educational Site (AES) in Bellevue, Nebraska, ensuring alignment with accreditation standards, institutional mission and operational readiness. She has also led the development and implementation of institutional processes and frameworks designed to strengthen accountability, data-informed decision-making and operational effectiveness.

Life West is creating a clearer connection between academic progress, board readiness, and the path to licensure.

Beginning Winter 2027, Life West will implement a new Progression Policy that connects key board examination milestones with a student's progression through the clinical portion of the Doctor of Chiropractic program. Life West graduates demonstrate strong board success over time. However, timing matters. CCE accreditation requirements include benchmarks related to graduates passing required board examinations within six months of graduation. The new policy is designed to help students prepare, test, and successfully complete their boards earlier in their academic journey.

The policy introduces clear board-related checkpoints beginning with Clinic I and continuing through preceptorship and the final clinic course. It also establishes a structured process for students who need additional attempts, with advising, academic support, and a defined path forward.

This change is about more than meeting a requirement. It is about helping students move more efficiently from student to graduate to licensed Doctor of Chiropractic, while strengthening the outcomes that support Life West's accreditation and the value of a Life West degree.

Global conference features five Logan University chiropractic leaders

Logan University was well represented last weekend at the World Federation of Chiropractic's Global Education Conference in The Netherlands, demonstrating faculty expertise and institutional thought leadership.

The conference brings together educators, researchers,

regulators, and subject-matter experts from around the world and serves as a hub for sharing research, strengthening international collaboration, and advancing evidence-informed, innovative approaches to chiropractic education.

Renowned pediatric experts and faculty for Logan's Master of Science in Chiropractic Pediatrics (MSCP) program, Jenny Brocker, DC; Anna Papadopoulou, MChiro, MSc(App); and Mike Marinus, MScPaeds, MTechChiro shared their expertise in pediatrics and passion for education on quality care during two sessions: What to Know About Pediatric Care and Excellence in Pediatric Care.

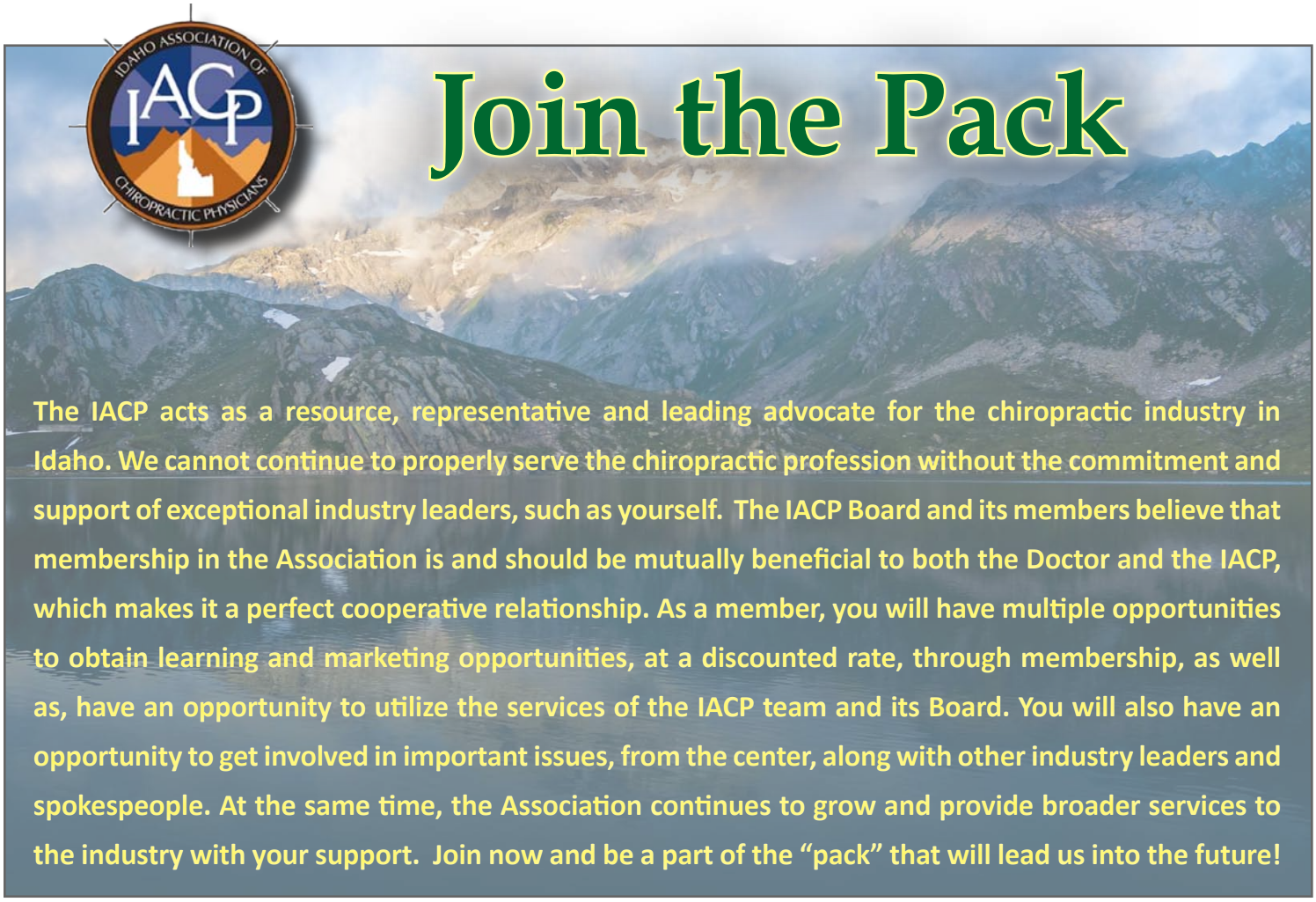
Since 2016, Dr. Brocker has served as President of the ACA Pediatrics Council and is a founding member of its certifying board. She serves as Chair of the American Board of Chiropractic Specialties and is a member of the NCMIC Speakers Bureau. Dr. Marinus is a founding member of Pediatric Chiropractic Africa and founded Connected Pediatrics, a learning and support platform for chiropractors working with pediatric patients.

Dr. Papadopoulou, who is a Fellow of the Royal College of Chiropractors, said she was part of the pediatric chiropractic team, which included Dr. Brocker and Dr. Marinus, along with Dr. Chantal Doucet, who explored a range of pediatric conditions, including tongue-tie, otitis media, mouth breathing, and scoliosis.

"The discussions focused on understanding these conditions, applying evidence-based assessment and treatment approaches, and promoting clinical excellence through best-practice guidelines," she said. She added that presenting on a global stage underscored the value of ongoing learning, interdisciplinary collaboration, and evidence-informed care in supporting children's health and well-being.

As part of Logan University's sponsorship of the WFC Global Education Conference, Logan President H. Garrett Thompson, DC, PhD, and Christopher Fahs, PhD, professor in the College of Health Sciences, were featured speakers.

"I think the biggest takeaway for me is that learning doesn't stop at graduation, Lifelong learning is a process that continues throughout one's career," said Dr. Fahs. "There was also an emphasis on the chiropractic profession coming together as one from around the world."





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

FOR SALE: Digital X-Ray System – Summit Industries A802 – $14,000. Location: Boise, Idaho. Selling a Summit Industries A802 X-ray system, manufactured in July 2019. This is a digital X-ray system and is currently working in great condition. A great opportunity for a chiropractic practice looking for an existing X-ray system.

Equipment Details: Manufacturer: Summit Industries, LLC, Model: A802. Manufactured: July 2019. System: Digital X-ray. Condition: Working. Included: Complete system. Asking Price: $14,000. Pickup Location: Boise, Idaho.

Interested buyers are welcome to inquire for additional information, photos, and to arrange an inspection. Buyer is responsible for transportation, installation, and verifying applicable regulatory and equipment requirements.

Message Serena for details or to discuss purchasing the system - 208-391-3974.

FOR SALE: Lightly used portable chiropractic equipment for sale. This equipment would be great for a doc just starting, someone interested in a mobile practice model, an office that does home visits, or a doc who wants more convenient equipment for home use. I bought most of this equipment while in school and haven't used it since.

Thuli Portable Headpiece: $200. Burgundy color; Carrying Case Included; Standard Drop Height
Thuli Portable Lumbo-Pelvic Drop: $200. Burgundy color; Carrying Case Included
Pregnancy Pillows: $100. Set of 2; one large 5 inch height, one small 3.5 inch height; Can be used with or without additional covers
Portable Chiropractic Drop Table: $200. Black color; Thoracic and Lumbopelvic Drop; Arm Rests; Folds up and can be carried with convenient handle

If interested, contact: Dr. Lauren Wilmott DC, drlauren@alpinechiroclinic.com, 415-497-8724. Pickup in Southeast Boise or Boise Bench. Open to a bundle deal or selling items individually.

Experienced Chiropractic Neurologist Seeking Idaho Opportunity

Chiropractic physician with 20+ years of clinical and practice ownership experience seeking the right opportunity with an established Idaho practice. DIBCN and FIACN trained, I bring advanced clinical experience in chiropractic and functional neurology, spinal decompression, Class IV laser, shockwave, rehabilitation, nutrition, and functional medicine.

I can bring more than another set of hands—I can help expand clinical capabilities, manage complex cases, strengthen patient outcomes, and contribute the perspective of an experienced practice owner. If you see an opportunity where my experience could add value to your practice, I'd enjoy connecting. Reach out anytime at donpfau@gmail.com or 608-293-0425.

Part Time Position Available in Boise, ID: Wellness Chiropractic Care for All!

www.wellnessboise.com

Are you more interested in a healthy work-life balance than working your tail off for peanuts? Have you heard the horror stories of burn-out, being overworked and under-appreciated? We LOVE our practice, and it's easy to practice with JOY! Subluxation-based, membership-style practice seeks enthusiastic, personable Doctor of Chiropractic to help serve the wellness-minded community in one of the fastest growing small cities in the US. Our practice is 100% cash, 100% walk-ins, and 99% stress-free (let's be realistic!). We've eliminated all the unpleasant hassles of practice in favor of taking great care of people!

Qualified applicants will be committed to delivering meticulously specific, gentle adjustments and able to educate patients without being "preachy." New licensees are encouraged to apply; training is available! Position is part-time, with hours we'll configure to meet all of our needs; flexibility to include vacation coverage is important. Pay is based upon number of visits seen, paid semi-monthly. Curious? Let's chat and see if we might be a good fit!

TURNKEY CHIROPRACTIC OFFICE SPACE AVAILABLE, Meridian, Idaho

New Graduate • Relocating Chiropractor • Established Doctor Looking to Reduce Overhead

Are you a chiropractor looking for a professional, fully equipped office without the expense and commitment of building out a practice from scratch? We have approximately 1,500 SF of turnkey chiropractic space available within an established 3,400-SF wellness clinic in Meridian, Idaho. This is an ideal opportunity for:

- New chiropractic graduates looking to launch their first practice
- Chiropractors relocating to the Treasure Valley
- Established chiropractors looking to reduce overhead
- Doctors interested in sharing the overhead of an established wellness facility
- Chiropractors looking for a satellite or second location

WHAT'S INCLUDED: Private doctor office, adjusting/treatment room, rehabilitation room, Physical therapy and rehabilitation equipment, Computer, Phone, Chiropractic equipment, Basic chiropractic supplies, Professional reception/waiting area, X-ray, Janitorial services, Utilities, Parking and Turnkey, move-in-ready clinical environment.

NEW GRADUATE STARTUP RENT: Qualified new graduates can take advantage of a graduated rental program designed to give you time to build your patient base:

Months 1–6: $1,000/month
Months 6–12: $1,500/month
Months 12–18: $2,000/month
Months 18–24: $2,500/month
Year 3 and beyond: $3,000/month
Rent will not exceed $3,000/month.

WHY PAY FOR A FULL OFFICE? Instead of taking on the cost of a traditional commercial lease, build-out, equipment, furniture, utilities, janitorial services and other overhead, you can move into an established chiropractic environment with much of the infrastructure already in place. Focus on your patients and your practice—not building an office from the ground up.

The chiropractor will operate an independent practice and maintain their own professional licensing, malpractice insurance, patients, billing, supplies and clinical responsibility.

For more information or to schedule a private tour, contact us at: drlundahl@healthyhabitswc.com

Office Posters

We have created a FREE printable PDF of the

Chiropractic Care Helps with Weight loss

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

Chiropractic Care can help with anxiety & depression

The drug-free approach to pain reduction

Chiropractic Care helps with Inflamation

STRETCHING for better joint health

Easy exercises to keep your neck healthy

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

Tips for safe stretches

Don't let pain keep you from enjoying life

Walking helps with back pain

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

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) .

Chiropractic Care Helps with Weight loss

Chiropractic care supports weight loss by improving spinal alignment, which enhances nervous system function and metabolism, making it easier for the body to process food and maintain energy levels. Additionally, chiropractic adjustments can reduce pain and improve mobility, allowing for more effective exercise and healthier lifestyle choices.

When we think of weight loss, we may not immediately think about seeing a chiropractor. After all, what does your spine have to do with eating, exercise, or sticking to your weight loss program? But once you take a moment to think about how the body is connected, it makes sense. Your spine balances your entire body. Arms, legs, brain…they are all connected, and the spine is what ties them together.

When the spine is out of alignment it throws off everything. The electrical impulses coming from your brain and heading to the different areas of your body get thrown off track. When those signals aren't received correctly, the body loses its performance efficiency. This includes your body's ability to regulate and lose weight and the signals that tell your stomach when you are hungry and full.

Chiropractors look at many different factors related to spine and joint health. Subluxations of the spine of the spine is often uncovered. To keep things as simple as possible, a subluxation is where something is out of place. Subluxations can lead to pain, stiffness, and discomfort in the back. Research has found a correlation between subluxations and weight gain.

Subluxations can be caused by stress (what's more stressful than trying to lose weight?) and muscle strains. Subluxations may not even be noticed, but a chiropractic adjustment can make a big difference in how you feel. When the spine is adjusted patients get relief from spinal pressure and subluxations.

Sadly, there is no easy solution for weight loss. But having regular chiropractic adjustments can mean making your weight loss plan more effective. You will not only see results; you will also find you have gained a valuable member on your weight loss team.



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 classifed 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 explaination 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.

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