

## President's Message

### No Doctor left behind...

It has been heartwarming, to put it mildly, to have practice creep back in a normal direction. Yes, as a society, we are in a stall pattern for the foreseeable future, but I was taught to look backward to get a gauge of where I am in the present. I have MUCH preferred June and July to March, April, and May.

It is amazing the message of what we do in that the only consistent best solution to fighting disease, Covid-19 included, is our own bodies. Chiropractic directly supports the function of the human body!

Is it a "cure" for Covid-19? Nope. We support the body's function so that the body can be better able to adapt and deal with its environment. Our bodies are the hero of the story!

I have found that this is a message that has resonated, particularly at a time like now when everyone in the country is getting to witness the bureaucracy of healthcare. "We are looking for therapeutics and need more time." "We hope to have a vaccine and that is what will be needed to finally defeat Covid-19."

People are waking up to the fact that over 150,000 have already died in the US while "the experts" scramble. People are also waking up to the fact that if you are healthy then the odds are extremely high that Covid-19 will not have a significant effect on you. Hmmm?

This is a difficult time for all of us in that we have been forced into the "silos" of our own offices. No Spring Conference, no HIPAA Training Workshops, District Connections, etc.

- **Please take a moment and fill out our survey** so that we can understand what the various needs are and help provide support to you in every way we can.
- **If you are still struggling** PLEASE reach out! We are here to help.



Christopher R. Perron, DC  
 President, UVCA



## FALL CONVENTION! NMSM DIPLOMATE!

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## Supporting Supplier News



Anabolic Labs' Bryan Miller is sharing a video by Dr. David Seaman on the 2<sup>nd</sup> wave of COVID nutrition strategy: <https://www.youtube.com/watch?v=WamN23EZsf4>. For more info, contact Bryan (410-296-7574, email [bmanabolic@comcast.net](mailto:bmanabolic@comcast.net)) or visit [www.AnabolicLabs.com](http://www.AnabolicLabs.com).

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**Laser Biotech International** Laser Biotech International has initiated online seminars. If you missed the July 25<sup>th</sup> seminar "Laser Therapy: the 10 Essentials", a recording is available to registrants. Contact [info@LaserBiotech.com](mailto:info@LaserBiotech.com) or 877-423-6169.

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## UVCA Protects Chiropractors' Recordkeeping Rights

The UVCA-sponsored legislation HB 385 went into effect on July 1, 2020.

An old Attorney General Opinion had been interpreted to limit medical information requested of patients or contained in a chiropractor's patient records that was not in their scope of practice. Now law, the bill makes it clear that the practice of chiropractic includes requesting, receiving, reviewing and documenting a patient's medical and physical history -- including information related to past surgical and nonsurgical treatment of the patient, as well as controlled substances prescribed to the patient. For the first time, "examination and evaluation of the patient" are now included in the definition.

The definition of Chiropractic in the Code of Virginia now contains this language (lines in bold were added by legislation this session).

"Practice of chiropractic" means the adjustment of the 24 movable vertebrae of the spinal column, and assisting nature for the purpose of normalizing the transmission of nerve energy, but does not include the use of surgery, obstetrics, osteopathy, or the administration or prescribing of any drugs, medicines, serums, or vaccines. **"Practice of chiropractic" shall include (i) requesting, receiving, and reviewing a patient's medical and physical history, including information related to past surgical and nonsurgical treatment of the patient and controlled substances prescribed to the patient, and (ii) documenting in a patient's record information related to the condition and symptoms of the patient, the examination and evaluation of the patient made by the doctor of chiropractic, and treatment provided to the patient by the doctor of chiropractic.** "Prac-



tice of chiropractic" shall also include performing the physical examination of an applicant for a commercial driver's license or commercial learner's permit pursuant to § 46.2-341.12 if the practitioner has (i) applied for and received certification as a medical examiner pursuant to 49 C.F.R. Part 390, Subpart D and (ii) registered with the National Registry of Certified Medical Examiners.

The bill was introduced by the new Chair of the House Health Committee, Delegate Mark Sickles.

For a complete legislative report, including this success and other updates, visit "Latest Updates" on UVCA's home page, <https://www.virginiachiropractic.org/>. To donate to the Virginia C-PAC or learn more, go to <https://www.virginiachiropractic.org/page/35>. For current C-PAC contributors, see page 15.

## As the World Reopens, Hiring & Retention Will Matter

Ray Foxworth, DC

Employee recruitment and retention are vital for any business. The turmoil caused by the coronavirus could make this even more critical. Businesses are attempting to rebound after a period of closing or dormancy but are facing openings and other staffing issues.

If your practice is ready to staff up, the timing might actually be good. With the U.S. unemployment rate pushing 15%, there are plenty of candidates to choose from. Businesses that are poised to take advantage have a rare opportunity to strengthen their teams.

Here are a few ideas on how to attract and keep good employees.

**Evaluate your brand.** Many job hunters these days will only consider companies that align with their values. They will expect transparency in your policies, philosophy, and beliefs. They are more likely to communicate through social media and to contact former employees to gather insight. So, your practice's brand is very important in conveying what it's like to work in your office and what your values are, no matter how big or small your practice is. Make sure you are transmitting an image through social media, your physical office, your job listings, and other means, that best represent what your practice is about. You'll be more likely to get candidates excited to work there. Here are a bunch of ideas on improving your brand: <https://builtin.com/employer-branding/improve-employer-branding>. They could make a big difference in



your hiring.

**Recruit through social media.** More and more companies are taking this approach and having success with it, particularly if they're looking for millennials and candidates from younger generations. Use your preferred social media platform to identify attractive candidates, list job openings, and communicate with prospects. Before you do, though, make sure your company's profile is updated and reflects the values of your practice.

**Look beyond the big job boards.** Your practice is a specialized business, so you might find it difficult finding great candidates on the major job boards like Monster or Indeed. But there are numerous niche job boards that might be more likely to bring you great candidates. Here's a current

*Continued on page 4*

**Continued from page 3** list of top niche job boards sorted by industry, including health care.

**Recruit from college campuses:** New college graduates are facing an uncertain world these days, with fewer job options than they probably hoped for. Recruit them by listing openings on campus online job boards, attending career fairs, and networking with relevant college professors and advisors who would be aware of qualified, emerging talent. You just might snag a prize employee who hasn't explored the full market yet.

### A Note About Retention

The number of employees who voluntarily quit their jobs, at least before the current economic crash, has never been higher, according to the U.S. Bureau of Labor Statistics. Studies show that replacing an employee costs six to nine months' worth of salary on average and employers are losing a trillion dollars a year on the problem.

Employee retention should be a priority for your practice. LinkedIn studied 32 million of their user profiles and found **three ideas for hanging on to your workers.**

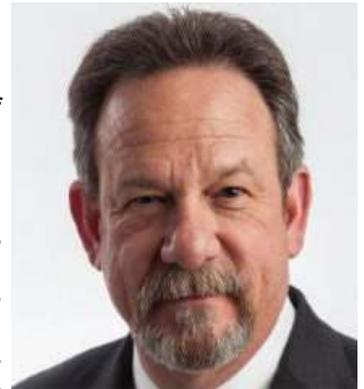
- 1. Employees who change positions stay longer.** Whether it was a promotion or a lateral change, workers found satisfaction with change. LinkedIn interpreted that as the employee feeling more engaged and seeing the job more as a career because of the change.
- 2. Management matters.** LinkedIn found much validity in the old truism that "employers don't quit their jobs, they quit their managers." Companies rated highly for "open and effective management," found significantly better retention, and those rated at the bottom for management, had a lot of turnover. Your management style is a major factor in keeping your workers on board. Personally, I've never found "management" to be as powerful and impactful as being a leader, particularly, servant leadership. When we focus on being the best employer our staff has ever had, it's a game changer, instilling loyalty,

commitment and longevity.

- 3. Empowerment matters too.** Workers want to feel like they are being heard, are respected, and are making a difference in your practice. If you can provide that, you will be rewarded with workers who are more engaged, and who stay with you. And, according to recent research published in the Harvard Business Review, companies who empower their employees also inspire more creativity.

Uncertainty these days is rampant, but here's hoping the ideas above are hitting you at just the right time, with your practice ready to gear up and an economy ready to turn upward for the foreseeable future.

*Dr. Ray Foxworth is a certified Medical Compliance Specialist and President of ChiroHealthUSA. A practicing Chiropractor, he remains "in the trenches" facing challenges with billing, coding, documentation and compliance. He has served as president of the Mississippi Chiropractic Association, former Staff Chiropractor at the G.V. Sonny Montgomery VA Medical Center and is a Fellow of the International College of Chiropractic. You can contact Dr. Foxworth at 1-888-719-9990, info@chirohealthusa.com or visit the ChiroHealthUSA website at www.chirohealthusa.com. Join us for a free webinar that will give you all the details about how a DMPO can help you practice with more peace of mind. Go to www.chirohealthusa.com to register today.*



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## Frontal Lobe Function & Saccadic Eye Movements

James A. Munse, DC, DACNB, MPA

The cerebral cortex is comprised of two hemispheres (a right and a left side), and although each hemisphere is structurally symmetric – they are functionally asymmetric. This asymmetry allows for a variety of complex functions to be packaged and fit within the confines of our cranium. If this asymmetry did not exist, then we would not be the complex organisms that we are today. In fact, from a phylogenic perspective – lower animals had structurally and functionally symmetric cerebral cortices. It was not until crocodylian creatures that asymmetry began to take place within the cerebral hemispheres. As organisms became increasingly complex – the cerebral cortex developed in a functionally asymmetric manner to allow for this diversity. Subsequently, our dominance as a human species is due to the supremacy of our nervous system and therefore the development and sophistication of our cerebral cortex. Due to the asymmetry of function within our cerebral cortex, our neuronal function depends upon efficient coordination and integration between each hemisphere.

Each hemisphere is commonly divided into four lobes, which includes the frontal, parietal, temporal, and occipital lobes. However, there is also an insular lobe that is not visible on the surface of cerebrum but can be seen when separating the frontal and parietal lobes from the temporal lobe. Each of these lobes is present within each hemisphere. Thus, there is a right frontal lobe as well as a left frontal lobe. As noted above, there are some functional differences between the left and right sides of a specific lobe. However, there are many similarities as well. This article will focus on the frontal lobes and its relation to eye movements, which can be easily tracked in most chiropractic settings. The article will begin with an overview of frontal lobe function as well as impairment – so that pathology can be easily recognizable in a clinical setting. I will then discuss how eye movements can be used to evaluate and subsequently rehabilitate the frontal system. A thorough explanation of frontal lobe disorders and associated treatment protocols is beyond the scope of this article.

The frontal lobes are comprised of multiple regions, and each of these regions initiates

a variety of functions. These areas include the primary motor cortex, premotor cortex, supplementary motor cortex, frontal eye field region, prefrontal cortex, and the orbitofrontal cortex. The primary motor cortex initiates voluntary movement of the contralateral side, and damage to the primary motor cortex results in contralateral motor neuron weakness and leads to spasticity and increased reflexes. This is the aspect of frontal lobe functioning that most of us deal with on a daily basis in clinical practice. The premotor cortex and supplementary cortex work in close association with the primary motor cortex. Specifically, the premotor cortex initiates motor plans in response to sensory stimuli, and the supplementary motor cortex produces motor sequences that have already been learned. If a patient complains of difficulties in these areas – then they may have suffered a lesion in this area of the frontal cortex (a prior stroke – for example). The prefrontal cortex is concerned with planning, judgment, problem solving, executive function, and motivation. This region of the frontal lobe provides one with their individuality. *Continued on page 7*

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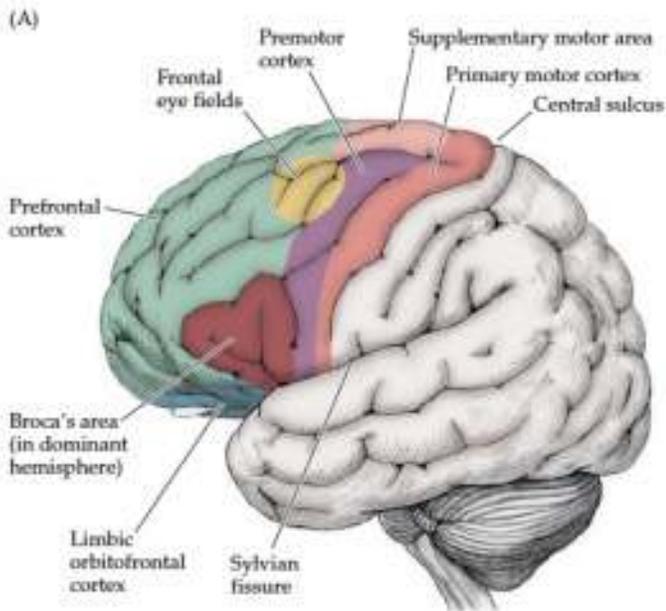
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*Continued from page 6* In close proximity to the prefrontal cortex is the orbitofrontal cortex, which influences emotions and social behavior (and also inhibits inappropriate behavior). Dysfunction in these areas of the frontal lobe often results in depression, impulsivity, poor judgment, heightened emotional states, obsessive-compulsive tendencies, and perseveration (just to name a few). It should be noted that the frontal lobe is primarily inhibitory and modulates other neuronal systems, such as the basal ganglia and the pontomedullary reticular formation (PMRF) within the brainstem (to learn more about the PMRF please refer to a previous article from this publication). And finally, there is the frontal eye field region of the frontal lobes, which will be the focus for the rest of this article. The frontal eye fields are in control of visual attention and thus elicit quick eye movements (saccades) to the visual target.

Saccades are quick, rapid, and voluntary eye movements that land on intended targets in the visual field. They should occur so quickly that it is relatively difficult to observe – the eyes appear to “jump” from target to target. These saccadic eye movements are initiated by the frontal lobes, and in particular – a given frontal lobe initiates saccades to the opposite side. As such, the right frontal lobe produces leftward saccades (the eyes quickly look at a target to the left). And the left frontal lobe initiates rightward saccades. As such, a specific frontal lobe “pushes” the eyes quickly to the opposite side of the visual field.

So why is this important? Because eye movements are a great indicator of brain function. The six extraocular eye muscles that move each eye are designed to not fatigue because we use them consistently throughout the day (we even use them while we sleep during the “rapid eye movement” stage of sleep). Furthermore, pathology and lesions within these eye muscles is relatively rare. As such, inaccuracies, dysfunction, and aberrations in eye movements are often due to neurological disintegration and/or poor communication between the cerebral cortex and the neuronal pools in the brainstem that control these eye movements. Consequently, poor saccadic eye movements can be representative of decreased frontal lobe activity. It should be noted that we can also gather information about a patient’s frontal system by observing their posture, gait, facial expression, speech, and body movements – in addition to a thorough consultation to learn about their past medical history, lifestyle, and personality traits. However, assessing eye movements provides objective measures of motor output that

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can be tracked each visit. Evaluating saccadic eye movements is quick, easy, inexpensive, and provides great insight into frontal lobe activity. I suggest assessing saccadic eye movements during each exam in combination with reflex and muscle testing.

So how does one evaluate saccadic eye movements? Saccades can be evaluated in terms of: speed, accuracy, and the latency period between stimulus and eye movement. I recommend standing approximately 3-4 feet away from your patient and ask them to focus on your nose as you stand there with your hands in a “thumbs-up” position about 12-18 inches lateral from your nose. As such, the patient should be able to see your thumbs in their peripheral vision while focusing on your nose. You ask them to focus on your nose, and then move their eyes quickly to whichever thumb starts moving in their peripheral vision (as such, you start moving one of your thumbs). I ask them to look at this thumb until I stop moving it, and then return their eyes to my nose. I then tell them that we will continue this for approximately 8-10 repetitions because I am trying to see how fast, quick, and accurate their eye movements are (I also remind them to not move their head – just their eyes). We continue this in a random in order to evaluate their saccades for each side. As noted above, saccades are rapid eye movements; they should occur so quickly that you cannot see their eyes roll from your nose to your thumb...the eye should appear to “jump” from your nose to thumb (and vice versa). If you can see their eyes roll to your thumb or nose, then they are too slow. You can also get a sense if one direction of eye movement is slower than the other. For instance, if the eyes appear to move more slowly to their left than right – then their right frontal lobe may be deficient in comparison to its counterpart. The accuracy of their saccades can also be evaluated. Saccades that land too short (and thus require an additional saccade to reach *Continued on page 8*

*Continued from page 7* the target) are defined as hypometric saccades. Hypometric saccades can also be viewed as indicators of weak frontal lobe activity. Saccades that overshoot the intended target and defined as hypermetric saccades. Hypermetric saccades are often viewed as indicators of cerebellar dysfunction because the cerebellum plays a primary role in stopping the eyes accurately at their intended target. As with the speed of saccadic eye movements, you may notice that the patient is less accurate to one side than another. And finally, you can evaluate the latency period. This is the period of time from when you start moving your thumb and the initiation of their saccade. The patient's eyes should shoot to your thumb right away, but a delay could indicate decreased frontal lobe activity. The more practice and repetition you have observing eye movements with your patients – the easier it will become. You will be surprised at what you will notice as your observation skills improve. And again, this is a great way to objectively evaluate a motor response that directly relates to frontal lobe function. This is critical because you could notice negative trends in frontal lobe function that may relate to various forms of dementia, and thus take proactive steps for your patients.

Anti-saccades are another a great way to evaluate the frontal lobes. Anti-saccades are the opposite of saccades because the patient ignores the moving stimulus and their peripheral vision and instead looks at the stationary target. Thus, the patient has to suppress the urge to look at something moving in the periphery of their visual field. As referenced above, the frontal system is largely inhibitory and therefore inhibits responses, urges, and behaviors that are deemed inappropriate. You can assess anti-saccades in the same manner as saccades – just tell the patients to look at the thumb that does not move. You will notice that this is much more difficult. In fact, patients with severely weakened frontal systems will not be able accomplish this.

Once frontal lobe dysfunction has been identified – whether it is bilateral or a single lobe – you can begin rehabilitation to activate the frontal system in hopes of creating plasticity in those weakened systems. There are a variety of treatment regimens and you can be quite creative. However, using saccades and anti-saccades themselves are great ways to rehabilitate the front lobes. Thus, you can simultaneously evaluate and rehabilitate via the utilization of these eye movements. And if you determine that a particular lobe is weakened, then bias the direction in which the patient's eyes saccade towards. I also suggest reading a previous article published within this publication titled "Activating the Brain with Eye Movements" – which provides additional insight for treatment options.

**James A. Munse, DC, DACNB, MA of Chantilly Chiropractic Center in Chantilly, Virginia is a Diplomate of the American Chiropractic Neurology Board, which he earned through the Carrick Institute. He is proficient in Full Spine Diversified (Palmer Package), Gonstead, Activator, Thompson, Extremity Adjusting, Flexion-Distraction, and Functional Neurology diagnosis and rehabilitation. In addition to full-time practice, Dr. Munse serves as an adjunct professor at George Mason University and an assistant coach for the Westfield High School varsity football team. He can be reached at [jamunse@gmail.com](mailto:jamunse@gmail.com).**



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## NEW Mandatory ABN Form to Take Effect August 31, 2020

Mario Fucinari DC, CPCO, MCS-P

The Centers for Medicare and Medicaid Services (CMS) has revised the Advanced Beneficiary Notice of Non-coverage (ABN) Form. The Office of Management and Budget (OMB) renews the ABN form every three years.

The revised Advanced Beneficiary Notice of Non-coverage (ABN), Form CMS-R-131, is issued to the patient or client by providers, physicians, practitioners, and suppliers in situations where Medicare payment is expected to be denied. The revised ABN replaces the ABN Form that was last released in June 2017.

When a physician or supplier has a "genuine doubt" that a service will be covered, they are required to notify the patient of this fact. The ABN form is needed to be used for a service that is a statutorily covered service that may not be deemed to be medically necessary. In the Medicare program, chiropractic coverage is limited to coverage for spinal manipulation utilizing the hands or hand-held device. For all non-covered services, a standard letter informing the patient of the non-coverage or the ABN may be voluntarily used.

The newest version of the ABN and the instructions for use can be accessed at <https://www.cms.gov/Medicare/Medicare-General-Information/BNII/ABN>.

Although the ABN form itself has not changed appreciably, the instructions have

changed regarding beneficiaries who are eligible for both Medicare and Medicaid. Patients who are dually enrolled in both Medicare and Medicaid, also known as dually eligible individuals may be classified

**The newly revised ABN form may be used at this time; however, its use becomes mandatory on August 31, 2020.**

as a Qualified Medicare Beneficiary (QMB). A provider who is treating a QMB patient may not collect co-payments or deductibles for covered services. Dually Eligible beneficiaries must be instructed to check Option Box 1 on the ABN for a claim to be submitted for Medicare adjudication.

Alteration of the wording in Option Box 1 for dually eligible beneficiaries would state the following:

OPTION 1. I want the (D) listed above. ~~You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but I can appeal to Medicare by following the directions on the MSN.~~

These edits are required because the provider cannot bill the dual-eligible beneficiary when the ABN is furnished. Providers must refrain from charging the beneficiary pending adjudication by

both Medicare and Medicaid considering federal law affecting coverage and billing of dual-eligible beneficiaries. If Medicare denies a claim where an ABN was needed to transfer financial liability to the beneficiary, the claim may be crossed over to Medicaid or submitted by the provider for adjudication based on State Medicaid coverage and payment policy. Medicaid will issue a Remittance Advice based on this determination.

Once both Medicare and Medicaid adjudicate the claim, providers may only charge the patient in the following circumstances:

- If the beneficiary has QMB coverage without full Medicaid coverage, the ABN could allow the provider to shift financial liability to the beneficiary per Medicare policy.
- If the beneficiary has full Medicaid coverage and Medicaid denies the claim (or will not pay because the provider does not participate in Medicaid), the ABN could allow the provider to shift financial liability to the beneficiary per Medicare policy, subject to any state laws that limit beneficiary liability.

The ABN form is a method for the provider to inform the patient of their liability for payment. It is only to be issued when there is genuine doubt that Medicare will cover the service. *Continued on page 10*

Continued from page 9 In chiropractic, since the only service eligible for reimbursement is spinal manipulation, the ABN form is mandatory only for spinal manipulation. One ABN form may cover a series of spinal manipulations that are not covered, such as in maintenance care, but the form is not to exceed one year in length.

You are advised to read the complete instruction manual for the form, but the changes that are most significant in addition to the QMB instructions, would include the following:

- The instructions altered the language to allow customizations. You may pre-populate specific fields such as the header, services, and reasons for services to be deemed not covered.
- Instructions were added mandating you not use the Medicare beneficiary identifier (MBI) as the patient identification number.
- Box D: In the instructions regarding repetitive or continuous non-covered care, the reference to section 50.7.1 (b) of the Medicare Claims Processing Manual, Chapter 30, was removed.
- Box G: Significant changes were made to the instructions for Option 1 about the QMB, as explained above.
  - The reference to section 50.15.1 of the Medicare Claims Processing Manual, Chapter 30

was removed.

- The instructions for suppliers and providers not accepting assignment have been corrected to refer to the guidelines in "H. Additional Information" instead of "D. Additional Information."
- Comprehensive instructions have been added for patients enrolled in both Medicare and Medicaid (dual enrollment)

The following statement was added at the end of the instructions (after the "Signature Box" instructions): "CMS will work with its contractors to ensure consistency when determining the validity of the ABN in general. In addition, contractors will provide ongoing education to notifiers as needed to ensure proper notice delivery. Notifiers should contact the appropriate CMS regional office if they believe that a contractor inappropriately invalidated an ABN."

Again, keep in mind that although the form appears essentially unchanged, you must use the form CMS-R-131 (Exp. 06/30/2023). The ABN form is available in various languages, including Spanish. The use of the new ABN form is mandatory. Although a patient may have just recently signed the 03/2020 version of the ABN form, if the circumstances are still applicable, you must have them resign the new ABN Form

CMS-R-131 (Exp. 06/30/2023) by August 31, 2020, or the form will be deemed defective; therefore it will not protect you.

*Dr. Mario Fucinari is a member of the Carrier Advisory Committee for Medicare. He is a frequent speaker available through NCMIC, Foot Levelers, and several state associations. Dr. Fucinari is the author of several books pertaining to HIPAA and documentation. Details of his products and services are available at [www.Askmario.com](http://www.Askmario.com) You may contact Dr. Fucinari at [Doc@Askmario.com](mailto:Doc@Askmario.com).*

### **P.S. From Becky Walter, MCS-P, CCCA**

UVCA Consultant Becky Walter posted information about the new ABN on VCA doctalk on July 7. Becky notes that by August 31, be sure you're using the form labeled at the bottom edge with "Form CMS-R-131 (Exp.06/30/2023)" and "Form Approved OMB No. 0938-0566." Spanish and large print versions are available at <https://www.cms.gov/Medicare/Medicare-General-Information/BNI/ABN>.

Questions? Email Becky at [Becwalter57@hotmail.com](mailto:Becwalter57@hotmail.com).



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**Management of Inflammation with Combined Nutritional & Neurofunctional Modulation:** SCOTT BANKS, DC, MS

**Informed Consent:** STU HOFFMAN, DC  
**New E/M Guidelines:** MARIO FUCINARI, DC, APMP, CPCO

**Science-Based Rehab:** MICHAEL RAY, DC  
**Shoulder & Upper Extremity Problems:** BRANDON STEELE, DC, DACO

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## In Case You Missed It...

If you aren't subscribed or paying attention to VCA doctalk, here are just a few items you may have missed...

From Scott Banks, DC, MS

### **The strong association between low back pain and headache:**

Why we keep seeing patients with both low back pain and headache because it is common. They also probably relate to many of the same predispositions (sitting posture, systemic inflammation, etc.)

[https://thejournalofheadacheandpain.biomedcentral.com/articles/10.1186/s10194-019-1031-y?sap-outbound-id=6053917C02EFCDBF829453D141DA745A3D07D9CD&utm\\_source=hybris-campaign&utm\\_medium=email&utm\\_campaign=000\\_MVM1398\\_0000020952\\_BMC\\_01\\_AS02\\_GL\\_Altmtrc\\_Q2\\_2020\\_AJs\\_TST&utm\\_content=EN\\_internal\\_46682\\_20200617&mkt-key=005056B0331B1EE78389233FB3B15DE4](https://thejournalofheadacheandpain.biomedcentral.com/articles/10.1186/s10194-019-1031-y?sap-outbound-id=6053917C02EFCDBF829453D141DA745A3D07D9CD&utm_source=hybris-campaign&utm_medium=email&utm_campaign=000_MVM1398_0000020952_BMC_01_AS02_GL_Altmtrc_Q2_2020_AJs_TST&utm_content=EN_internal_46682_20200617&mkt-key=005056B0331B1EE78389233FB3B15DE4)

From B. Michael Ray, MS, DC

### **Pain Beliefs:**

I just wanted to send out a link for an article recently published by Caneiro et al. These 3 authors have excellent prior publications on this topic and continue to put out outstanding information about pain, beliefs, and learned behavioral responses.

<https://www.sciencedirect.com/science/article/abs/pii/S141335552030407X>

Happy to discuss.

From Bryan Miller, CPT, NCSF, CSNS, ISSA, Anabolic Labs

### **Video discussion re: breast cancer and the P53 tumor-suppressing protein:**

From Dr. David Seaman, from his book *The Deflame Diet For Breast Health and Cancer Prevention*. Good for patients.

<https://www.youtube.com/watch?v=gVNol2TkhhQ>

From Julie Connolly, FICC

### **Malpractice Insurance Reminder:**

As you are probably aware, every July 1st there is an increase of \$50,000 in the limitation for recovery for which a patient can file a medical malpractice claim against their health care provider. Some malpractice carriers have an automatic switch to state limits, but most only do this when prompted by the insured. Make sure your insurance policy adequately covers the per claim maximum and knows that as of 7-1-2020, the per-claim maximum cap for a medical malpractice claim has been increased to \$2.45 million per claim.

In case your insurance carrier needs evidence of this new limit in Virginia you may direct them to the code of Virginia citation at <https://law.lis.virginia.gov/vacode/title8.01/chapter21.1/section8.01-581.15/>. There is no aggregate amount.

## **Emergency Temporary Standard**

The UVCA has added more information regarding the ETS to the COVID-19 web pages, to augment what we sent to members in July.

On the COVID web page, scroll down to the "Miscellaneous Resources", then click on "Emergency Temporary Standard (ETS)." You'll find the full ETS, including requirements for all employers as well as those deemed medium risk, like chiropractic offices. You'll also find sample policies, risk assessments, and reporting forms from your colleagues and Breakthrough Coaching. Free webinar on August 6!



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As of 7/20/2020

Marco Accordo, DC  
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 Michael Amato, DC  
 Lee Bazzarone, DC  
 Anna Bender, DC  
 Robert Berube, DC  
 Walter Bogdan, DC  
 Jeffrey Bowers, DC  
 Shannon Breeding, DC  
 Suzanne Coffey, DC - **NEW!**  
 Christopher Connolly, DC  
 Philip Connolly, DC  
 Camille D'Amato, DC  
 Gary Dennis, DC  
 Diane DeReu-Foley, DC  
 David Dolberg, DC  
 Sandra Elbaum, DC  
 Christine Fallwell, DC  
 William Todd Fisher, DC  
 Joseph Foley, DC  
 Christopher Frey, DC  
 Lincoln German, DC  
 Tess Graf, DC  
 Jay Greenstein, DC  
 Lawrence Griffith, Jr, DC  
 Mark Gutekunst, DC  
 Alicia Haupt, DC

Thomas Hennessey, DC  
 Hannibal Hervey, DC  
 Lisa Holland, DC  
 Duane Hudspath, DC  
 Mark Hundley, DC  
 Carmen Johanning, DC  
 Vincent Joseph, DC  
 Shawn Keegan, DC  
 Joseph Kennedy, DC  
 Elizabeth Koch, DC  
 Ronald Kulik, DC  
 Linda Larsen, DC  
 Edward Lauterbach, DC  
 Robert Leib, DC  
 Bryan Lowry, DC  
 Marc Lunenfeld, DC  
 Katrina Mah, DC  
 Kat Mayes, DC  
 Kimberly McCutchen, DC  
 James McLelland, DC  
 Bibhu Misra, DC  
 Roby T. Myers, DC  
 Theresa Neiss, DC  
 Cally Parks, DC  
 Mathias Pastore, DC  
 Minesh Patel, DC  
 Christopher Perron, DC  
 Janice Piedmont, DC

Anne Pinto, DC  
 Robert Pinto, DC  
 Michael Pollock, DC  
 Richard Reinhold, DC  
 Andrew Reno, DC  
 Brad Robinson, DC  
 William Roodman, DC  
 Nisha Saggarr-Patel, DC  
 Jean-Luc W. Sansfaute, DC  
 Theodore Savvas, Jr, DC  
 Joanne Schmit, DC  
 Matthew Schrier, DC  
 Andrew Shepherd, DC  
 Elizabeth Skorupa, DC  
 Lonnie Slone, DC  
 William Sonak, DC  
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 Christine Stewart, DC  
 Roden Stewart, DC - **NEW!**  
 Robert Stickle, DC  
 Lawrence Svihla, DC  
 Susan Sweeten, DC  
 Carly Swift, DC  
 Eric Terrell, DC  
 Robert Thoma, DC  
 Nguyen Tran, DC  
 Aaron Trochim, DC  
 Paul Tschetschot, DC

Chris Virusky, DC  
 Kevin Walsh, DC  
 William Ward, DC  
 Erika Warner, DC  
 Richard Wells, DC  
 Thomas Wetzen, DC  
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The Following Members Joined the UVCA Between 4/16/2020 & 7/30/2020

### Aklilu, DC, Betel

Maryland  
Phone: 571-286-6985  
Member Type: Out of State DC

### Azizi, DC, Hewad

Perron Chiropractic  
Reston, Virginia  
Phone: 703-689-2300  
drazizi@perronchiro.com  
Member Type: First Year DC  
Instrument Adjusting - Activator  
*Referred by Dr. Chris Perron*

### Bollig, DC, Chase

Spinal Source Chiropractic  
Suffolk, Virginia  
Phone: 757-296-2225  
drchasebollig@gmail.com  
Member Type: DC Spouse  
CBP|Webster

### Bollig, DC, Taylor

Spinal Source Chiropractic  
Suffolk, Virginia  
Phone: 757-296-2225  
dr.taylor.bollig@gmail.com  
Member Type: Third Year DC  
Webster

### Choi, Anna

Springfield, Virginia  
Phone: 703-463-6547  
Member Type: Student

### Fitzgerald, DC, Brian

Fitzgerald Spine & Sports Care  
Tysons Corner, Virginia  
Phone: 703-760-8110  
fitzgeraldbj7@gmail.com  
Member Type: Fourth Year or  
More DC

### Guerra, Enessa

Blacksburg, Virginia  
Phone: 540-744-6726  
Member Type: Student

### Huff, Rhonda

Rhonda Huff Functional  
Integrative Training  
Newport News, Virginia  
Phone: 757-715-6906  
Member Type: Student

### Jamasi, DC, Mojgan

Alexandria, Virginia  
Phone: 703-850-8726  
drjamasi@gmail.com  
Member Type: First Year DC  
Diversified

### Kolia, DC, Fatema

New Energy Chiropractic  
Leesburg, Virginia  
Phone: 571-496-6393  
newenergychiro@gmail.com  
Member Type: First Year DC  
Cranial Sacral; Diversified;  
Drop Techniques; Thompson;  
Extremity Adjusting; Full Spine;  
Gonstead; Activator; Motion  
Palpation; Sacro Occipital  
Technique; Webster

### Stilson, DC, Ryan

Advanced Health Centere  
Arlington, Virginia  
Phone: 707-344-3938  
drstilson2012@gmail.com  
Member Type: Fourth Year or  
More DC

*Referred by Dr. Randy Short*

### Thorp, DC, Joshua

Fairfax, Virginia  
Phone: 231-571-5069  
JoshuaThorpDC@gmail.com  
Member Type: First Year DC  
Active Release Technique  
(ART); Diversified; Extremities;  
FAKTR-PM; Flexion-Distraction  
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## COVID-19 Web Pages

The UVCA has created both member and non-member web pages to bring vital, accurate information together in one place for Virginia DCs. Go to <https://www.virginiachiropractic.org/>.



# Virginia Chiropractic Political Action Committee

## CONTRIBUTORS ★

### Robert Bowie Society (\$1000+)

Dr. Michael Amato  
 Dr. David Dolberg  
 Kaizenovation Consulting  
 Dr. Corey Malnikof  
 Dr. Bibhu R. Misra  
 Dr. Minesh Patel  
 Dr. Mathias M. Pastore  
 Dr. Nisha Saggarr-Patel  
 Dr. Chris Perron  
 Dr. Allison Schwatz  
 Dr. Sam Spillman  
 Dr. Nathaniel Tuck, Jr.  
 Dr. William Ward  
 Dr. Adam L. Wilding  
 Quintessential Chiropractic (Dr. Katrina Mayes and Dr. Theresa Graf)

### Gold (\$600-999)

Dr. Jeff Bowers  
 Dr. Philip Connolly  
 Dr. Gary Dennis  
 Dr. Wm Todd Fisher  
 Dr. Joe Foley & Dr. Diane DeReu-Foley  
 Dr. Mark Gutekunst  
 Dr. Alexis LaBarbera  
 Ms. Marilyn E. Porras  
 Dr. Bradbury Robinson  
 Dr. Steve Trauben  
 Dr. Aaron Trochim  
 Chantilly Chiropractic Center (Dr. Todd Fisher, Dr. Gregory Page, and Dr. James A. Munse)

### Silver (\$400-599)

Dr. Joe A. Cantu  
 Dr. Douglas Cox  
 Dr. Alicia Haupt  
 Dr. Janice Piedmont  
 Dr. Jennifer Rathmann  
 Dr. Susan Sweeten

### Emerald (\$200-399)

Dr. Marco Accordo  
 Dr. Eric Carlsen  
 Dr. Paul Cronk  
 Dr. Meredith Harwell  
 Dr. Demetrios Kydonieus  
 Dr. Matthew Schrier  
 Dr. Carly Swift  
 Dr. Suzanne Santjer  
 Dr. Matthew Schrier  
 Dr. Michael Vanella

Dr. Steve VeGodsky  
 Better Bodies Chiropractic, PC (Dr. Jeffrey Foddrell, Dr. Ginger Foddrell, and Dr. Jenni Pfeffer)

### Bronze (Up to \$199)

Dr. Cynthia Chapman  
 Dr. Chris Connolly  
 Dr. Christine Fallwell  
 Dr. Shawn Keegan  
 Dr. Terry Lieber  
 Dr. Theresa Neiss  
 Dr. Thomas Nicolai  
 Dr. Justin Quail  
 Dr. John Whitlow

\* Contributors as of July 8, 2020.

## CPAC of Virginia THE FUTURE OF CHIROPRACTIC STARTS WITH YOU

### Chiropractic Political Action Committee of Virginia

Legislative issues will have a major impact on the way Doctors of Chiropractic practice and conduct business. Contribution to the CPAC of Virginia is not tax deductible as a charitable contribution. Please complete the following information required by law below.

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### Contribution Levels:

Based on contributions received January 1-December 31

**Robert Bowie Society** (\$1,000 +)    **Gold** (\$600-\$900)    **Silver** (\$400-\$599)    **Emerald** (\$200-\$399)    **Bronze** (Up to \$199)

CPAC of Virginia is a separate segregated fund. Voluntary contributions by individuals to CPAC of Virginia can be written from personal or business accounts. Donations written by a business account will be reported to the State Board of Elections from the business and not the individual. Donations to the CPAC of Virginia are not tax deductible. Your decision to contribute will not result in an advantage or disadvantage in your relationship with VCA or CPAC of Virginia. State laws request that PACS use the best efforts to obtain and report the name, mailing address, occupation and employer of each individual who contributes more than \$100 in a calendar year.

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## ECA-IPN Update

Eleven years ago, the IPN project started to, first and foremost, protect doctors from payer and third party administrator abuses. During that time, third party administrators have been working to gain contracts with the largest payers, and through meetings and communications with their executives, we have been successful in keeping them at bay...for now.

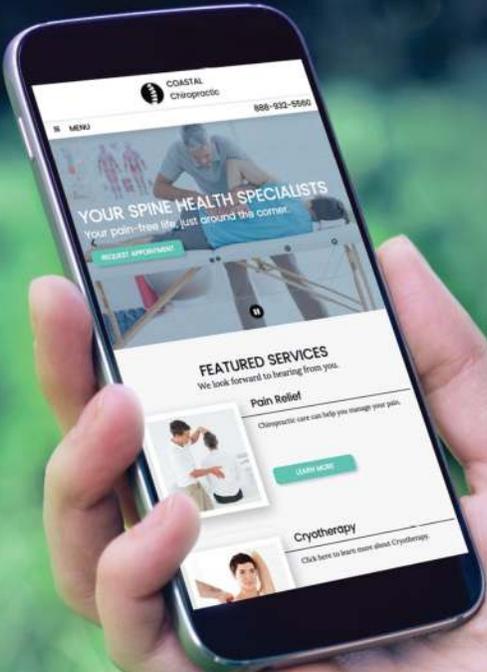
Furthermore, we have fought abusive policies, with the help of other organizations such as the Clinical Compass, like the UHC removal of spinal manipulation benefit for headaches, which was ultimately overturned. We have dealt with the CareFirst policy of MPPR, and we are currently in the midst of addressing Aetna's inappropriate bundling of claims at their discretion, even though they go against all NCCI edits. For CareFirst and Aetna specifically, we would have NEVER been able to identify patterns of abuse if it wasn't for many of us being on the same clearinghouse platform - Infinedi - which allows us to view and analyze large data sets, which we then take to the payer to show them we know exactly what they are doing, and then work with them to try and get them to change their policies. While we have not been able to gain any contracts with SecureCare, the fact that the doctors that joined the network, and thus Infinedi, means we can identify and address claims payment abuse in ways that have never been done before.

In addition, the expansion states (MD, VA, PA, FL, KY, MN, IA) continue to meet and have dialogue around how we can work with SecureCare to help us identify other ways to get employers to change benefit design to support patients seeing doctors of chiropractic. This is a long and arduous process. The entire initiative is a long and arduous process. Our board has been together for many years, continuing to fight the struggle on behalf



of all those that have joined, as well as the entire profession. We appreciate the patience and support of those who understand that this endeavor is a marathon, not a sprint. We continue to fight to protect our members, the profession, and the public we serve.

- Dr. Jay Greenstein,  
ECA-IPN President



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**(Overlaps Fall Convention Schedule)**



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Doctors wishing to earn the DIANM designation may obtain the remaining 250 online hours through the University of Bridgeport. The additional online education focuses on differential diagnosis, evaluation and management of neuromusculoskeletal conditions; especially acute and chronic pain conditions.

**For all five module dates, topics, instructors,  
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[www.virginiachiropractic.org](http://www.virginiachiropractic.org).**

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**2020 Member Sponsors (7/20/2020)**

- Dr. Mike Amato
- Dr. Alicia Haupt
- Dr. Carmen Johanning
- Dr. Brandon Lemuel
- Dr. Chris Perron
- Dr. Randy Short
- Mr. Moe Talash
- Computer Troubleshooters

**UVCA Classifieds**

Updated 7/30/2020

**Events**

For DC & staff training from the Unified VCA & its partners, visit the Calendar section of the web site: [www.virginiachiropractic.org](http://www.virginiachiropractic.org).

**Coverage**

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*Continued on page 19*

Continued from page 18

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Holistic Rural Practice near RVA Seeks Associate to Join Family Like Team. Right person has sense of humor, strong people skills; extremity adjusting & nutrition preferred. Love what you do & treat patients like more than a spine. Competitive Salary, Bonus, Benefits (health ins., vacation/ personal days, etc). Please send your resume to RuralChiroVA@gmail.com. [listing#100620a]

FREDERICKSBURG. Well-established busy practice w/two locations needs DC. We will provide the tools for successful practice management including patient care, marketing, & retention. Benefits include competitive base pay with a  
*Continued on page 21*

# Change Lives and the Future

As a doctor of chiropractic, you can influence the future of the profession by encouraging health-care-minded individuals to pursue a career in chiropractic.

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# Medical Insurance Program

United Virginia Chiropractic Association (UVCA) members have access to medical, dental and vision insurance programs that are available to chiropractors in the 16 states listed below.



Participating State Chiropractor Associations

California	Colorado	Connecticut	Illinois
	Indiana	Kansas	Kentucky
	Missouri	New Jersey	North Carolina
	Ohio	Pennsylvania	South Carolina
	Texas	Virginia	Wisconsin

First established in 2015 with the Ohio State Chiropractic Association, the plan rapidly spread across the country from the Midwest .



### Our mission

From the start, our mission has been to provide another group medical insurance option to chiropractors.



### Who is eligible?

The program is available to chiropractor members of the UVCA, their employees and dependents. Chiropractors who are not currently members of the UVCA may complete an application and receive a quote, but membership in the UVCA is required to participate and maintain coverage.



### What plans are available?

There are 16 medical plan options; 4 are health savings accounts and 12 are traditional designs with co-pays and a Rx card. The networks available include MedCost PPO, Multiplan PHCS and First Health. After completion of the application, members are provided quotes and plan outlines to determine the program that works best for their needs. We can assist with plans as small as two employees; spouses who are involved in the business are considered an employee.



### When and how can I apply for coverage?

Since we allow members to start coverage any month of the year, now is a great time to get your quote. Contact: **Mark Ritchie**, RMFS Benefit Solutions, LLC, by phone: 614-214-8334, email: mark.ritchieohio@gmail.com or fax: 614-553-7763.

**UVCA MEMBER AFFINITY PARTNER = SPECIAL MEMBER ADVANTAGES**

Continued from page 19

simple to achieve bonus system (First yr associates earn \$60-90k/yr). We offer paid malpractice, great hours, vacation pay, all in a fun, upbeat environment. Email resume: drchris.wfc@gmail.com. [listing#092220a]

Virginia Beach office looking for a Chiropractor to join our wellness-based team. My goal is to help you grow & become successful in practice. Starting salary is \$65,000.00/yr w/ bonuses where a doctor can make over \$100,000/yr. Benefits include; Health Ins., Malpractice Ins., Vacation days & 401k. Relocation reimbursement up to \$2,000.00 offered to assist in moving costs. Send your CV & cover letter to: doctors@kempsvillechiro.com. [listing#090520b]

Palmercare Chiropractic is expanding; seeking motivated chiropractors for new & current practices located in Washington DC, Maryland, & Virginia. Part of 13 local chiropractic clinics with a great support team continually providing training to help you reach your goals. Great starting pay w/ bonus structure that never caps. Please email COO@palmercare.com. [listing#090520a]

Are you looking for work life balance? CHAWC.com is looking for a long-term associate doctor who wants to join a positive, organized, growing practice of 26 yrs where we share life & serve God together in Richmond VA. Work a part time schedule of five half-days a week w/full-time benefits, retirement plan, competitive salary, bonus plan. Send CV & letter of interest to employment@chawc.com. [listing#090220b]

Beautiful office located right in the heart of Tysons looking for a chiropractic associate. Competitive salary, benefits, & bonus structure. ART & Graston certified necessary. Dry Needling a plus. Please contact us at: tysonschiro@gmail.com. [listing#082020a]

Looking for an energetic associate w/ superior adjusting skills, someone who can educate patients, w/high energy, & upholds to the highest ethical standards. Clinic specializes in corrective care & rehab. We offer excellent salary, bonus plan, health benefits & 401K. Must be licensed to practice in Virginia. Please email resume to virginiafamilych@aol.com. [listing#081120b]

Growing multidisciplinary practice seeks Chiropractic Associate w/ superior adjusting skills, clear communication skills, good sense of humor, & ability to work with a team of health professionals to improve patient outcomes. Advanced Wellness Centre offers chiropractic, PT, massage, acupuncture, exercise training & nutritional counseling. Please reply w/ CV or resume to awc.resumes@gmail.com. Come join our team & make a difference! [listing#071020b]

Virginia Beach. Seeking Independent Contractor to share office space & equipment in beautiful spacious clinic at the Oceanfront. No overhead, split receivables. Receptionist, insurance filed for you. Activator/nonforce DC preferred. Enjoy life at the Beach! Send resume to Dr.McLean@cox.net. [listing#070720a]

Seeking Motivated Associate Chiropractors for our practice located in Washington DC, Crystal City, & Lovettsville. Part of 13 local chiropractic clinics with a great support team continually providing training to help you reach your goals. Great starting pay w/bonus structure that never caps. Please email: COO@palmercare.com. [listing#070720b]

25-yr old successful female DC looking for an associate with PT privileges looking to grow themselves & their ability to have their own practice in 2 yrs. Located outside of Frederick, MD. Holistic family practice w/ability to teach how to create your own thriving practice. Send CV to mimi@drimimi.com with your vision of how you can serve. [listing#092620a]

The Joint Chiropractic in Northern Virginia/Richmond is looking for full time & part time Drs. All cash practice, great adjustment skills required. Competitive Salary & great environment w/benefits & bonuses. Please email your CV to Dr Ahmed Migdadi amigdadi1988@gmail.com or fax to (888) 503-7522.

Sport & Spine Rehab, a rapidly growing Chiro, PT & Rehab co is looking for highly skilled, ethical DCs w/exc clinical, interpersonal & comm skills. Competitive salary, bonus structure, benefits plan inclusive of health, dental, life, long term disability insurance as well as cont ed benefit, 401K match, ownership plan, more. For more info, pls contact Dr Jay Greenstein at drjay@ssrehab.com.

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## Practices

Well-established, mostly CASH chiropractic practice for sale in Williamsburg, VA. Affordable practice incorporating chiropractic, acupuncture, cold laser that steadily collects an average of > \$250k+ per yr. Seller willing to stay for smooth transition. Possible to purchase both business & building. Financing is in place to potentially purchase this practice with as little as \$15,000 down! For more info, see <https://www.strategiccdc.com/20701> or email [info@strategiccdc.com](mailto:info@strategiccdc.com). [listing#102220b]

Busy single doctor 40 y/o chiropractic/acupuncture practice for sale. Great location for office & home. Excellent staff & very low overhead. Will stay w/the new doctor for smooth transfer & patient confidence. 804-233-9244. <https://www.drgeorgechirkinian.com/> [listing#092920b]

30+ Yr Practice, owner retiring Well established, very profitable, large patient base, eclectic practice. Acupuncture, cranial, all techniques, decompression table (cervical & lumbar), 2 Zenith Thompson Hylos, Anatomotor w/traction, ultrasounds,

e-stims, percussors, Arthro Stimulators, Activators, etc, etc. Winchester. If interested call 571-521-9488. [listing#072120a]

## Products & Services

Ariya Chiropractic Group is continuing to expand in the Greater Richmond & surrounding areas through practice partnerships. Clinic owners/operators retain 100% ownership but also get the benefits of partnering w/our large group. We help you with the business of chiropractic, staff training/education, documentation, compliance, to see a full list of services, check us out on Facebook. For more info/questions call 804-526-7125 or email [ariyachiropractic@yahoo.com](mailto:ariyachiropractic@yahoo.com). [listing#102120a]

Digital Nutrition is here! It supports healthy balanced nutrition & continuously identifies vital substances that best support your well-being. Using the Digital Nutrition App supports your ability in the absorption of vital substances from your food. Resonance frequencies are assigned to individual substances in the digital  
*Continued on page 22*

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- \* Customized Pre-Collection & Collection Programs
- \* Litigation and Judgment Recovery



Every process is tailored to enhance account performance, reduce your cost and maximize your cash flow and profit margin.

Talk to Bill today about how you can build a quality partnership around your definition of the ideal agency relationship.

[bhopkinson@maxprofitsys.com](mailto:bhopkinson@maxprofitsys.com) 800-238-0325

*Continued from page 21*

programs. These frequencies are meant to bioenergetically support better absorption of these substances from your food. Visit <https://www.healyworld.net/en/partner/JamesHicks>.

### Space Available

Space Available: Turnkey office for lease CLOSE to Dulles Airport. Call 703-481-9698 or 703-431-9542 for details. [listing#081120c]

Adjusting rooms available for lease in established chiropractic practice serving Fredericksburg community since 1996. Space includes use of waiting room/front desk area. Lease amount neg depending on # of rooms & equipment/furniture needed. Other practitioners in the wellness center are DCs & MTs. Team players welcome; knowledge of SOT would be a plus. Contact Christine Thompson at [cthompson@wholehealth.net](mailto:cthompson@wholehealth.net), 540-809-4223.

### Equipment

DiscForce Spinal Decompression table for sale. This unit is computer controlled to decompress at the cervical or lumbar level that you specify. Table transitions patient from standing to recumbent for ease of treatment when acute. Text or call 757 343 5887 for pics & more info. Asking \$3000. Located in Va Beach.

Navy adjusting bench w/face slot & arm rest. Very good condition. \$50. Located in Danville. Email [manning\\_7065@msn.com](mailto:manning_7065@msn.com). [listing#102220a]

25+ yrs' experience; Brenda Cassell, CRC Chiropractic Sales; tables, modalities, laser, DTS & X-ray; most trade-in tables welcome; email [cassellbrenda@yahoo.com](mailto:cassellbrenda@yahoo.com) or call 804-436-3064. [listing#101420a]

Fuji digital X-ray processor in great condition. \$750 or best offer. Woodbridge VA. Please text Dr Cassou at 703-626-8727 if interested.

X-Ray supplies - Richmond. After switching to digital x-rays I have film, film jackets, chemistry, & a film processor that could be used for parts. call (804-754-2380 or e-mail [wcc99@verizon.net](mailto:wcc99@verizon.net)). [listing#092520a]

Huge assortment; great prices: Chattanooga Forte 400, L-serKo Ya-Man CW 1200 Mw laser, X-ray/accessories, Chattanooga Intellect legend combo, Dynatronics R650 + e-stim, NMR laser,

Relaxo Chiro table, Oakworks folding massage table, Barnes F/D table, Mettler Ultrasound, Paraffin bath, Hot Pack machines, Gonstead pelvic benches, X-Ray view boxes, leather reception chairs, Gonstead folding/adjustable chair for seated treatment. Call Dr Cypher, 703-431-9542 or 703-481-9698. [listing#082020b]

Lloyd bench w/arm rest & tilting head piece. Body has been recovered head piece has not, but have the material to match. \$100 located in Virginia Beach. Email [vanellachiro@gmail.com](mailto:vanellachiro@gmail.com).

Box of 8x10 & 10x12 unopened green film & a few opened boxes of 14x17, 10x12 & 8x10. Also cassettes (2) 8x10, (7) 10x12 & (6) 14x17. 1 1/2 boxes of 14x17 Xray envelopes. Make an offer for some or all. [2chirodocs@comcast.net](mailto:2chirodocs@comcast.net) in Mechanicsville (just north of Richmond). [listing#071620a]

"Fire Sale Prices": Retiring, liquidating practice. Spinalators, numerous lateral file cabinets, lateral x-ray file cabinets, single & double view boxes, stationary table w/all drops, large office desks, copier/printer, 1 newer computer & 1 older computer w/Windows 10, wall-mounted rehab unit by Lifetime Fitness, older traction unit, therapy tables,

assorted chairs, cabinets, more. Email Dr Jeff Teass: [jktcd@earthlink.net](mailto:jktcd@earthlink.net) or 540-597-8581. Must PU in Vinton, VA.

NEW/USED EQUIPMENT: 30+ yrs experience; HF Hill & Associates, Inc. Chiropractic showroom is located in Richmond (by appt). We buy & sell Lloyd Table Co., Richmar, Hill Labs, Pivotal Health, Chattanooga & more. Adjusting tables, laser, electrotherapy, ultrasounds, & traction tables (decompression & IST). Check out our NEW & USED EQUIPMENT IN STOCK - [www.HFHill.net](http://www.HFHill.net). 1.800.434.4551, Hugh or Bryce.

DC members may place a classified ad in The Virginia Voice and on UVCA's website free of charge. Fee is \$50 for member vendors and \$88 for all non-members. Listing will remain on website for 3 months, plus appear in at least 1 issue of newsletter, broadcast email/fax to members and non-members, and promotion of link to classifieds on VCA doctalk. Individuals may not post classified listings to the list-serve. Limit of 35 words may be imposed. For deadlines, display ad info. or to submit your listing, e-mail [jconnolly@virginiachiropractic.org](mailto:jconnolly@virginiachiropractic.org).



**PANDEMIC AFFIRMATION**  
John Mark Green

May the love in our hearts never have to be rationed.  
Let enforced isolation lead to deeper connection.  
May we all work as one, whatever might face us.  
In this fight to survive, we'll stay strong and courageous.





### Are You Missing Out on Benefits?

VERY few UVCA member doctors -- let alone their staff members -- are fully aware of the benefits of membership and how to access them. We suggest you get your member log-in, go to [www.virginiachiropractic.org](http://www.virginiachiropractic.org), and do a little discovery-surfing! Questions? Call the UVCA office at 540-932-3100.

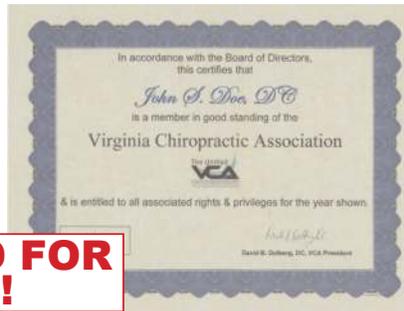
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**UPDATED FOR  
2020!**

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your waiting room or office



## FREE!

- Complete and fax form to 540-932-3101
- Email request to Maria (Member Services), [maria@virginiachiropractic.org](mailto:maria@virginiachiropractic.org)
- or Call 540-932-3100

Dear Unified VCA:

Please send free membership decal(s) and/or certificate(s) to the following Unified VCA Member.

Decal(s)	Circle desired #	1	2	3	(Note: Limited supply of decals. First come, first-served!)
Certificate(s)	Circle desired #	1	2	3	

Mail to:

Your Name: \_\_\_\_\_ Member's Name: \_\_\_\_\_

Practice or Company Name: \_\_\_\_\_

Mailing Address Street: \_\_\_\_\_ Suite: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

If We Have Questions About Your Order... Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Allow two weeks to receive order. Thanks for your support!

## Marketing in a Pandemic

Practices have always faced challenges; sometimes Chiropractic practices more than others. But probably none of us imagined we'd be trying to run and build a practice with masks and gloves, lock-down of non-essential businesses, school closings, social distancing, etc.

But DCs are resilient, and many have found new ways to reach out and engage existing patients and attract new ones.

- Many doctors are still doing health talks – but shortening them and doing them online.
- Some are using programs like Zoom or Facebook Live to hold live sessions with people during which they can interact, take questions, etc. They then post the recordings to their websites, promote them via social media and blast email, etc.
- Some are recording “mini talks” on issues such as how to boost your immune system, getting better sleep, pursuing outdoor activities, maintaining an exercise regimen, etc., then disseminating them via Facebook, blast email, etc. (You might look at Dr. Tom Wetzen’s FB page for some good examples of this.)
- Some are using this time to send out positive messages to inspire, encourage, and help people cope. (Check out Dr. Will Sonak’s social media posts.)
- Doctors who are not comfortable with doing their own talks or who wish to mix it up are taking existing talks by others and disseminating them to their lists to keep in touch and provide value/awareness. (Ex.: The nutrition-based presentation that Dr. Scott Banks contributed for this purpose.)
- Some are boosting programs to encourage existing patients to refer to others.
- You can offer to do a column in your local newsletter on topics of interest. (The UVCA has a ton of editorial material you can use for this purpose, under your own byline.)
- You might use your phone to record a short tour of your office, showing how you’re implementing safety protocols and are ready and open to see patients. (Dr. Perron did a good one for this.)

The “Miscellaneous Resources” section of the COVID-19 web page features samples of patient communications that have worked for your colleagues. You’ll find links to free practice webinars from a variety of experts that have been helpful. In addition, strategies from responses to UVCA’s latest practice survey will be added to this section soon.

## Unified VCA Education & Events

Friday, October 16 - Sunday, October 18, 2020

### FALL CONVENTION - Face-to-Face + Virtual

- **Keynote: Progress in Neuroscience – A Chiropractors Dream: HEIDI HAAVIK, DC, PHD** (Sponsored by NCMIC)
- **Evidence-Based Chiropractic Practice Rocks!: HEIDI HAAVIK, DC, PHD & MONIKA BUERGER, BA, DC** (Sponsored by Quartermaster Tax Management Services & ChiroSecure)
- **Spinal & Extremity Adjusting: KEVIN WONG, DC** (Sponsored by Foot Levelers)
- **Management of Inflammation with Combined Nutritional & Neurofunctional Modulation: SCOTT BANKS, DC, MS** (Sponsored by Standard Process/Mid-Atlantic Wellness Nutrition, Inc.)
- **The Ethics of Informed Consent: Addressing the Elephant in the Room: STU HOFFMAN, DC** (Sponsored by ChiroSecure)
- **Financial Strength in the Time of COVID Featuring:**
  1. **Student Loan Strategies: Tony Ferra, Student Loan Tutors**
  2. **Tax Strategies & CARES Act Factors: Don Rassmussen, Quartermaster Tax Management Services**
  3. **Effective Collections & Accounts Receivable Strategies: Bill Hopkinson, CBC Inc. & VCS Inc.**
  4. **Safe & Legal Discounting: Ray Foxworth, DC, FICC, MCS-P, ChiroHealthUSA**
- **New E/M Guidelines for 2021: MARIO FUCINARI, DC, APMP, CPCO** (Sponsored by NCMIC)
- **Science-Based Rehab - How the Evidence Leads Us: MICHAEL RAY, DC**
- **Assessment & Management of Shoulder & Upper Extremity Problems: BRANDON STEELE, DC, DACO** (Sponsored by University of Bridgeport)
- **Additional Far-Reaching Staff Training:**
  - (1) **5 Easy Steps to a More Efficient Practice, (2) Using Technology to Improve Outcomes Through Patient Engagement: KRISTI HUDSON, CPCO** (Sponsored by ChiroHealthUSA)
  - (1) **“Hellos” That Last a Lifetime, (2) Exam Excellence for Total Connection, (3) Lifetime Care Wellness Practice BOB LEIB, DC** (Sponsored by TLC4Superteams)
  - (1) **Manage Widgets, Lead People, (2) Contagious Growth - It’s an Inside-Out Job, (3) The “Most Right” Actions Taken Consistently. (4) Living in the Danger Zone - Assessing Your Heart Attack Risk Factors; ASHLEY GENTHNER, DC; STEPHEN GENTHNER, DC** (Sponsored by TLC4Superteams)
- **Profession Updates & Membership Meeting**
- **Awards Dinner Party with Axe-Throwing & Other Games**

Hotel Roanoke, Roanoke, VA

Over 20 Type 1 CEUs!

Saturday, October 17 - Sunday, October 18, 2020

### NEUROMUSCULOSKELETAL MEDICINE PROGRAM - Weekend 1 of 5

**Mastering the Assessment & Management of Shoulder & Upper Extremity Problems: Brandon Steele, DC, FACO** (Sponsored by University of Bridgeport)

Hotel Roanoke, Roanoke, VA

(Overlaps with Convention Schedule)

October 1: Online Portion Opens

November 7-8, 2020: In-Person Weekend 1 of 2

### RAD TECH TRAINING PROGRAM - Face-to-Face + Virtual

Richmond, Virginia

Details, Registration Available Soon



For details, updates,  
pricing & to register,  
go to [www.virginiachiropractic.org](http://www.virginiachiropractic.org)  
& click on Calendar.  
Supplier Member event  
listings, too!

## The Virginia Voice

Summer 2020

The Virginia Voice is the quarterly newsletter of the Virginia Chiropractic Association, dba Unified VCA, PO Box 15, Afton, VA 22920, [virginiachiropractic.org](http://virginiachiropractic.org).

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Editorial Committee: Scott Banks, DC; Chris Perron, DC; Michelle Rose, DC.

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## Dues & Taxes

We estimate that 78% of VCA dues are not deductible as a charitable contribution, but may be deductible as ordinary and necessary business expense. The remaining 22% is allocated to VCA lobbying expenses and is not deductible. Further information should be obtained from your tax advisor.