



## President's Message

### What's Your Strategy?



On Saturday, January 26, 2019, your Board of Directors and several engaged committee chairmen met in Richmond for the annual UVCA Strategy Meeting. It was the tenth consecutive year. Born out of the forward thinking of the unification planners of the Virginia Chiropractic Association and the Virginia Society of Chiropractors, UVCA leadership has used these meetings to navigate association growth and strength through brain trust conclusions -- all geared toward the central theme of your Practice and Career Success.

Some attendees like immediate past president, Dr. Tom Wetzen; past board member, Dr. Bibhu Misra; legislative chairman, Dr. Joe Foley; and myself have attended each session from the beginning. Many more recent board members like VP, Dr. Will Sonak; Treasurer, Dr. Chris Perron; Secretary, Dr. Michelle Rose; and long time District Directors like Dr. Kevin Walsh and Dr. Mathew Schrier have been coming for years. Dr. Carly Swift has been attending since a few days following beginning practice six years ago, and Dr. Christina Lowenthal, as an associate, represented her practice as a first-time attendee. Additionally, new Board Members like Dr. Chris Virusky, Dr. JP Yurgel and Dr. Eric Carlson (who has previously been involved in many ways) also attended.

While I have listed most but not all in attendance, the point is that the torch is gradually and systematically being passed to those who realize the value of engagement in their association for the benefit of their chiropractic colleagues and themselves. Interestingly, one of the main topics of this meeting explored the evolving trends of effective communication to different generations, from the millennials to the baby boomers. Our current strategic plan (on website under VCA tab, Purpose) was developed one year ago, and your leadership continues to develop and implement its benefits for all of our members. As we learn how different age groups prioritize, absorb and utilize information differently, we must be nimble enough to apply developing concepts effectively.

Your Board of Directors and the whole Strategic Planning Team wants to improve "engagement and acclimation" with you, the

UVCA member. That means we want to find all ways to help you discover and benefit from the numerous resources available via UVCA membership. From everyday chatter on current issues on VCADocTalk, to our consultants on Medicare, personal injury, compliance, etc.; to the new group health insurance plan, and much more, the benefits of membership are extensive. Just take what you need and leave the rest.

Our strategy is to strengthen and grow this association for the benefit of the DCs of Virginia. All you need to do is pay attention and reap the benefits. What's your strategy?

May you prosper this year through engagement. The results might delight you.

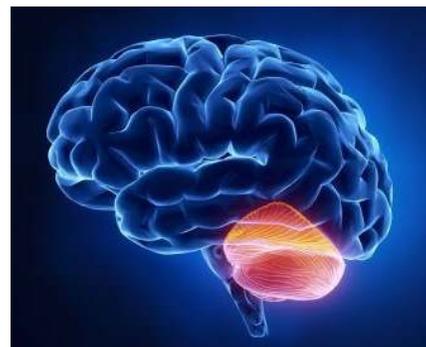
All volunteers welcome.

David B. Dolberg, DC  
 President, UVCA

## Romberg Exam: A Functional Neurology Approach

By James A. Munse, DC, DACNB, MA

A common symptom of many chiropractic patients is dizziness, general unsteadiness, and/or vertigo. This is not surprising, especially given the multitude of factors that inhibit one's balance and the chiropractic profession's proven track record of helping patients with these complaints. The



purpose of this article is to introduce a new perspective and approach for evaluating and treating patients with dizziness. This approach is commonly utilized by chiropractic (functional) neurologists, and it can be easily applied to most patients with balance difficulties. The intention of this

*Continued on page 3*



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Continued from page 1 article is not to stop you from utilizing your technique of choice – the intent is simply to introduce another avenue that may prove helpful if a patient hasn't responded to traditional modes of care.

Most of us have been taught the “Romberg” exam as a standard orthopedic test that evaluates one’s balance – which is commonplace in most school curriculums and often appears on board exams. Here’s a brief description: the patient is first asked to stand in a normal stance and maintain balance, then he or she is asked to assume a narrow-based stance, and then they are asked to close their eyes. Meanwhile the examiner observes the patient’s ability to maintain balance in each of these positions. With their eyes closed, the patient solely relies upon proprioceptive input (traveling up the dorsal columns of the spinal cord) as well as input from the vestibular nerves to help maintain balance. The cerebellum receives and integrates this barrage of sensory input, and appropriate cerebellar function allows for balance maintenance and coordination within the body. Standard orthopedic texts state that if the patient has difficulty maintaining balance with their eyes open, and this is made worse by bring their feet closer together – then they likely have a form of cerebellar ataxia. If the patient only sways and loses balance once their eyes are closed, then he or she is using vision to compensate for dorsal column disease and loss of position sense.

So how does this apply to us as chiropractors? Well...Let’s take a functional look at what’s happening during the Romberg exam. Most of our patients are not going to have obvious cerebellar ataxia. Most patients with dizziness will have difficulty once their eyes are closed, which again suggests a proprioceptive problem. I suggest performing the test and observing if the patient has a lateral sway – and note the direction that they initially sway towards. I recommend doing the test at least three times for consistency.

Let’s say the patient initially sways to their right. So what’s happening here? The patient is swaying to the right once their eyes are closed because their cerebellum thinks that they are positioned more towards the left than they really are (which is inaccurate). Thus, the initial right lateral sway is a reflex to bring the body back to balance. As such, the proprioceptive and vestibular input entering the cerebellum from the right and left sides is not balanced. And remember, the patient is standing still and not moving – therefore the sensory input from each side should be equal. Since the patient sways to the right, a likely scenario is that the right half of the cerebellum is less active than the left. This could result from the right cerebellum receiving less proprioceptive and vestibular input than the left – or because various traumas and toxins have injured the neurons in the right half of the cerebellum and consequently created dysfunction. With either option – the goal is to boost the activity and function of the right half of the cerebellum. So how can we do that as chiropractors? By increasing proprioceptive input into the right half of the cerebellum – we do this by adjusting the right upper and lower extremities, adjusting the right side of the spinal column, performing soft tissue work on the right side of the body, and/or applying various physiotherapy modalities to the right side of the body. Anything that provides proprioceptive feedback (favoring the right side) can be of benefit in this scenario. You can be creative and utilize whatever treatment method fits your philosophy and mode of practice. There are also multiple brain exercises that can be completed to specifically



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activate the right half of the cerebellum but exploring the details of those activities is beyond the scope of this article. A recheck of the Romberg exam at the conclusion of your treatment session is recommended to document change and demonstrate progress.

**James A. Munse, DC, DACNB, MA of Chantilly Chiropractic Center in Chantilly, Virginia earned his Bachelor’s and Master’s Degrees from George Mason University and his DC Degree from Palmer Chiropractic. Dr. Munse is a Diplomate of the American Chiropractic Neurology Board, which he earned through the prestigious Carrick Institute for Graduate Studies. 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.**

**D**r. Mark Sanna from Breakthrough Coaching is sharing his presentation on social media hacks that he presented at the November 2018 Congress of Chiropractic State Associations convention. For a copy of those presentation notes, contact the UVCA at admin@virginia-chiropractic.org.



**Thank you, Dr. Sanna!**

## Attacking Running Pain: Begin at the Body's Foundation

By Tim Maggs, DC

Running coach Eric Orton said, "The health of our feet truly dictates the health of our running ability." Many running injuries stem from weak foot muscles or imbalances in the feet that are invisible to the naked eye. Plantar Fasciitis, Achilles Tendinitis, iliotibial band syndrome, patello-femoral pain syndrome, medial tibial stress syndrome, and metatarsalgia are injuries runners suffer from. Some estimates put the number of runners who are sidelined by these injuries annually at 90 percent.

A 2015 study published in the British Journal of Sports Medicine found that runners who avoid injury land lightest on their feet, reducing the force of impact. Researchers suggest that runners consciously think about landing more softly and adjust their stride to land closer to the midfoot. This is easier said than done. Most runners are heel-strikers, and there are some indications that runners with excessive pronation or high arches, who attempt to transition to a forefoot strike pattern, might be more susceptible to injury.

At birth, 99 percent of feet are normal, but problems develop quickly. By the first year, 8 percent develop foot problems, and the number jumps to 41% at age 5 and 80% by age 20. By age 40, nearly everyone has a foot condition of some sort. Data shows that 77% of people have excessive pronation where the foot excessively rolls inward due to the arches flattening out.

Many foot conditions can lead to many different injuries in runners and if not addressed, can eventually contribute to knee, hips, back, and neck pain. Spotting and addressing a potential problem originating in the feet can prevent other injuries from affecting a runner's training and overall health.

Runners often will attempt to treat pain through stretching or exercises targeting the area that hurts, though the source of the pain might be another part of the body. Often, the source of the pain is an imbalance in the feet due to excessive pronation or high arches.

Look at back pain, for example. The Framingham Foot study found that pronated foot function was associated with low back pain in women. The feet and lower extremities can have a major impact on back pain for the following conditions:

Metatarsalgia. This is foot pain in the ball of the foot. Metatarsalgia may be due to a

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number of factors: overuse of the foot during sports, improper footwear, or excessive weight to name a few. Pain in the forefoot often leads to altered gait, which can produce stress and pain in the pelvis and low back.

Excessive pronation in the foot. Collapsed arches in the foot cause the foot to excessively roll inward. The foot and ankle are not able to stabilize the body and absorb ground shock properly. This causes recurring misalignment of the vertebrae and adds stress to the leg, hip, pelvis, and low back.

High arches in the foot. This results in a foot that is more rigid and hits the ground harder. The foot is tighter, stiffer and doesn't flex and bend to accommodate variations in terrain. The poor shock absorption and lack of flexibility can work together to cause injuries in the knees, hips, back, and neck.

Heel pad atrophy. As the human body ages, the fat pad that cushions the heel gets thinner. The heel pad no longer feels thick and rubbery, and it may have a flat appearance. Atrophied heel pads provide less protection from heel-strike shock. This shock can aggravate and perpetuate low-back pain, especially in patients with degenerative changes in the lumbar spine.

Heel Spurs. A heel spur is a degenerative outgrowth of bone on the heel bone. A heel spur demonstrates that there has been chronic tension on the plantar fascia. Whether it is currently symptomatic must be closely investigated, since some heel spurs are not associated with pain.

A significant factor in reducing pain is the use of custom orthotics. Custom-made orthotics help align, stabilize, and support the feet so they can have healthy movement patterns. This can reduce pain not only in

the feet but the knees, hips, back, and neck.

Orthotics specifically designed to cushion the impact incurred from running can reduce pain. Shock-absorbent material is especially helpful in reducing the impact from heel strikes when running and can be of help when there is instability, chronic degeneration or inflammatory arthritis in the joints.

No runner wants to be sidelined because of an injury, especially if it is someone who has finally found the motivation to lead a healthier, more active lifestyle. The use of custom-made orthotics is an effective treatment for these conditions and contributes significantly to the reduction of pain for runners.

References:

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5. Levitz SJ, Whiteside LS, Fitzgerald TA. Biomechanical foot therapy. Clin Podiatr Med Sug. 1988;5(3):721-36.

**Dr. Tim Maggs has been in private practice for over 35 years, specializing in the diagnosis and treatment of sports injuries. He has been an**



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*active participant in sports as well, having run 16 marathons, spending many hours on his mountain bike, playing basketball and extensively working with athletes. In the mid-1990s, Dr. Maggs, together with 3-time Kenyan Olympian Joseph Nzau, developed a Kenyan training program in upstate New York. The team ran under the name of Team Stick. For three years, Dr. Maggs treated and traveled with the 20 plus runners to races all over the country. In 2004, Dr. Maggs recognized the need for improved diagnosis and treatment of sports related injuries in the middle and high school age group and developed the Concerned Parents of Young Athletes™ Program. Dr. Maggs' goal is to have all middle and high school athletes go through not only the standard medical exam at the start of each season, but also a biomechanical exam. Dr. Maggs works with athletes from more than 25 high schools and is the Director of Sports Biomechanics at Christian Brothers Academy in Albany.*

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# Getting Paid in Personal Injury

*Dedicated to our UVCA members so they can better perform in the Personal Injury arena.*

By Bill Thesier, DC

## Dealing with the Patient's Attorney

Over the past several months we have seen Virginia doctors having difficulty getting paid for treating personal injury patients. Some of the problems have been insurance companies playing hardball and choosing not to follow Virginia law. Some have had problems with attorneys who either didn't understand their responsibilities under their Rules of Professional Conduct or they thought they could bully the doctor to reduce their fees. Lastly, some of our docs have accepted PI cases on Assignment of Benefits that should not have been taken on Assignment for many reasons. Here are some things to think about:

1. Patient who does not have an attorney and will be using the liability carrier for payment of their medical bills. Without an attorney representing the patient, there is no way to enforce the Assignment of Benefits with the liability carrier due to a recent Virginia Supreme Court ruling. The only protection for the doctor is the Lien which will only cover up to \$750 of the patient's bill. In this case it is better to have the patient pay cash as they go.
2. Patients involved in low impact, low property damage, auto accidents are always problematic. Med-pay carriers will fight your bill as well as the liability carriers. Many attorneys over promise potential recoveries and injured patients think their case are worth a million dollars. When the liability carrier offers a small recovery and the attorney won't take the case to court, there won't be enough money to go around to pay the medical bills. So when you are making the decision on whether to accept an auto accident patient on Assignment, you must take the additional risk under consideration knowing the attorney will come to you to take a big cut in your bill. Yes, patients can have significant injuries in some low impact cases, but that is a discussion for another time.
3. Auto accident patients are more frequently telling the doctor they have no med-pay and want to use only the liability company to pay for their care, only for the doctor to find out they in fact had med-pay coverage and they are collecting it for themselves rather than paying their chiropractic bill. So how do you find out if they have med-pay coverage on their own insurance? It should be your office policy that for you to accept a patient as an auto accident patient on Assignment, they must provide a copy of their auto insurance declaration page to you before care starts, so you can verify if they do

or don't have med-pay coverage. Never take the patient's word as many have learned they can get the money themselves as well as many attorneys will also advise them not to tell the doctors they have med-pay coverage so they can end up with a better financial outcome for their case.



*Dr. Bill Thesier is a past VCA President, Insurance Committee Chair, Legislative Chair, and Chiropractor of the Year award recipient. He helps UVCA members with PI and other issues from his home in Florida and can be reached at [dr.thesier@gmail.com](mailto:dr.thesier@gmail.com).*

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4. Click on Personal Injury/Assignment of Benefits

## Aetna & Ultrasound Update

The UVCA Insurance Committee, led by Dr. Eric Saxton, has been in contact with our Aetna representative. She confirmed that there is currently an edit issue. She has received information from many docs that are having this issue. When she went in through her system, she was unable to reproduce the problem that everyone is having, so she delving deeper. When she is finished, she will resubmit all the claims she has received and ensure they are paid correctly. She has asked that anyone experiencing this issue hold off resubmitting the claims until the problem is resolved; otherwise, you will likely receive the same outcome. We will notify you as soon as a resolution has been confirmed.

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## Welcome, New Members!

The Following Members Joined the Unified VCA  
Between 10/26/18 & 1/30/19

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### Aslanis, DO FACO, Diane

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### Butcher, Emily

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### Dannels, DC, David

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### Hertless, DC, Stephanie

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### McLean, DC, Laurel

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### Morgan, Jr., Thomas

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### Reid, DC, Laura

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### Ricci, DC, Jack

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THE UVCA THANKS PROLEVE FOR SUPPORTING THIS PROJECT & VA. DCs BY SHARING ITS EXPERTISE & INSIGHTS WITH THE TASK FORCE.

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### Weiland, DC, Katrina

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Staunton, Virginia  
Phone: 540-213-3904  
katrina.weiland@gmail.com  
First Year DC  
*Referred by Dr. Michael  
Amato*

# Virginia Chiropractic Political Action Committee

## 2019 CONTRIBUTORS AT 1-25-19

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

Dr. Michael Amato  
Dr. David Dolberg  
Dr. Bibhu R. Misra  
Dr. Mathias M. Pastore  
Dr. Chris Perron  
Dr. Matthew Schrier  
Dr. Sam Spillman  
Dr. Steven Trauben  
Dr. William Ward  
Quintessential Chiropractic (Dr. Katrina Mayes & Dr. Tess Graf)

### Gold (\$600-999)

Dr. Jeff Bowers  
Dr. Gary Dennis  
Dr. Joe Foley & Dr. Diane DeReu-Foley  
Dr. Mark Gutekunst  
Dr. Linda Larsen  
Dr. Frank Lombardozzi  
Dr. Marilyn E. Porras  
Dr. Brad Robinson  
Dr. Ray Tuck

### Silver (\$400-599)

Dr. Mark Charrette  
Dr. Alicia Haupt  
Dr. Janice Piedmont  
Dr. Susan Sweeten  
Dr. Robert Thoma

### Emerald (\$200-399)

Dr. Paul Cronk  
Dr. Meredith Harwell  
Dr. Elizabeth Koch  
Dr. Jon Solomon  
Dr. Michael Vanella

### Bronze (Up to \$199)

Dr. Michelle Booth  
Dr. Cynthia Chapman  
Dr. Chris Connolly  
Dr. Christine Fallwell  
Dr. Thomas Nicolai  
Dr. Carly Swift

## Know a Virginia Legislator?

Help C-PAC build its key contacts list!

If you have any legislative contacts or questions about Virginia C-PAC, please email [vacpacoffice@gmail.com](mailto:vacpacoffice@gmail.com).



## 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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E-mail \_\_\_\_\_ Are you a U.S. Citizen or Have a Valid Green Card: Y or N

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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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# Details to Follow Soon!



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2019 April 1 - June 30



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- **It's FUN!**
- **It Changes lives!**

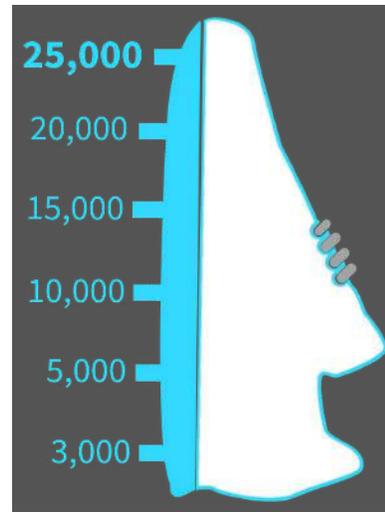
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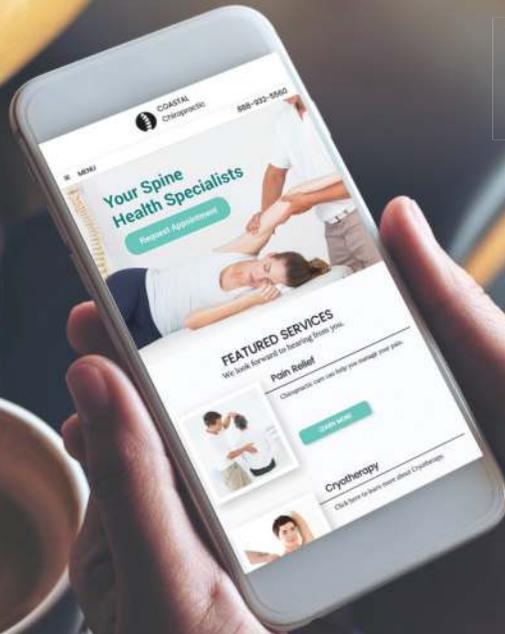
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## The Unique Health Risks Associated with the Carbohydrate Driven Lipid Pattern

By Scott Banks, DC, MS

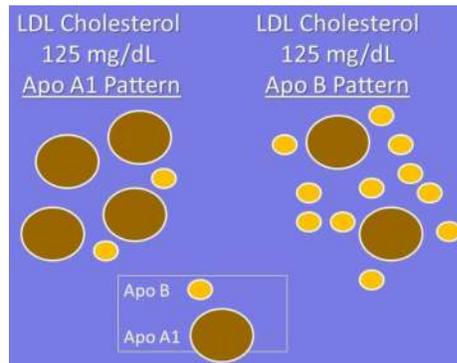
**This is a follow-up to Dr. Banks' article "The Carbohydrate Driven Disease" in the Summer 2018 Issue. To access that article:**

- [Go to www.virginiachiropractic.org](http://www.virginiachiropractic.org)
- [Click on the Tools & Resources tab](#)
- [Click on Publications](#)
- [Click on The Virginia Voice Newsletter](#)
- [Click on Summer 2018 Issue](#)

In spite of the improvements cited in blood glucose and diabetes management, there is a trend of increasing rates of complications such as vascular disease. This relates to the complex pattern of change in blood lipids associated with the driving mechanism of type II diabetes and its precursor state, "pre-diabetes", which is insulin resistance. The increased vascular disease risk occurs in spite of typical blood lipid drug management.

Insulin resistance has been found to be associated with increased cholesterol production in the liver.<sup>1</sup> More importantly, the high triglyceride production associated with insulin resistance causes a shift to this increased cholesterol production being primarily with small dense particles which are highly associated with vascular disease. Smaller, more dense LDL particles are more prone to transitioning into the vascular wall, oxidizing and therefore triggering an inflammatory reaction. This combination is the essence of plaque formation.

I had discussed the impact of a higher carbohydrate, higher glycaemic load on hepatic lipid production in the summer, 2018 issue of The Virginia Voice and those interested in how insulin resistance



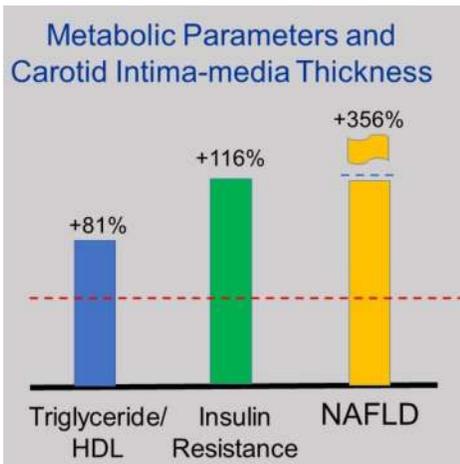
generates these lipid changes may want to refer to that article.

With high triglyceride production there is also an increase in VLDL cholesterol. Cholesterol is assembled on apoproteins to assist their transport. Humans produce both apo A which is larger and

apo B which is smaller. VLDL is assembled on apo B and is used during high triglyceride production to transport these lipids to adipose storage. Once it delivers its triglyceride it then competes with HDL picking up peripheral cholesterol but returning it to the circulation as small, dense particles. This increases the circulating small dense (apo B) LDL and diminishes cholesterol back to the liver by HDL for elimination. The net effect is a shift in circulating cholesterol to a smaller more dangerous pattern.

The appearance of this smaller, more dangerous lipid pattern can be seen with a particle size test, an NMR profile. It is more typically seen looking at the pattern of shift in VLDL, triglycerides, HDL and the triglyceride/HDL ratio. VLDL above 25 mg/dL and/or a triglyceride/HDL >3.0 are consistent with some degree of insulin resistance.

The triglyceride/HDL ratio has been shown to predict increase in a marker of carotid artery disease, carotid intima-media thickness. This ratio and other markers of insulin resistance have been highly associated with a standard marker of vascular disease, carotid intima-media thickness (CIMT) increasing risk 116%.<sup>2</sup> The alarming point from this study was the



population examined; 548 children between 6 and 16 years with varying weight status and body composition. As discussed in the above study, all these parameters are precursors to diabetes and drive the vascular disease risk factors preceding the first standard indicator of diabetes, increased blood glucose.

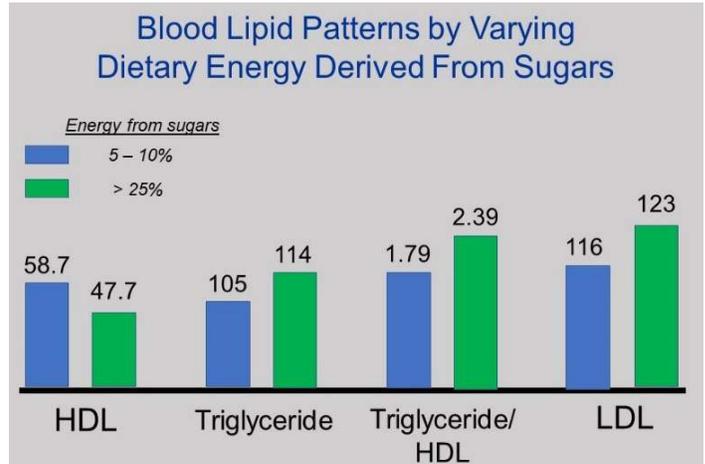
One of the more startling observations has been that in the demographic most associated with insulin resistance, the obese, the gold standard of vascular disease risk reduction, statin treatment, fails to prevent atherosclerosis progression.<sup>3</sup> While non-obese subjects had a 4.2% regression in carotid wall plaque volume after 12 months of statin therapy, obese subjects had a 4.8% progression in spite of greater reductions in LDL.

Vascular disease associated with insulin resistance is more complex than simply LDL levels. LDL particle size, increased inflammatory and oxidative stress, and glycation all are contributing factors, factors that are unaffected by statin treatment. The solution is backing up to the cause, excessive sugar/carbohydrate diet induced insulin resistance. There is a direct linear relationship between dietary sugar/carbohydrate levels and these lipid changes.<sup>4</sup>

Two systemic problems are important in resolving this disconnect between a growing epidemic and its origin, diet and lifestyle. The first is the poor appreciation among medical providers of these relationships. A survey of medical internists and cardiologists found that 96% and 84% respectively did not know that a low-fat/higher carbohydrate diet would increase blood triglycerides.<sup>5</sup> Similarly, 77% and 70% respectively did not know that this dietary pattern would lower HDL.

The second systemic problem is that the forces in medical training and practice tend to prevent efforts to reduce this problem. A study of 2316 students from 16 broadly representative medical schools found that while 72% thought nutritional counseling was highly relevant in their first year, only 46% thought so by their 4th year. The minority of the 46% reported frequently using nutritional consulting with their patients. The solution seems to be efforts in this area by other types of providers who are knowledgeable and focused in this area.

The diet/disease dynamic is complex and poorly addressed in our health care system. Managing this well requires undated knowledge, broad evaluation tools and significant dedication of practice time and resources required to generate meaningful patient change. The "known" insulin resistant population, the 12-14% of the population with T2DM and the staggering 33% with pre-diabetes, as well as the over-weight/obese without glucose abnormality yet, stresses the extreme importance of turning the growing chronic metabolic disease epidemic around.



**Dr. Scott Banks has been in practice for 39 years. He received his undergraduate degree from Alfred University, his DC degree from Logan College of Chiropractic, and his MS in Human Nutrition from the University of Bridgeport. He is the past editor of the journal of the ACA Council on Nutrition. He has given hundreds of presentations and CE programs to health care professionals throughout the U.S. including the Southern Medical Association, The American College of Sports Medicine, and the UVCA. He served as a preceptor for Eastern Virginia Medical School in alternative medicine. He is a Past VCA President and a past recipient of the VCA's Chiropractor of the Year award.**

<sup>1</sup> Pihlajamaki et al. INSULIN RESISTANCE IS ASSOCIATED WITH INCREASED CHOLESTEROL SYNTHESIS AND DECREASED CHOLESTEROL ABSORPTION IN NORMOGLYCEMIC MEN. J Lipid Research, 2004;45:507-512.

<sup>2</sup> Pacifico et al. ASSOCIATION OF SERUM TRIGLYCERIDE-TO-HDL CHOLESTEROL RATIO WITH METABOLIC SYNDROME. J Clin Endocrinol Metab. 2004;94:100-105. *Continued on page 14*

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## Dr. Ray Tuck Named ACA's Chiropractor of the Year

The American Chiropractic Association's (ACA's) highest honor, the Chiropractor of the Year Award, was presented to N. Ray Tuck, Jr., DC, of Christiansburg, Virginia during its January Annual Meeting in Washington, DC.

Dr. Tuck, who served as ACA's president over the past year, was recognized for his

strong leadership during a period of ongoing change and growth for the association. In 2018, ACA continued to implement two transformative projects: a new brand—based on collaboration with the healthcare industry and evidence-based, patient-centered care—and a new governance structure designed to help ACA more nimbly

navigate the challenges and opportunities of modern health care. Under Dr. Tuck's helm, ACA also took significant steps to promote evidence-based chiropractic care through a new online learning platform, Learn ACA, and to acknowledge the important role that diversity and cultural competency play in providing better patient care.

Dr. Tuck is the current Chiropractic Representative to the Virginia Board of Medicine. He is a past Unified VCA President and Chiropractor of the Year. He owns and manages The Tuck Clinics in southwest Virginia. Congratulations, Dr. Tuck!



*Continued from page 13*

OL RATIO WITH CAROTID INTIMA-MEDIA THICKNESS, INSULIN RESISTANCE AND NONALCOHOLIC FATTY LIVER DISEASE IN CHILDREN AND ADOLESCENTS. *Nutrition, Metabolism and Cardiovascular Disease*, 2014;24:1-7.

<sup>3</sup> Sandfort et al. OBESITY IS ASSOCIATED WITH PROGRESSION OF ATHEROSCLEROSIS DURING STATIN TREATMENT. *JAHA*, 2016;5:e003621.

<sup>4</sup> Welsh et al. CALORIC SWEETENER CONSUMPTION AND DUSLIPIDEMIA AMONG US ADULTS. *JAMA*, 2010;303:1490-1497.

<sup>5</sup> Flynn et al. INADEQUATE KNOWLEDGE OF THE EFFECTS OF DIET ON BLOOD LIPIDS AND LIPOPROTEINS. *Nutrition Journal*, 2003;2:19.

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## Unified VCA Attends Advocacy Day on Capitol Hill

Unified VCA leadership, DCs and chiropractic students represented Virginia at the January 17<sup>th</sup> Advocacy Day on Capitol Hill, coordinated as part of the American Chiropractic Association's leadership Conference, NCLC.



Dr. Wendy Jacobs, Dr. Cynthia Chapman, Dr. Christopher Perron, Congressman Jennifer Wexton, Dr. David Dolberg, Dr. Suzanne Coffey and Dr. Hewad Azizi.

Dr. Wendy Jacobs, Dr. Christopher Perron, Dr. David Dolberg, Congressman Denver Riggleman, Dr. Suzanne Coffey, Dr. Cynthia Chapman and Dr. Hewad Azizi.



Dr. Stephanie Johnson, Dr. Bill Morgan, Dr. Erica Heppie and Dr. David Dolberg.



Dr. David Dolberg and Congressman Gerry Connolly.

## Think Upstream! A New Perspective for Chronic Conditions

Nelson Marquina, DC, PhD

At a recent seminar, Dr. Michael Nelson, DC reported the case of a patient with patellar tracking dysfunction. After imaging, he successfully eliminated the problem – by treating the hip joint and gluteals. “There was no ‘problem’ at the knee, just consequences,” he explained.

Dr. Nelson’s patient is typical among female athletes. It’s not “weak knees” or patellar tracking that is the problem. The relative difference in the pelvic angle (relatively different from males) incurs vulnerabilities that may find resolution in a variety of upstream structures.

A gentleman who had had some success with laser therapy for diabetic neuropathy in his feet, asked his podiatrist if laser could help his “uncurable” gastroparesis. He was referred to Dr. Sheron Marquina, DC. Within 12 laser treatments the symptoms of constant nausea and abdominal pain that he had experienced for years had disappeared. Treatment targets? Nerve roots of the thoracic spine and the vagus nerve.

Asked if the relief was permanent, Dr. Marquina assured the patient, “If you want the symptoms to return, just maintain your current diet and lifestyle.” Despite restored neural function, other upstream lifestyle factors (diet, sleep, stress) reported by the patient were certain to recreate the neuropathy.

Both of these physicians recognized that the symptoms were the voice, but not the source, of the problem. “Going upstream” with the patient means looking at the potential of more proximal – or distal – structures or mechanisms that might create the symptoms.

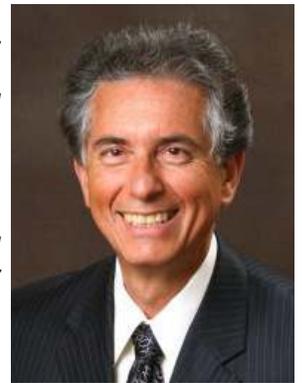
Often our clinicians are asked – How do I treat XYZ? How long? How many treatments? What setting? As physicians we respond to symptoms to obtain effective resolution, especially when treating acute presentations. But chronic, recurrent or persistent conditions



require a different strategy, not necessarily a specific protocol.

So, what’s the “protocol” for a chronic condition? Begin by checking the patient for possible “upstream” factors, especially when a chronic condition has been minimally responsive to previous treatments. Upstream joints and associated structures, as well as nerve roots, are typically the first “suspects” in all chronic conditions. It is also important to consider that metabolic function is deranged by chronic inflammation and dysregulates the microbiome and/or medulla. Establishing a change in lifestyle that supports healthy metabolic functioning is crucial in maintaining effective resolution.

**Dr. Nelson Marquina is the Chief Technology Officer of Laser Biotech International Inc. and a developer of photonic and bio-electromagnetic systems and treatment protocols. He is the author of chapters in integrative health books in the U.S. and Japan and conducts seminars and research presentations in North America, Asia and South America. He is a former Senior Scientist at NASA/Johnson Space Center and Director of Research at Logan University. He held positions with GE, Honeywell and Lockheed Electronics in technology development and management. Dr. Marquina earned a BS in mathematics, a MS in statistics, and doctoral degrees in systems engineering and in chiropractic. His company, Laser Biotech International, is a long-time supporting supplier member of the UVCA.**



## 2019 Strategic Planning Meeting Recap

On Saturday, January 26, 2019, twenty-one experienced volunteer leaders, staff and invited guests met in Richmond for the Unified VCA’s annual strategic planning session.

This year’s meeting was a follow-up to the extensive review and revamping of the strategic plan that was conducted in early 2018. That event was facilitated by Bob Harris, a Certified Association Executive and internationally recognized expert on association management and long range planning.

President Dr. David Dolberg opened the meeting with introductions and opening comments. He reviewed the four goals of the association -- the core competencies for which the board is committed to allocating sufficient resources -- and how they tie together.

- The most successful associations are those that help their members to be successful.
- In order for DCs to deliver exceptional care, they need to realize practice and career success.
- Practice and career success are impacted directly by advocacy and influence, public awareness and market growth, and the strength of both the association itself and the benefits it provides. A graphic depiction of the interrelationship of these goals, designed by Dr. Eric Saxton, appears to the right.

Executive director Ms. Julie Connolly spoke to the pressures that all associations are facing that threaten their continued relevance. People expect – and should expect -- measurable value in return for their membership dues. She recommended studying and modeling other successful associations to increase relevance. Strategies include building our board for thoughtful, effective decision making, comprised of individuals based on competencies; recognizing that we are serving constituents in a variety of generational groups; focusing on member markets we know we can serve well; zeroing in on the products and services that reflect our mission and we can deliver consistently and effectively; and identifying the ones we should not be dedicating resources or communications to, so they don’t compete *Continued on page 22*



## Anthem Audit & Documentation Update

Fellow Chiropractors of Virginia,

As you have heard or experienced by now, Anthem has been auditing doctors on a large scale for about two years. Things began with letters to providers outlining how our billing patterns compared with our peers. Next came a wave of documentation audits. The Unified VCA Anthem Audit Task Force was established to try and get a handle on what was happening and determine how to best assist the profession and doctors. I'm writing to provide you with an update and recommendations based on those efforts.

Coding and documentation expert Susan McClelland has been kind enough to volunteer to review the records of audited doctors along with their Error Reports from Anthem. The goal was, and is, to identify trends and commonalities to (1) assist those already being audited and (2) help all practices determine if current record keeping and billing practices are in line with what is required, resolve any issues that are found, and become more audit-proof.

Ms. McClelland's review of the audits has yielded some eye-opening information regarding insufficient documentation by our doctors. Based on the records from several dozen offices that she has studied to date, she has found 95+% errors on the part of the providers.

This does not mean that doctors have been committing fraud in the sense of billing for services never rendered, etc. In most cases, Anthem has called doctors out on technicalities based on contract requirements.

**The primary targets for triggering an audit appear to be in billing 971\*\* services.**

**The following are examples of some of the most common errors/issues:**

- **NOT signing notes.**
- **Accurately determining maintenance care vs. active care, based on the carrier's parameters, and billing accordingly.**
- **Therapies NOT signed by the actual person who provided the service, with that person's credentials.**
- **Details on each therapy:**
  - **the exact amount of time spent for time therapies; i.e., 13 minutes or 16 minutes.**
  - **a complete listing of exercises if demonstrated.**
  - **descriptions of exact regions and times if muscle work was done.**

It appears that in most cases, Anthem is enforcing the rules that network providers have signed on to follow.

We believe Anthem could be more forthright in detailing what errors are being made, specific to each denial. They have imposed blanket denials without divulging specifics; for example, explaining that a daily note was not signed. That information would be helpful, enable a quick and easy fix, and convey a desire to assist providers in rectifying mistakes. It would have enabled the chiropractic profession to respond with strategic training and support more quickly and effectively. However, in the end, we are responsible for ourselves and what we sign on to. The ultimate responsibility falls on our shoulders.

The goal of this post is to help provide guidance to everyone, regardless of whether you are an Anthem provider or not and regardless of whether you are being audited currently or not. Anyone in the midst of an audit has a heightened level of urgency, of course – but we can also use this challenging situation as a wake-up call to make sure that all of us are following the rules that we have signed up for. When we send in a claim, we are saying we have the documentation to support it. When we send in a claim as a provider of a particular network, we are stating that we have the documentation to support the claim in the exact format outlined in our contracts.

We are all in this together, regardless of whether or not we've been audited. The audits reveal what is "behind the curtain". The more errors Anthem (and other carriers) find, the more they will look. If our profession's error rate is high, we give them a source of revenue and a reason to audit. The only way to get these companies off our backs is to prove repeatedly that there is nothing worthwhile to see. Auditing then becomes a waste of their resources.

This issue needs to be approached on an individual basis. Each of our situations is different, as are our records, services rendered, and networks we belong to. However, at the same time, we are impacting each other by providing companies like Anthem the ammunition to justify audits.

The flowchart "Provider Network Audit Guide" on the web site (Tools & Resources tab, Insurance, Audits) is intended to clarify the path we recommend each of us take. It includes creating an office system to review contracts regularly for changes and to perform self-audits regularly to make sure we are doing what is required. This should ensure that an audit is simply a hassle, not a catastrophe.

In the same section, you'll find a compilation of resources to help you find unbiased self-audit assistance and documentation



training. The investment in such expert advice is minor compared to being asked to recoup an insurance carrier tens of thousands of dollars. We are proud of the assistance UVCA consultants and specialists provide, but we highly recommend you seek outside guidance periodically, as well. The UVCA cannot officially endorse one source vs. another, but we hope these resources empower you to conduct your own due diligence and determine what meets your particular needs best. If you use a billing company, we recommend you avoid assuming that this is in their field of expertise. It may be – but have that conversation. Getting a second opinion to confirm that your ducks are in a row is not a bad idea, either.

Lastly, we recommend that you not look at this current round of audits as an isolated issue to get through. Instead, let's consider this a group wake-up call to make sure we are on top of things before it is our "turn".

The Anthem Audit Task Force will continue to monitor the auditing process and update everyone if there are any new revelations. In the meantime, we feel we've seen enough to provide the above observations and recommendations. I would like to personally thank Ms. Susan McClelland, Dr. Ellen Fitzenrider, and Dr. Jen Rathmann for all they have contributed to our collective benefit. It has been – and continues to be – significant.

This is not the end by any means. However, through increased knowledge and preparation, we hope that it is the beginning of the end.

You are not alone. One of the primary reasons to belong to the UVCA is to access group insights like these. Unfortunately, some practices on the front of this have and are taking a significant hit. We thank them for sharing their difficult experiences so that the majority do not have to experience the same.

Dr. Chris Perron  
Chair, Anthem Audit Task Force  
Treasurer  
Unified VCA

## Classifieds

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 member and non-member DCs, and promotion of link to Classifieds on VCAadotalk. Individuals may not post classified listings to the listserve. Limit of 35 words may be imposed. For deadlines, display ad info. or to submit your listing, e-mail admin@virginiachiropractic.org.

(Updated 1/30/19)

### Events

LEADERSHIP TO LEGACY 2019 - MARCH 28-30 in WASHINGTON, DC. Learn & develop new skills, insights to create & grow your purpose/practice. Intimate & interactive sessions will allow you to personalize your development

quotient—take the next step toward a lasting legacy w/Tom Roselle, Corey Malnikof, Evan Mladenoff, Howard Cohn, Bob Porzio, George Gonzalez, Dr. Bob Hoffman & more! Learn more & register: [www.LeadershipToLegacy.com](http://www.LeadershipToLegacy.com). [listing#040319a]

For DC & staff training from the Unified VCA & its partners, visit the Calendar section of the web site..

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Is peace of mind, keeping your office open & continuity of care important? Yes. I am Dr Pat Boulogne. +I have over 30 yrs of experience & versed in the majority of techniques. NCMIC insured. References available upon request. Let's talk to see if we are a fit.... call or email: [drpatb@gmail.com](mailto:drpatb@gmail.com) & phone 202-642-2335.

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### Non-DC Positions

Massage Therapist/chiropractic assistant 25-30+ hrs/wk. Will train the right person. VA License & insurance required. Assist in daily operations, processing of patients & performing Massage therapy under doctor's supervision. Additionally, develop your private practice w/our client base & our facility as an enhancement to your employment. Please e-mail your resume to [Mew60l2@gmail.com](mailto:Mew60l2@gmail.com). [listing#041819a]

FT Assistant Office Manger position available at 20+ Chiropractic Wellness Center in Mechanicsville. Seeking someone with a positive attitude, high energy team player, organized & knows chiropractic. Must be able to manage a team of people & communicate the message of chiropractic. Please email resume to [mark@healthlinkva.com](mailto:mark@healthlinkva.com). [listing#021319c]

Massage Therapist PT and FT: Chiropractic & wellness Center in Mechanicsville (Near Richmond) is growing & needs another massage therapist. Compensation for entire shift, higher level while massaging. Must be a team player. Please email resume to [mark@healthlinkva.com](mailto:mark@healthlinkva.com). [listing#021319b]

Busy chiropractic office in Midlothian (Richmond) looking for an energetic chiro asst / office manager with tremendous people skills/ chiro philosophy. Send resume to [SUCCESSFULPRACTICE@GMAIL.COM](mailto:SUCCESSFULPRACTICE@GMAIL.COM). [listing#010919a]

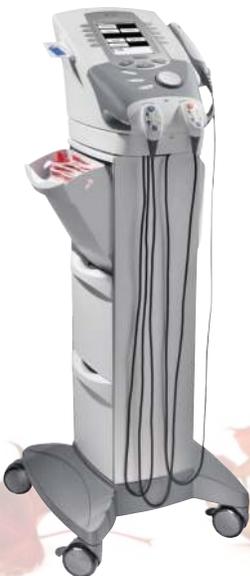
### DC Positions

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Hiring Associate Chiropractor WITH FUTURE OWNERSHIP OPPORTUNITY (Bel Air, MD) Recent grad or practicing DC who wants to learn from a 19-yr practicing DC & ultimately be your own boss? Here's your opportunity! Looking for a DC who is (preferably) full-body ART certified (but will train), diversified/manual therapy practice. MD Chiro lic w/ PT privileges required. Excellent salary & benefits! www.back2ultimatehealth.com. Interested??? Email- drjohndavidson@gmail.com. [listing#041519a]

Fredericksburg--Interested in working only 2.5 days/wk? We have an opportunity for the right DC to do just that, as a permanent, part-time associate. We are a busy, well established office & offer chiropractic, acupuncture, massage therapy & nutritional supplements to our patients. Certification in acupuncture is a +, but not necessary. Diversified is our primary technique used. Generous compensation. Please send resume to drlarrylesser@gmail.com. [listing#041119a]

Well established practice looking for confident DC to hire. We are a busy, fast paced office in need of another doctor to help keep up w/growth. Position offers base pay + commission + medical insurance. Office is located in Leesburg. A good candidate for this position will have excellent communication skills, adjusting skills & work ethic. Please contact Dr. Bradley Clegg at: Email: Bradley.clegg@gmail.com. [listing#040219a]

Active Chiropractic is looking for a FT Chiropractic Physician for our growing, fast-paced office in Midlothian. The practice is heavily focused on athletic perfor-

mance & recovery so experience here is a plus. Ideal candidate carries exceptional educational accomplishments in addition to strong people skills & desire to improve patient's quality of life. Doctor of Chiropractic required. Please send resume & cover letter to: swbknrchiro@gmail.com. [listing#031419b]

Seeking motivated Doctor to join our wellness based team focused on exceptional Chiropractic patient education & living a healthy lifestyle. Our offices offer Chiropractic care, rehab exercise & massage therapy services. Excellent opportunity for an associate doctor w/the potential to grow into a partnership position. Great salary, bonuses & benefits offered. Send CV & cover letter to Dr Frank Lombardo at: frank@kempsvillechiro.com Website: www.kempsvillechiro.com. [listing#031419a]

Open Chiropractic Associateship! We are an ICPA-International Chiropractic Pediatric Association certified family based practice looking for an associate doctor who loves to learn, grow and be part of a team. We can't wait to connect w/you on the phone at 757-321-7776 or via email at dr.cswift@gmail.com! [listing#031219b]

Does CrossFit, MMA, Muay Thai, Jiu Jitsu appeal to you? If you train in any of these disciplines, apply here. We have favorable opportunities for Associates or IC's if you consider yourself an athletic chiropractor that can serve such a population. Current openings are in Ashburn, Chantilly, Reston, & Alexandria. Dry Needling a plus. Apply to admin@mybwdoc.com. [listing#030119b]

36 yr old established practice in Norfolk w/very solid patient base & outside referrals is looking for a full time associate. Great starting salary, bonus, & other perks to a candidate who works well w/ others & is a team player. Diversified, arthrostim, PT, & Acupuncture. Ownership possibilities. Please email resume to: sniblo@norfolkchiropractic.com. [listing#030119a]

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*Continued on page 20*



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Continued from page 19

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Annandale Chiropractic office, Positively Chiropractic, seeking Independent Chiropractor. Full front office staff support for all insurance billing, scheduling, etc. Enjoy completed full office renovation, paperless software, new Digital x-ray system. ART & sports chiropractic commonly used here for strong athlete patient base but not essential. Flexible hours working in a multi-disciplinary office & very positive environment. For more info, contact [manager@posichiro.com](mailto:manager@posichiro.com). [listing#020919a]

Vienna Chiropractor seeking associate with future buy-in - please email

([metrochiroofficemanager@gmail.com](mailto:metrochiroofficemanager@gmail.com)) or call 703-242-1415. Dr Anthony. [listing#020819b]

Well-established insurance-free practice is seeking a Rock Star licensed DC for hands-on, modality-free, results driven practice. Must have impressive technical toolbox, patient management skills, a humble demeanor, & an amenable, compassionate personality. Prenatal & Pediatric experience a plus. Generous compensation & benefits package for the right person. Please apply w/resume & cover letter to [chrysanthi168@gmail.com](mailto:chrysanthi168@gmail.com). Job Type: Full-time. [listing#020819a]

Stable and busy Northern Virginia practice seeking full time associate doctor. If you are professional, passionate, and caring, and work well independently or with a group, this is the fit for you! Competitive salary, bonus, and benefits offered. Please email resume or CV to [chiro101@outlook.com](mailto:chiro101@outlook.com). [listing#012919a]

Seeking Independent Contractor: Tidewater Region. 25-yr old award winning chiropractic office searching for licensed chiropractor to join our team! Generous financial incentives!! Immediate opening. Please call 757-483-6000 or email us at [magicrat@cox.net](mailto:magicrat@cox.net). [listing#011619a]

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Wanted: Dr w/great adjusting skills, basic knowledge of nutrition, basic applied kinesiology a +. We are an integrative practice of DCs/applied kinesiologist, acupuncturist, nutritionist, MTs. Send your resume to [drtomroselle@gmail.com](mailto:drtomroselle@gmail.com). Salary, Bonus, Benefits (health insurance, malpractice insurance, 401K, paid vacation & holidays, possible stock options.) [www.rosellecare.com](http://www.rosellecare.com).

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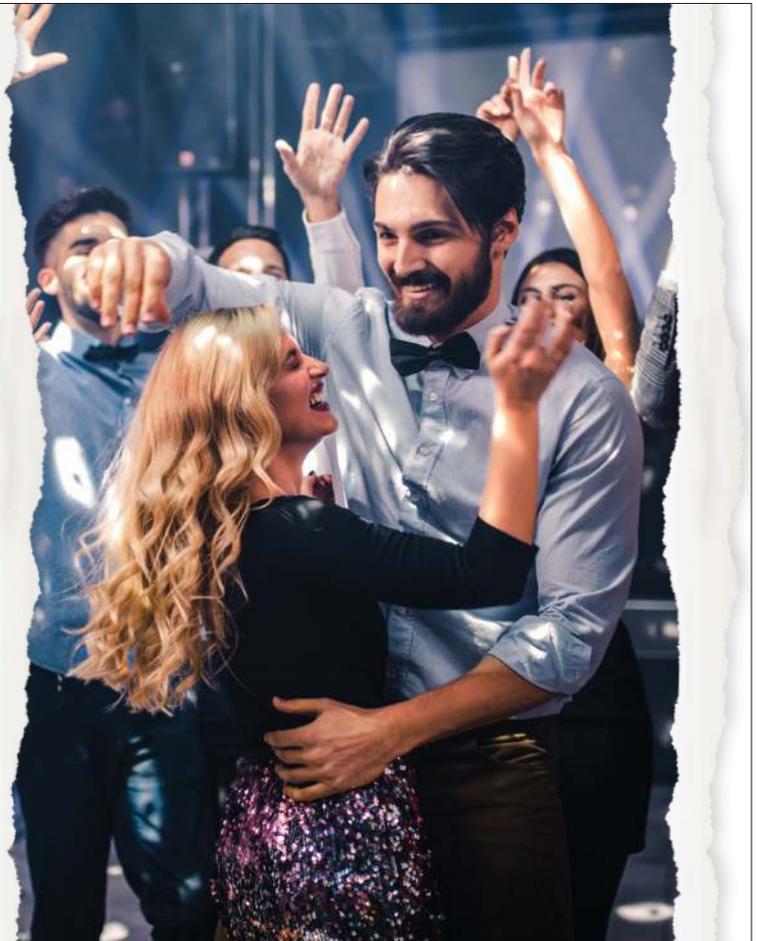
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Practice for Sale - Dr looking to retire. Looking for an associate to buy in or buy out practice of 36 yrs in VA Beach. Will stay on for smooth transition. Techniques mainly Diversified, Cox, Gonstead. Also Thompson drop table, some Activator. For more info, pls email patrickpatzer@gmail.com or call/text 757-651-1575. [listing#010819a]

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## Equipment

Two (2) Thomas Heritage tables. One is a straight flat bench, one has an adjustable cervical section. \$225 total for both or \$125 each. Tables are in Hampton Roads, Photos available. Contact drdan@myharbourhealthcare.com. [listing#042519a]

Electric Distraction Table - good condition \$400, Stationary Bench Table - very good condition \$150, Both for \$500. Email requests for photos : doccheff@gmail.com. [listing#040319b]

Framed Artwork: Discover Chiropractic Series Artwork & Black Frames. \$30 ea; 4 thin, black metal frames (orange images Discover Chiro & ChiroWorks) \$20. Located in Mechanicsville -- you pay shipping & packaging if necessary. All in good condition. Office changed to new Chiro posters. Email drbolte@healthlinkva.com for images. [listing#021319a]

Footlevelers 3-D scanner. No computer/software. Will not work with Foot Levelers' recent "kiosk" set-up. \$100 OBO. Call Chesapeake Wellness Center, 757-549-1664. [listing#020719c]

View boxes, lead aprons, finger print time clock, dymo label writer, file cabinets, file storage/ shelves, hydrocolator, Chiropractic posters PU local only. Roanoke. Pics & prices upon request. dpa-gllc@gmail.com. [listing#020719b]

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## MEMBERS IN THE NEWS

### Adjustments on the Fly

The following article by Tharon Giddens appeared in the January 11<sup>th</sup> issue of Richmond Magazine.

Dr. Thomas Sontag takes his work home with him.

The Henrico chiropractor has a practice on wheels, First Response Mobile Chiropractic. It's a converted bus with a table and tools of the trade. Sontag started the mobile operation in December 2017. He puts about 1,000 to 1,500 miles a month on the bus, mostly in travels across metro Richmond, but also to Hampton Roads and to Blackstone, South Hill and environs.

He makes house calls, and office visits, too. He says he sets up shop at Richmond Police headquarters, at some fire stations and at businesses such as the Martin Agency. He also has equipment in the vehicle that allows him to provide services inside your office or home, if that's more convenient for the client.

Sontag is one of several Richmond health care providers who have left brick-and-mortar sites in favor of mobile operations, or for app-based health care. The practice allows him to be flexible, which gives him more time with his young family. It also provides access to care to clients who otherwise would not visit a chiropractor because of time or travel constraints.

The name reflects a commitment to the health of paramedics, firefighters, police, military personnel and other first responders, says Sontag. "You want these people to be happy," he says.



Continued from page 16  
with the things our members really need from us.

Vice President Dr. Will Sonak expanded on the topic of generational groups and life stages. He talked about the differences in priorities and values and how we need to be sensitive to them in terms of benefits and communications. We looked at how Virginia doctors of chiropractic fall into these various groups, where we need to focus our efforts, and how this is going to change in the next 5-10 years. We discussed the information that we need to collect about our constituents so that we can serve them better – and how we might obtain that information.

Treasurer Dr. Chris Perron shared the importance of a doctor's first 100 days as a Unified VCA member. We explored ways in which we can improve our new member orientation to help ensure that new members are aware of relevant benefits, how to access them, and who to contact for assistance. The more effective we are in this early stage, the more successful the doctor will be and the stronger the membership will be. This will enable the association to dedicate more resources to member service, rather than member marketing.

Dr. Michelle Rose, Unified VCA Secretary and Strategic Plan Champion, facilitated a review of the progress made since last year's meeting. Committee and task force chairs provided updates on the sections of the strategic plan they were responsible for.

- Membership – Dr. Matthew Schrier, Membership Chair
- Insurance – Dr. Eric Carlsen for Dr. Eric Saxton, Insurance Chair
- Finance – Dr. Christopher Perron, Treasurer and

## UVCA Values

The Unified VCA leadership's decision-making is guided by these principles.

**U**nity - Strength through Diversity

**V**ision – Leadership, Innovation, Growth

**C**ommunity – Serving the Public, Supporting our Members

**A**dvocacy - Promote, Advance, Educate

- Finance Committee Chair
- Public Relations – Dr. Carly Swift, PR Committee Chair
- Legislative – Dr. Joe Foley, Legislative Committee Co-Chair
- Practice Management – Dr. Jennifer Rathmann for Dr. Lee Matthis, Practice Management Chair
- Executive Board –

- Dr. David Dolberg, President
- Opioids Crisis – Dr. Chris Virusky for Dr. AJ LaBarbera, Task Force Chair
- CBD Task Force – Dr. Will Sonak for Dr. Scott Banks, Task Force Chair

All participants engaged in dynamic brainstorming re: how to refine the elements of the strategic plan and make further – and greater -- progress. The outpouring of fresh ideas, insights and expertise reflected the energy and passion of those who donated their weekend to this work. "Goal Champions" were appointed to each goal to help coordinate the contributions provided by multiple groups beneath goals.

For a detailed review of the strategic plan, updates, and action items, go to the UVCA web site, click on the VCA tab, click on Purpose, then Strategic Plan, then 2019. The membership will receive regular updates and opportunities to provide input so the strategic plan remains in their hands.

If you would like to help advance the mission and vision of the Unified VCA or have any questions, comments or suggestions, please feel free to contact Dr. Michelle Rose, Strategic Plan Champion, or any member of the leadership or staff.

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## IT Tips for Practice Peace of Mind

The following are valuable IT tips that Mr. Moe Talash from Computer Troubleshooters recently posted to VCA doctalk to help serve UVCA members.

### Windows 7

A quick heads up on an issue we've seen recently. Microsoft released an update on January 29<sup>th</sup> that apparently knocks out networking those running Windows 7. Don't be surprised if ChiroTouch, Eclipse or other chiropractic software and internet cease working from the network with a PC that has Windows 7 with automatic Windows updates on. Please let your IT guru know to remove two specific patches for a quick fix. For an article discussing this issue, go to <https://www.computerworld.com/article/3332202/microsoft-windows/patch-tuesday-updates-for-win7-kb-4480970-and-kb-4480960-knock-out-networking.html>. The article says you can restore functionality by removing the two responsible KB's, KB4480960 and KB4480970. Hope this saves you some grief!

### New Email Scam

We are all aware of the 2017 rise of Ransomware virus but lately there is a new email scam out there so please watch out. This email scam sends you a PDF saying they hacked your email, have access to your PC, and will expose things unless Bitcoin in the amount of \$500 is paid to them. Please remind your staff not to open any suspicious attachments or PDFs they are not expecting and simply ignore this email. It is bogus! They do not have

access to your network/PC. Please remember to use encrypted email service and email spam protection for your office email.

### Tips to Help You Choose Your Next IT Company

1. Don't hire an IT company with only one person because he or she may not be available when you need him the most. Don't forget that just like anyone else, he'll go on vacation, get sick, or have a family emergency.
2. Don't hire an IT company with more than 10 staffers. They are apt to be too big for clients with 20 computers or fewer and be overpriced. They usually focus on mid-sized companies with 50 or more computers. (I have five staff persons. Companies like mine focus on small businesses with 20 computers or fewer; however, I do have clients with few as three computers and many as 200 users.)
3. Hire an IT company with solid, multiple references -- not just a single referral from your building or someone you know. If the IT company has other chiropractor clients, even better. My reputation is always on the line. This listserve can lift me to



the sky with cheers and can damage me with just one bad experience. Other IT companies can always hide and sneak away when a disaster strikes because you won't be able to expose the bad service to others.

4. Hire an IT company with solid HIPAA knowledge and training. Otherwise, you won't be able to point fingers at your IT if a HIPAA audit finds a violation.
5. Get an IT with first-hand chiropractic knowledge. The job is so much easier when the person knows the technical setup of ChiroTouch or Eclipse. The person will know what works and what won't, rather than poking around and guessing solutions.
6. Find an IT company that you feel you can trust and connect with from day one -- not just from Doctor to IT but from IT to Doctor. Build the relationship beyond just taking care of computers. You never know how many other unexpected ways in which your IT can help. From an IT perspective, it's not always about the money.
7. Fixed-cost versus monthly fee: Stay away from a "break/fix" IT company where you only pay them when you call. These fees will be more expensive in the long run and unpredictable. You may have two months with zero calls, then something terrible happens in month 3 and you get high invoices reflecting hourly charges. In the break/fix calls, the more you are "down" the more money it means for the IT company. The fixed monthly fee provides the opposite: the more you are down, the more it hurts not just your business but the IT provider's, too, because it has to spend more on labor that cannot be passed along to you.

**For questions regarding the above or more about Computer Troubleshooters, call Mr. Moe Talash at 703-994-6335 or email him via [contact@ctmedit.com](mailto:contact@ctmedit.com).**

## Practice Success Starts at the Front Desk

When we look at our team's organizational chart, many of us place ourselves at the top, associates (if we have them) next, then the office manager, billing and insurance team, and the assistants. At the bottom is the front desk staff. Ironically, the people who make up the bottom tier of a practice's organizational chart can often have more of an impact on your practice, good or bad, than most anyone in the office. Why? Because, to the public, they are most likely the first person potential patients talk to.

## CBD Task Force Studies Legal Uncertainties

In response to increasing questions and uncertainties regarding cannabinoids, Hemp, etc., the Unified VCA has established a "CBD Task Force."

The purpose of the task force is to develop a summary of the status/legalities of CBD products in Virginia for Chiropractors. The goal is to clarify what is clearly legal, what is clearly not legal, and what gray areas remain. It will address discrepancies in federal versus state law and the impact of the recently passed Farm Bill.

The task force is comprised of Dr. Scott Banks, Dr. Will Sonak, Dr. Sam Spillman, Dr. Nelson Gregory, and Mr. Barney Martin. It is chaired by Dr. Banks. Dr. Banks has been in chiropractic practice for 39 years and currently runs Banks Nutrition Center in Virginia Beach. He received his undergraduate degree from Alfred University, his DC degree from Logan College of Chiropractic, and his MS in Human Nutrition from the University of Bridgeport. He is the past editor of the journal of the ACA Council on Nutrition and widely published in his own right. He has given hundreds of presentations and CE programs to health care professionals throughout the US. He is a Past VCA President and Chiropractor of the Year and editorial co-chair of the UVCA's newsletter.

If you have any questions or comments, contact Dr. Banks at [sbanksdc@baycrk.net](mailto:sbanksdc@baycrk.net).



The front desk person affects your new patients, your growth, your collections, and your patient experience. Those touchpoints directly affect your bottom line. A new patient can represent potential income over a wide range depending on your practice style. In the average clinic, that number could be between \$1,500 and \$2,000. Multiply that by a conservative five missed opportunities per month, and you're looking at \$7,500 to \$10,000 in lost revenue a month or \$90,000 to \$120,000 in a year. Author Brian Tracy once said, "Hiring the wrong person is the costliest mistake you can make," and he is right. I'll add, with all due respect to Brian, that keeping the WRONG person is even MORE costly because of the collateral damage he or she can have on co-workers.

So, how do you determine the right person for this critical front desk responsibility?

**Hire for Personality:** Personalities are hard to change, but skills can be learned. If you hire the right personality for the job, it is easy to teach them the skills they need to be successful.

**Conduct a Phone Interview:** Although this is a great way to narrow the pool of prospective applicants, it is also an essential step in hiring a front desk person. I have seen perfect resumes only to then speak with the candidate over the phone and find they have zero phone/communication skills.

**Get a Second Opinion:** Never rely on your interview alone. We have no fewer than two people interview each candidate that we consider, and we later discuss what

we did and did not like. Other people pick up on different cues and may help you to see the candidate in a different light.

**Make an Offer They Can't Refuse:** If you have found the perfect candidate, make it hard for them to say "No." Offer them a competitive salary with benefits. The adage that says, "you get what you pay for," is almost always true. Plus a competitive salary increases job satisfaction, which results in higher productivity and lower turnover.

New patients are essential to practice growth. And the people with the greatest responsibility for getting new patients in the door, sit at the front desk. While they may not directly generate the revenue that the associates can, what they say on the phone, and how they present themselves as the face of your practice, have an enormous impact on your ability to generate revenue. The people you hire can make or break your practice. Be sure to take the time to hire properly from the beginning, and you will be on your way to a more successful, less stressful and profitable practice.

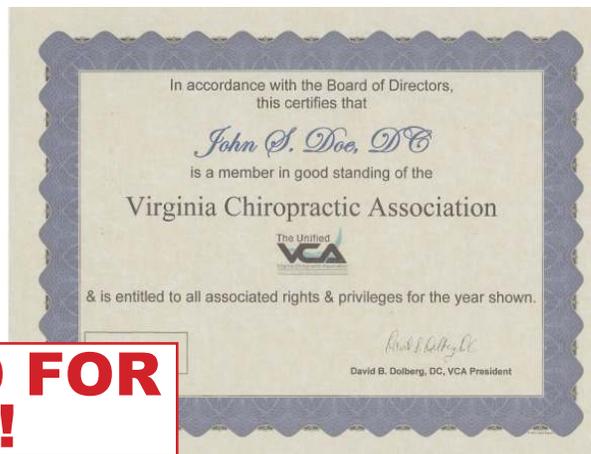
**Dr. Ray Foxworth is a certified Medical Compliance Specialist, President of ChiroHealthUSA, and a practicing Chiropractor. He has served as president of the Mississippi Chiropractic Association, former Staff Chiropractor at the GV Sonny Montgomery VA Medical Center and is a Fellow of the International College of Chiropractic. You can email Dr. Foxworth at [info@chirohealthusa.com](mailto:info@chirohealthusa.com). Visit the ChiroHealthUSA website at [www.chirohealthusa.com](http://www.chirohealthusa.com) to register for a free webinar on how a DMPO can help you practice with greater peace of mind.**

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Questions? Call the Unified VCA office at 540-932-3100. Thanks for your support!

## The Value of Chiropractic Gains Recognition in Nationally Published Research

by Sherry McAllister, DC

The release of four new studies highlighting a more patient-centered, comprehensive and collaborative care model, which includes chiropractic care, proves to be an impressive win-win for you, your practice and your patients. The shift in today's health-care toward safe, effective pain management explains why many providers are beginning to recognize the value that the care provided by doctors of chiropractic (DC) has in an integrated setting, especially as it relates to drug-free management of neuro-musculoskeletal conditions. Key findings from the studies are as follows.

### **“Chiropractic Integration into Private Sector Medical Facilities: A Multisite Qualitative Case Study.” *The Journal of Alternative and Complementary Medicine* (July 2018).**

--- Researchers evaluated a diverse group of US private sector medical facilities that had integrated chiropractic care in nine clinics. DCs were sought to take an evidence-based approach to patient care, work collaboratively within a multidisciplinary team and engage in interprofessional case management. Markers for clinic success included patient clinical outcomes, satisfaction, provider productivity and cost offset. Based on these markers, facility stakeholders, including clinicians, support staff, administrators and patients, reported high satisfaction with the care provided by DCs.

### **“Effect of Usual Medical Care Plus Chiropractic Care vs Usual Medical Care Alone on Pain and Disability Among U.S. Service Members with Low Back Pain: A Comparative Effectiveness Clinical Trial.” *JAMA Network Open* (May 2018).**

--- Patients who received collaborative care that included chiropractic manipulation integrated with usual medical care reported improvement in low back pain intensity and disability compared with those who received standard medical care (medication, physical therapy, pain management) alone. This study was the largest randomized clinical trial in chiropractic research in the United States to date. It took place over four years, from September 2012 to February 2016, and involved 750 active-duty U.S. military personnel at three sites across the country.

### **“Chiropractic Integrated Care Pathway for Low Back Pain in Veterans: Results of a Delphi Consensus Process.” *Journal of Manipulative and Physiological Therapeutics* (February 2018).**

--- This National Institutes of Health-funded study focused on developing an integrated care pathway for DCs, primary care providers and mental health professionals who manage veterans with low back pain (with or without mental health comorbidity) within Department of Veterans Affairs (VA) healthcare facilities. The care pathway included a new standardized approach to interdisciplinary referral to chiropractic services and for chiropractic case management in a VA medical center setting. As such, chiropractic care is now a tier 1 integrative pain treatment modality that may be incorporated into a Veteran's patient-centered care plan.

### **“Be Good, Communicate, and Collaborate: A Qualitative Analysis of Stakeholder Perspectives on Adding a Chiropractor to the Multidisciplinary Rehabilitation Team.” *Chiropractic & Manual Therapies* (June 2018).**

--- This study supports the integration of a DC into a multidisciplinary rehabilitation team. Researchers interviewed 60 participants as part of a study designed to provide an expanded view of the qualities that DCs might bring to integrated healthcare settings. Suggestions for leadership strategies and professional attributes the chiropractic profession needs to consider were included, such as patient-centeredness (being respectful, responsive and inclu-

## Ask the UVCA Consultant

### MEDICARE & MEANINGFUL USE

**Q:** Do we have to participate in Meaningful Use / MIPS next year? I've done this for years but I am now told it isn't necessary. I'm trying to decide about keeping my patient portal which is necessary for the above. It will save over \$1000 if we don't renew.

**A:** Meaningful Use and PQRS ended in 2016. MIPS started in 2017. Everyone should check their status at: <https://qpp.cms.gov/participation-lookup>. At this point in time, it only shows 2017 and 2018, but I am sure 2019 will up shortly. (Susan McClelland, FICC, [mccllland.consulting@usit.net](mailto:mccllland.consulting@usit.net))

### HIPAA & EMAILING X-RAYS

**Q:** Is there a HIPAA compliant way to email digital xrays to patients?

**A:** Yes. You can use a password-protected site with encryption and send a link to the patient for that storage site. The link should expire after a period of time. There are several different sites that offer that service. Box is one of them. You can also use certain software communication portals that are password protected and intended to be secure transmission sites. Check with your software support to be sure that you have such a portal enabled and you MAY be able to send the x-ray that way, IF the software for your digital x-ray image capture is compatible. Software incompatibility is still an issue with some practice programs.

(Becky Walter, MCS-P, [Becwalter57@hotmail.com](mailto:Becwalter57@hotmail.com))

### WHERE TO FILE AOB

**Q:** I get AA patients in MD, DC and VA. Of course we send notices to the adjuster and the patient's attorney via certified mail with receipt requested, but we try to officially file it at the courthouse whenever possible -- especially for out-of-area AA cases, for extra protection and piece of mind. For example, sometimes the AA happens in NC, patient officially resides in PA, but receives treatment at my VA office because he or she is attending a local college or on work assignment for several months in Virginia. Where would the AOB and lien be filed in cases like this?

1. In the state where the AA happened?
2. In the State where the patient lives?
3. In the State where the patient's chiropractor's office is located and treatment is provided?
4. ALL of the above to be safe?

**A:** It is where the contract is signed, which is where the doctor's office is located and the treatments are performed. (Bill Thesier, DC, [dr.thesier@gmail.com](mailto:dr.thesier@gmail.com))

sive of the patient's values), interprofessional qualities (teamwork, resourcefulness) and personality fit.

The research speaks volumes. As new research continues to surface documenting the improved outcomes, reduced costs and high patient satisfaction scores associated with chiropractic, be sure to share this information in your local community. The more familiar that you are with the current research, the more confident that your patients will feel in the care being provided, and the more likely they will be to spread the word about the positive health benefits linked to chiropractic care.

**For more information about advances in collaborative care, read the Foundation for Chiropractic Progress' 10/12/18 article in Becker's Spine Review.**

**HIGHLIGHTS**

# Spring Convention May 3-5, 2019

**Hilton Hotel & Spa at Short Pump, Richmond, VA**



- **Coding & Documentation** by Dr. Evan Gwilliam - *Anthem Audit Lessons!*
- **The Opioids Crisis: Positioning Chiropractic in It's Rightful Role** by Dr. Scott Munsterman
- **Vaccines & Autism: A Different Perspective** by Dr. David Seaman
- **The Value of Vitalism in Chiropractic Practice** by Dr. Rob Scott, President, Life University
- **Applied Kinesiology** by Dr. Tom Roselle
- **Retaining Patients & Cash Flow While Transitioning to Cash** by Dr. Miles Bodzin & Ms. Holly Jensen
- **Best Practices for Managing Low Back Pain** by Dr. Tim Bertelsman
- **How to Talk to Millennials** by Dr. Kevin Pallis
- Dedicated CA Classes Including **5 Things You Must Know Regarding Fees & The Successful Financial Report of Findings** by Ms. Holly Jensen and **The CA's Practice Value & Over-the-Counter Collections** by Ms. Brandy Brimhall



**David Seaman, DC,  
MS, DABCN**



**Miles Bodzin, DC**

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**Brandy Brimhall, CPC,  
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**Rob Scott, DC, PhD**

# Chiropractic-Acupuncture Certification Program

## Add Acupuncture to Your Practice in VA NC WV

In the above states, DCs need 100-200 hours of chiropractic acupuncture training by a CCE-accredited organization to perform acupuncture.

This Program Provides All the Training Needed Via:

1. 100 Hours of Live-Classroom Learning, including 50 Hours of Clinical Training, and
2. 100 Hours of Online Learning (if needed)

Live Classroom Portion Via Four 3-Day Weekends:  
March 29-31, April 12-14, May 31-June 2, June 28-30



Discounted Rates for NCCA  
& UVCA Members!

Hyatt Place,  
Roanoke, VA

Instructor: Jim  
Ventresca,  
Doctor of Oriental  
Medicine, Licensed  
Acupuncturist

CEUs: Type 1  
CEUs approved  
for VA, MD and  
DC; have applied  
for NC and WV,  
too. Individual  
weekends also  
available.

For details, pricing, or to register, click on the calendar icon at  
[www.virginiachiropractic.org](http://www.virginiachiropractic.org)

## Improved Outcomes in Personal Injury Cases

### Who Should Attend:

- Doctors, office managers, and insurance staff of chiropractic practices that are either new or experienced in PI.
- Attorneys involved or interested in learning more about MVCs, PI work and working with chiropractors.

Too many seminars end up primarily as advertisements for the speakers' services.

This one's different.  
Expect great value for your PI practice.



Discounted Rates for UVCA  
Members!

Saturday, March 30

Hilton Washington  
Dulles Airport,  
Herndon, VA

Instructors:  
Jeffrey A. States,  
BS, DC and R. Jay  
Shetlin, DC

CEUs: 8 Type 1  
CEUs approved for  
VA, MD, WV and  
DC; call re: other  
states.

For details, pricing, or to register, click on the calendar icon at  
[www.virginiachiropractic.org](http://www.virginiachiropractic.org)

## Unified VCA Education & Events

### FEBRUARY

February 13, 20 & 27 - Webinar Series

#### **FUNCTIONAL MEDICINE: WILL IT REALLY HELP MY PATIENTS?**

1. 2/13/19, 7:30-9:30 p.m.: Applying Tools of Functional Medicine in Clinical Practice
  2. 2/20/19, 7:30-9:30 p.m.: Functional Medicine and the Wellness Revolution
  3. 2/27/19, 7:30-9:30 p.m.: FM & Lyme Disease; The 3 B's- Borrellia, Babesia, & Bartonella
- In Conjunction With New York Chiropractic College  
Total 6 Type 1 CEUs; UVCA MEMBER DISCOUNT

February 22

#### **DISTRICT V LUNCHEON & NETWORKING**

Gordon Biersch Brewery Restaurant, Virginia Beach, VA  
Hosted by Dr. Carly Swift; Sponsored by Chirocenters Management Corporation; FREE

### MARCH

March 22

#### **DISTRICT I LUNCHEON & NETWORKING**

Charlottesville Area, VA  
Hosted by Dr. Sam Spillman; Sponsored by ChiroOneSource; FREE

March 29

#### **IMPROVED OUTCOMES IN PERSONAL INJURY CASES**

By Dr. Jeffrey States & Dr. Jay Shetlin  
Herndon, VA  
Total 8 Type 1 CEUs; UVCA MEMBER DISCOUNT

March 16

#### **TAKE AIM AT CHRONIC PAIN**

By Jerome Rerucha DC, BS, CSCS, CHPS  
Norfolk, VA  
In conjunction with Erchon Corporation  
Total 12 Type 1 CEUs; UVCA MEMBER DISCOUNT

### MARCH-JUNE

#### **200-HOUR ACUPUNCTURE TRAINING**

March 29-31, April 12-14, May 31-June 2, June 28-30  
100 Hours Via 4 Weekends + 100 Hours Online  
Roanoke, VA  
UVCA & NCCA MEMBER DISCOUNT

### MAY

Friday-Sunday, May 3-5

#### **UNIFIED VCA SPRING CONVENTION**

- **Coding & Documentation; Lessons from the Anthem Audit** by Dr. Evan Gwilliam
- **The Value of Vitalism** by Dr. Rob Scott, President, Life University
- **Applied Kinesiotaping** by Dr. Thomas Roselle
- **Retaining Patients & Cash Flow While Transitioning to Cash** by Dr. Miles Bodzin
- **Managing Low Back Pain** by Dr. Tim Bertelsman, University of Bridgeport
- **How to Talk to Millennials** by Dr. Kevin Pallis, The New Renaissance
- **The Opioids Crisis: Positioning Chiropractic in It's Rightful Role** by Dr. Scott Munsterman, Best Practices Academy
- **Vaccines & Autism: A Different View** by Dr. David Seaman, Sponsored by NCMIC
- Additional CA-Specific Classes Including **5 Things You Must Know Regarding Fees & The Successful Financial Report of Findings** by Ms. Holly Jensen and **The CA's Practice Value & Over-the-Counter Collections** by Ms. Brandy Brimhall
- **More!**

Hilton Hotel & Spa at Short Pump, Richmond, VA  
Up to 18 Hours of CE & Training for DCs & Staff. SEE PAGE 27; FULL BROCHURES ASAP

### PLUS

- **Webinars and Seminars from UVCA Supporting Supplier Members!**
- **CA Training from the UVCA through Assistants for Chiropractic Excellence!**
- **Discounted Online CEUs through ChiroCredit.com and EON!**



## The Virginia Voice

Winter 2018-2019

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

Editor: Julie K. Connolly, Executive Director.

Editorial Committee: Scott Banks, DC, MS; David B. Dolberg, DC; Michelle Rose, DC.

Advertising: 540-932-3100.

Subscriptions: A subscription is a benefit of membership. Back issues are archived on the association's website.

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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.