ON THE AGENDA

NYSCA

March 2019

New York State Chiropractic Association

KEEPING UP WITH CHANGE

PRESIDENT'S REPORT

Jason Brown, D.C.

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WELCOME
NEW MEMBERS

The NYSCA would like to welcome new and returning members! Your participation in professional organizations is essential to the advancement of our work for our members and our patients. Thank you!

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IN THIS ISSUE

ADVERTISERS

NYSCA

PRESIDENT'S REPORT

Jason Brown, D.C.

As we grind through the winter months, the NYSCA and its members have a lot to look forward to.

We are gearing up for our annual spring convention. This year we will again be at Mohegan Sun Casino. This venue is a perennial draw for it's great entertainment and restaurants. Our dual tracks of continuing education feature a dynamic lineup of presenters. For those who haven't registered visit nysca.com and click on the convention banner. We look forward to seeing you there!

The biggest shifts in the landscape of your private practice may involve the recent changes to the NYS Workers Compensation fee schedule. This change will take effect April 1, 2019. We are pleased through advocacy efforts, the new fees schedule features a 22% increase in fees for chiropractors. It also features an increase in the daily RVU cap. While we're pleased with the progress, there are some aspects that require ongoing effort. For those who have reviewed the joint comments from NYSCA and the Council you will see we are committed to continuing strong advocacy for an appropriate conversion factor for chiropractic, inclusion of specialized services such as MUA, limiting the negative impacts of the ground rules, and addressing the ongoing issues with IMEs and inaccurate rulings on exacerbations. For those who need more information, the NYSCA WC committee has created a free PowerPoint which is available in the members section of the website to guide you and your staff through the changes. We hope that the increase in fees and RVU cap will allow you and your practice to continue providing exceptional conservative chiropractic care to your patients.

The No Fault fee schedule, by regulation, follows the WC fee schedule. The Department of Financial Services (DFS) has released an emergency ruling that the fee schedule will be delayed 18 months in No Fault, but that the ground rules will begin on April 1, 2019. This proposal is in a public comment period and we are actively working on appropriate response. In short, we believe an 18-month delay is unnecessarily long and that the fee changes and ground rules should be enacted

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F4CP Kicks Off 'Moving Chiropractic Across America' Campaign

San Jose, CA. – January 24, 2019 – The Foundation for Chiropractic Progress (F4CP), a not-for-profit organization dedicated to educating the public about the value of chiropractic care, proudly launches 'Moving Chiropractic Across America,' a national marketing campaign in support of Foundation Group Member State Associations, which features billboard placements, train wraps and in-flight magazine advertisements. In collaboration with Utah Chiropractic Physicians Association (UCPA), the Foundation's first train wrap advertisement is officially live in Salt Lake City, Utah and is expected to deliver a total of 4,896,000 impressions during its eight-week placement.

"As the demand for safe, effective and drug-free care to alleviate pain and optimize health grows among consumers, the need for education climbs as well," shares Sherry McAllister, DC, executive vice president, F4CP. She continues, "The beauty of this campaign is that it positions chiropractic among all different demographics across the U.S., whether it's a placement in a big city or in rural America – it's reaching individuals that need our care."

The Foundation and its Group Member State Associations will continue to place additional billboards across the nation in 2019. Throughout February, March and April, the Foundation and Montana Chiropractic Association will place seven billboards in Montana. All campaign deliverables will provide a link to the Foundation's Find-A-Doctor Directory, which showcases the 23,000+ Foundation doctor members, to ensure consumers can easily search and locate a local doctor of chiropractic in their area.

Kent Greenawalt, chairman, F4CP, states, "There has never been a more exciting time to be a part of the chiropractic profession than there is right now. When the Foundation was established more than 15 years ago, we dreamt of national billboard advertising and the ability to reach millions with positive chiropractic messaging. Today, this is a reality, and we are beyond grateful to our individual contributors, Corporate Sponsors, State Associations and Colleges for making this possible and helping to connect patients to the care they deserve."

In August 2018, the Foundation launched a predecessor campaign, "Driving the Benefits of Chiropractic Care to New Heights through Planes, Trains and Automobiles," which featured national billboards and inflight magazine advertisements for the first time in history. In just under three full days, the Foundation was able to successfully raise more than $123,000 to fund the national outreach, reaching more than 63 million individuals combined.

For more information about the F4CP, visit www.f4cp.org.

Traveling as a Doctor for a Team

by Dan Zimmerman

NCMIC Senior Professional Relations Representative

If you are traveling to other states as a doctor for a sports team, here are important steps to follow to protect yourself in the event of a malpractice allegation or board complaint.

One benefit of the NCMIC malpractice insurance plan is that it covers chiropractic care provided within your state's scope of practice and not excluded by the policy.

If you are traveling to other states as a doctor, please note that Congress recently passed legislation that will allow certain DCs to be covered by their malpractice insurer when they treat athletes outside of their state of licensure. (Please note: the new law does not apply to all travel-to-treat situations.)

To see if you qualify and find out what you need to do to comply, please review NCMIC's frequently asked questions.

Additionally, the law requires you to disclose the nature and extent of your services before you travel to treat athletes. NCMIC has created a form to help our doctors do so. Once you have completed and submitted the form, and as long as your activity is in line with the terms of the new law, your NCMIC malpractice insurance and licensure will follow you to other states where you treat athletes.

As the leader in chiropractic malpractice insurance, NCMIC is happy to provide this information as part of our commitment to give you the personalized service and protection you deserve.

If you have questions, please call 800-247-8043.

ABOUT THE AUTHOR

Dan Zimmerman

Dan Zimmerman, an NCMIC senior professional relations representative, joined the company in 2010 following 12 years in the property/casualty insurance field. That experience provided opportunities for him to excel in customer service skills as both an adjuster and a marketing representative. As a member of the corporate relations team, Dan travels the country extensively representing NCMIC at various college industry events. He also participates in Starting into Practice workshops and risk management seminars that are presented at the colleges. And back in the day, Dan earned All-American honors as a sprinter on 4 x 100 and 4 x 400 relay teams. Obviously, that qualifies him as a team player.

DFS Adoption of 2018 WCF Fee Schedule

On April 1, 2019, the 2018 New York Workers' Compensation Fee Schedule will go into effect. Any chiropractor who treats Workers' Compensation or No-Fault patients should be aware of the major changes and how this will impact them. This article will specifically address how the new fee schedule relates to the treatment of No-Fault patients. *(Editors note; The fee increases for WC are effective April 1st, 2019. Only No-Fault will be affected by the proposed 18 month delay. See addendum at the end of this article)*

First, the new Fee Schedule has increased reimbursement rates from the previous fee schedule. This increase of reimbursement rates has been long overdue and providers will see a sizeable increase in the amount they receive for the treatment of patients involved in motor vehicle accidents. However, the Department of Financial Services, which oversees all No-Fault Insurance Law, has determined in an emergency regulation that these increased rates will not become effective until October 1, 2020, eighteen months after the effective date of the Fee Schedule itself on April 1, 2019. The Department of Financial Services has stated that the No-Fault Insurers must be given time to account for the increased reimbursement rates and to adjust their premiums accordingly.

Although the increased reimbursement rates are not effective until October 1, 2020, the ground rules of the 2018 Workers' Compensation Fee Schedule will be ap-

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2019 Spring Convention

March 29-March 31, 2019 at Mohegan Sun Casino & Resort
1 Mohegan Sun Blvd, Uncasville CT

Earn up to 16 Continuing Education Credits! (up to 7 Cat1) *

Friday, March 29, 2019

2:00pm-4:00pm	Spinal Intraoperative Neuromonitoring - *Nestor Nicolaides DC CNIM (Catalyst Partners)*	*(2CE)
2:00pm-3:00pm	Coding and Billing Audits: What Chiropractors Need to Know - *J Kevin West Esq (OUM Chiropractor)*	*(1CE|1Cat1)
3:00pm-4:00pm	No-Fault Arbitration: Why and How? - *Benjamin Carpenter (American Arbitration Association)*	*†(1CE|1Cat1)
4:00pm-6:00pm	Stress, Structure and Neurology - *Brian Jensen DC (Footlevelers)*	*(2CE)
4:00pm-6:00pm	NYS WC: How to Properly Evaluate, Treat, and Document - *Alex Dell Esq*	*†(2CE|2Cat1)

Saturday, March 30, 2019

8:00am-10:00am	Immaculate Dissection Primer - *Kathy Dooley MS DC (Catalyst S.P.O.R.T.)*	*(2CE)
8:00am-9:00am	Ethics in the Chiropractic Office - *Lori Holt RN-BC (NCMIC)*	*‡(1CE|1Cat1)
9:00am-10:00am	Risk Management Strategies for the DC - *Lori Holt RN-BC (NCMIC)*	*‡(1CE|1Cat1)
10:00am-12:00pm	Symptomatic vs Asymptomatic Pathological Lumbar Discs - *Phillip Snell DC (My Rehab Exercise)*	*(2CE)
10:00am-12:00pm	Soft Tissue Procedures - *Stephen Perle DC MS (NCMIC)*	*‡(2CE)
2:00pm-4:00pm	Manual Therapy For Cutaneous Neuropathic Pain - *Phillip Snell DC (My Rehab Exercise)*	*(2CE)
2:00pm-4:00pm	Evidence Based Practice - *Stephen Perle DC MS (NCMIC)*	*‡(2CE)
4:00pm-6:00pm	Integrated Spine Care: A Guide for the Clinician - *Douglas Taber BS DC*	*(2CE)
4:00pm-5:00pm	Patient and Doctor Communication & Professional Boundaries - *Lori Holt RN-BC (NCMIC)*	*‡(1CE|1Cat1)
5:00pm-6:00pm	Combating Sexual Harassment in the Workplace - *Lori Holt RN-BC (NCMIC)*	*‡¶(1CE)

Sunday, March 31, 2019

8:00am-10:00am	Gait and Cognition: Defined, Understood, & Trained - Pt 1 - *Peter Gorman DC & Russell Ebbetts DC*	*(2CE)
8:00am-10:00am	The Rehabilitation of Breathing Pattern Disorders - *Timothy Latham DC*	*(2CE)
10:00am-12:00pm	Gait and Cognition: Defined, Understood, & Trained - Pt 2 - *Peter Gorman DC & Russell Ebbetts DC*	*(2CE)
10:00am-12:00pm	Yoga for the Chiropractic Patient - *Laura Latham DC BSc RYT*	*(2CE)

**CE Pending in select states. See License Renewal statement online. †CE Credit for this class available for NY licensees only. ¶ CE Credit for this class is NOT available for NY licensees. ‡Attend NCMIC's seminar for a total of 8 hours on 03/10/18 to receive a discount for 3 years on the renewal of your NCMIC malpractice insurance premium*

SEE WWW.NYSCA.COM FOR DETAILS OR TO DOWNLOAD THE EVENT AGENDA!

Register online with a credit card OR mail this registration form with check payable to: NYSCA, PO Box 557, Chester NY 10918

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E-mail Address:		NY License #	Alt State #
☐ NYSCA Member	☐ Council Member	☐ ACA Member	☐ Non-Affiliated

☐ Chiropractic Assistant *(Please complete a separate form for each CA Attending. CAs must attend with a registered DC.)*

	Registration Category	Early By 01/31/19	Standard By 03/22/19	At The Door After 03/22/19
☐	*Non-Affiliated DC*	*$329*	*$359*	*$409*
☐	*NYSCA/Council/ACA Member*	*$229*	*$259*	*$309*
☐	*1st Year Licentiate Member*	*$99*	*$129*	*$179*
☐	*CA attending with registered DC*	*$99*	*$129*	*$179*
☐	*50+ yrs in practice member*	*$0*	*$0*	*$0*
☐	*DC student (no CE; lunch NOT included)*	*$0*	*$0*	*$0*

Saturday Banquet Luncheon

Chicken _____ Salmon _____ Vegetarian _____

1 luncheon ticket is included in registration unless otherwise noted.

☐ *Not attending luncheon*

☐ *Add'l luncheon tickets @$40.00* _____

☐ *Children under 10 @$25.00* _____

Order Total $ _____

Faxed Registrations are NOT Accepted. Please review our NYSCA Convention Policy Statement.

Registration Deadline: Payment for early registrations must be received by 5:00 pm on 01/29/19. Afterward, standard pricing will apply. At-the-door pricing will apply for all mailed registrations postmarked after 03/15/19 and all online registrations completed after 5:00 pm on 03/22/19.

Cancellation Policy: Cancellation and refund requests must be made in writing and sent to controller@nysca.com. Refunds will be issued in the manner in which payment was received and will be subject to a 15% processing fee if received more than one week prior to the scheduled event. Cancellations within one week of the event will be subject to additional administrative fees. Please review our Convention Policy Statement for details.

Small Business Financial Tune-up

By Roseanne Gil, RICP®, Financial Advisor

Wherever your small business lies in the business lifecycle, it may be time for a financial tune-up. Like the name implies, a financial tune-up is a fresh look at how well your small business is working for you, the owner. Here's a short list of things to consider.

Type of business entity —Many small businesses start out as unincorporated sole proprietorships. The advantages are ease of formation and simplicity of operation. The disadvantages are exposure of personal assets to business liabilities and reporting net business earnings on your personal income tax return.

If your business has grown since you started out, it may make sense to consider operating under a different business form. Some types of business entities popular with small business owners—limited liability companies, S corporations, and regular C corporations—protect the individual business owner's personal assets from claims of business contractual and tort creditor. Furthermore, some of these other business forms offer tax advantages to smallbusiness owners that are not available to sole proprietors.

Retirement plan— When is the last time you considered whether your employer-sponsored retirement plan was the best plan for you? Or, if you don't have an employer-sponsored retirement plan, when is the last time you evaluated the benefits of starting a plan? The landscape for employer-sponsored retirement plans has changed considerably over the past few years and you may be missing out on a great opportunity for both you and your employees.

Health Insurance Plan —Rising health insurance costs remain a major concern for many small business owners, but there are options that can lower costs through tax incentives, for example the Health Savings Account. With an HSA, employees –and their employers, if they choose – contribute pre-tax dollars to an account earmarked for out-of-pocket health expenses. In addition to not paying tax on contributions, participants also pay no tax on earnings that accumulate in the HSA. Moreover, money not withdrawn to pay for medical care is carried over to the next year and continues growing tax-deferred. Provided money in the account is used for health-related expenses or to pay health insurance premiums, the participant pays no tax when withdrawals are made. There is the only catch—not everyone is eligible for a Health Savings Account. To qualify, you can only be covered by a high-deductible medical insurance policy, either through your employer or one you purchase as a self-employed person.

Life and Disability Income Insurance --Small businesses often find it challenging to attract and retain employees. Employee benefits offerings such as life and disability income insurance are often necessary to compete with the "big boys." Group plans provide affordable coverage without the need for individual underwriting. This type of coverage can be offered as employee benefits paid for solely by the employer, an employer-sponsored plan paid for by the employee, or a combination of both.

Key-Person Insurance— Small businesses routinely insure their premises, equipment, and inventory. Less common is the business that insures its most valuable assets, its key employees.

If you haven't increased the amount of existing key person life and disability coverage to keep pace with increasing profits and business lines of credit or to reflect the addition of new key employees, there's no better time to do so than now. As employees age and/or become health-impaired insurance becomes more expensive or outright unavailable. When it comes to acquiring key person insurance, the sooner you act the better.

Business Succession Planning— When business owners think about wealth transfer, they usually think about the transfer of their business or its value. Typically, businesses have only three outcomes at the death of an owner.

1. Sale of the business to an outsider;

2. Retention of the business for family members or other surviving owners;

3. Liquidation of the business.

Business succession planning usually comes down to a decision to sell or retain the business. The decision is not an easy one. If your business has experienced growth, if you've brought a family member into the business, or if you are approaching retirement, it makes sense to revisit your business succession plan.

A tune-up can be as painless as an oil change for your car, or it can uncover some major work. But the benefit of a tune-up is that it puts you in control and minimizes the chance of getting stranded on a lonely road at night. A financial tune-up offers the same benefit—it prevents you from getting stranded without adequate retirement benefits, attractive employee benefits, or an up-to-date business succession plan.

The author, Rosanne Rolon Gil, RICP is a financial advisor with the Prudential and Long Island Premier Financial Group Their offices are located at 60 Fire Island Ave, Babylon NY 11702.
Rosanne is a long time supporter of the NYSCA

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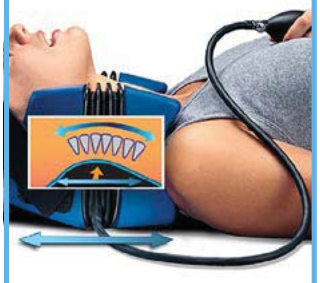

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Can Laser Therapy Help the Current Opioid Dilemma?

By Mark Callanen, PT, DPT, OCS

In 2016, 11.5 million Americans misused opioid medications which contributed to the death of 17,087 prescription drug users[1]. These staggering statistics have heightened the demand in the US healthcare market for therapies that address both acute and chronic pain conditions without the use of pharmaceutical therapies. Therapeutic laser, via the process of photobiomodulation (PBM), is a non-invasive modality that addresses pain in a number of ways.

Clinically effective PBM takes place when a light source provides an adequate dose of photonic energy to injured tissue. Laser and LED devices are the two most common light sources used for this purpose. The general mechanism for PBM involves biochemical stimulation of the electron transport chain in eukaryotic cells, which triggers several positive biochemical changes in injured tissue. These changes to musculoskeletal tissue and nerve tissue can decrease pain[2,3,4], reduce inflammation[5,6,7], and accelerate tissue healing.[8,9,10]

A 2015 study from the Annals of Cardiac Anesthesia demonstrated the effectiveness of laser therapy at reduced post-surgical pain after open-heart surgery. The painful sternal incision associated with this surgery usually requires oral opioids and rescue analgesia (injectable opioids), administered via a patient-operated button to self-control discomfort after surgery.

The study looked at 100 patients that had laser treatment administered 30-minutes after surgery to the sternal area. Statistically significant pain reduction was noted at 1 hour and 24 hours after treatment. Only 40 patients had pain of 5/10 or greater 24 hours after treatment, which necessitated a second laser treatment. Pain was recorded at 0/10 for all patients by the third day (hour 54). No patients required a 3rd dose of laser, and of note, no rescue opioid analgesia was required for the laser therapy group[11]. This is significant because it demonstrates laser's pain-relieving efficacy, and ability to reduce medication usage as part of the patient group's multimodal (MMA) analgesia protocol. This is extremely important because even a few days of opioid use can lead to chronic dependence.

A 2017 study that analyzed 1.3 million non-cancer patients showed that 6% of patients that used opioids for only 1 day were still taking the medicine one year later! The number doubled to 12% for patients that used opioids for 6 days, and for patients that were on a 12-day supply of opioids, 24% of those patients, almost one in four, were still taking the drugs one-year later[12].

Given that pain management is a multifaceted process, knowing what approaches are supported by evidence-based practice is key. In 2017 the American College of Physicians released its practice guidelines for Noninvasive Treatments for Acute, Subacute, and Chronic Low Back Pain[13]. In it, there was a strong recommendation for patients with chronic low back pain to initially select non-pharmacologic treatment. Several activities were recommended including exercise, multidisciplinary rehabilitation, acupuncture, mindfulness-based stress reduction, and tai-chi to name a few. The only stand-alone modality that they supported for chronic back pain was low level laser therapy.

The Journal of Sport Physical Therapy (JOSPT) followed suit in 2017 by endorsing laser therapy among other treatments for use in treating both chronic neck pain with mobility deficits as well as acute neck pain with radiating symptoms[14].

These evidence-based guidelines for both neck and lower back conditions will hopefully encourage clinicians that are quick to

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PRACTICE ALERT:
Weight Loss Management & Diet Counseling Services

New York State Board for Chiropractic

Chiropractors licensed in New York State may provide nutritional advice within their chiropractic scope of practice as part of an overall treatment plan for a chiropractic patient. Under Education Law §6551(1), chiropractors licensed in New York State may detect and correct by manual or mechanical means structural imbalance, distortion, or subluxations in the human body for the purpose of removing nerve interference and the effects thereof, where such interference is the result of or related to distortion, misalignment or subluxation of or in the vertebral column.

Chiropractic and nutrition/dietetics are two distinct and separate professions whose respective licensure is authorized in Title VIII of the New York State Education Law. Education Law §6551(3) states that chiropractors may provide nutritional services and products as part of the practice of chiropractic: "nothing herein shall be construed to prohibit a licensed chiropractor who has successfully completed a registered doctoral program in chiropractic, which contains courses of study in nutrition satisfactory to the department, from using nutritional counseling, including the dispensing of food concentrates, food extracts, vitamins, minerals, and other nutritional supplements approved by the board as being appropriate to, and as a part of, his or her practice of chiropractic."

Therefore, chiropractors licensed in New York State, who meet the educational requirements in Education Law §6551(3), may only make determinations as to the necessity of nutritional services and products for a chiropractic patient within the lawful scope of practice as defined in Education Law §6551(1). Additionally, unless a chiropractor also holds licensure in nutrition/dietetics, he or she may only provide nutritional advice and counseling in conjunction with his or her chiropractic practice and related to a treatment plan for spinal management and care.

Thus, in New York State, when a chiropractor provides weight loss management and diet counseling services, independent of chiropractic care, even to his or her existing patients, he or she is not practicing within the chiropractic scope of practice.

In addition, if a chiropractor provides nutritional services exclusively, without also addressing the vertebral column in any way, he or she is practicing outside of the chiropractic scope of practice. In both instances, the chiropractor may be subject to a potential charge of unprofessional conduct for practicing outside the chiropractic scope of practice [see Regent Rules 29.1 (b) (9)].

Weight loss management and diet counseling services must conform to the definition of the chiropractic scope of practice as defined in Education Law §§6551(1) through (3). The laws, rules and regulations pertaining to the practice of chiropractors can be found at www.op.nysed.gov/prof/chiro/chirolaw.htm.

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Current State of CBD oils in New York State

by NYSCA Executive Director

Q&A: Hemp and hemp-derivative products, CBD oil, scope of practice and the Agriculture Improvement Act of 2018

In response to member inquiries, below is an outline of current statutes and regulations that affect the ability of a chiropractor to use CBD oil and similar products within their chiropractic practices in New York.

At present this doesn't seem possible or advisable. Those who do so may put themselves at risk.

With the trends pointing towards decriminalization and legalization of marijuana, changes to state and federal law may be coming but this does not change the present circumstances. Additionally, language within the proposed draft of Scope Modernization may facilitate an avenue for future use of CBD oil, if combined with necessary state and federal changes.

Please read the following for more comprehensive explanation.

Q: In view of the recent enactment of the federal Agricultural Improvement Act of 2018 (H.R. 2 of 2018, Pub. L 115-334, also known colloquially as the "Farm Bill") permitting the cultivation of hemp and hemp products, including cannabidiol (CBD oil) derived from hemp, can chiropractic practitioners in New York prescribe, administer, use or sell salves, balms as topical agents containing CBD oil, or, in the alternative prescribe, use or dispense nutritional substances and dietary foods and supplements containing CBD oil?

A: In my estimation, the answer is "no," for the time being.
[Read More]

Please note that this is a draft memo and that the NYSCA has solicited constructive criticism from the New York State Board for Chiropractic and the other regulated health professional boards, as well as the Title VIII Coalition of licensed health professions in NY.

NYSCA District Information

The NYSCA is a statewide professional Chiropractic association, comprised entirely of your peers and colleagues. We have joined together in the promotion, advancement, and defense of Chiropractic. In conjunction with our full time lobbyist, the NYSCA monitors all legislation that affects our profession while working to protect and expand practice rights. Our association is governed by a democratically elected Board of Directors and House of Delegates. Further, New York State is arranged into 4 Regions and 17 districts, each having its own elected officials and hosting monthly meetings and events. Each active district has representation in the House of Delegates to ensure that your voice is heard.

District 1

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[President position pending]

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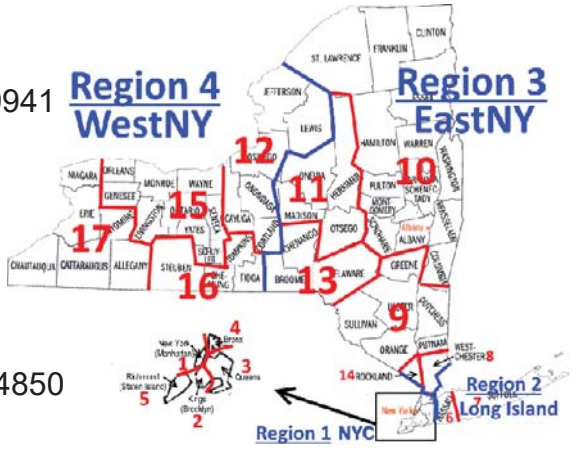
—Vice President 607-277-0101



NYSCA GENERAL ELECTIONS COMING THIS SPRING!

By Karl Kranz DC Esq, NYSCA Executive Director

Gentlepersons,

Governance elections for the Officers and Regional Directors is beginning to ramp up. Members interested in campaigning for a position on the NYSCA Board of Directors as either an officer of the Association or as regional director should start planning now. As most of us have said from time to time under a variety of different circumstances, "if only I were in charge." Well, if you haven't before, here is your opportunity to put those sentiments into an affirmative action plan to contribute to the future of our profession in New York state. Plan to make your mark on chiropractic by getting involved now; the profession needs your voice, if not your leadership.

As a not-for-profit professional trade organization in New York, the NYSCA constitution and bylaws dictates the qualifications needed to campaign for either an officer's position or a seat on the Board as a regional director. Because this is an odd-numbered year (2019) all five officer positions – president, vice president, secretary, treasurer and communications secretary -- are open for election. And because it's an odd-numbered year, there are six regional directors' positions open on the Board – three (3) each representing region 1 comprised of the five boroughs of New York City or NYSCA Districts 1, 2, 3, 4 and 5; and three (3) each representing Region 3 comprised of NYSCA Districts 8, 9, 10, 11 and 14 or Westchester, Dutchess, Putnam, Rockland, Orange, Ulster, Sullivan, Greene, Columbia, Rensselaer, Albany, Schenectady, Schoharie, Montgomery, Fulton, Saratoga, Hamilton, Warren, Washington, Essex, Clinton, Franklin, St. Lawrence, Herkimer, Oneida, Madison, Otsego, Chenango, Delaware and Broome Counties.

Certain incumbent officers can re-run for the position each now holds or incumbent officers can run for a different position as an executive officer of the Association. Instead of campaigning for an officer's position, current incumbent officers can also campaign for a regional director's position instead provided that they hail from either NYSCA region 1 or NYSCA region 3 for the purposes of this year's election.

Candidates for Officer's Positions

In order to be eligible to campaign for an officer's position, candidates must meet the following qualifications:

- The nominee must be an active regular, associate, in-state affiliate, or life member in good standing for a minimum of five (5) consecutive years;
- The nominee must understand and attest to the fact that he/she owes a duty of loyalty and a duty of care to the NYSCA and its membership and is not legally conflicted in carrying out his/her duties and responsibilities to the NYSCA and its membership;
- The nominee must have attended at least seventy percent (70%) of his/her district meetings in the year immediately preceding his/her nomination;
- As part of said seventy percent (70%) attendance requirement, the nominee may include, to the satisfaction of the district membership, written proof or other evidence from his/her district indicating that his/her absence from district meetings was due to the conduct of other business of the NYSCA district or the Association in general. This requirement shall not apply to any member currently serving the NYSCA in an executive officer's capacity.
- Nominee for an officer's position shall be eligible to serve and shall have served as a Director on the Board of Directors for not less than one full term. In addition, the nominee shall have attended no less than 2/3rds of the Board meetings convened during each year during her/his tenure as a Regional Director.

Candidates for the Position of Regional Director

In order to be eligible to campaign for the position of regional director, candidates must meet the following qualifications:

- Each nominee must be from a district that falls in the area represented by either Region 1 or Region 3 as outlined elsewhere above;
- Each nominee must have been an officer of the district or a delegate in the House of Delegates representing a district within either Region 1 or Region 3 noted elsewhere above; and
- The nominee must have been an active member of the Association for the three (3) years immediately preceding his/her nomination -- and he/she must have attended at least seventy percent (70%) of his/her district meetings in the year immediately preceding his/her nomination. As part of said seventy percent (70%) attendance requirement, the nominee may include, to the satisfaction of his/her District, written proof or other evidence from his/her district indicating that the absence from district meetings was due to the conduct of other business of the district or of the Association.

NYSCA members meeting the qualifications for office may self-nominate themselves for a position on the NYSCA Board or they may be nominated by other NYSCA members for a position on the Board. All candidates aspiring to a Board position need to formally accept their nomination by filling in an "Intent to Run" form found at http://www.nysca.com/w/files/2019IntentToRun.pdf.

In addition, candidates will also need to fill out a "Disclosure form" – part of the "Intent-to-Run" packet, in order to provide the Association membership with notice involving any potential conflicts of interest the candidate may have and which the Association should be made aware of in its deliberations that may involve any private or personal interests of the candidate or his/her practice enterprises the nominee may hold in his/her private or professional life. Disclosure of a conflict does not disqualify a candidate from holding office necessarily, but may require that a conflicted officer or director abstain from voting on one or more relevant issue or activities involving the Association whenever and wherever the stated conflict may arise.

Finally, all candidates must fill out a curriculum vitae (CV) – again, part of the "Intent-to-Run" packet -- highlighting their education

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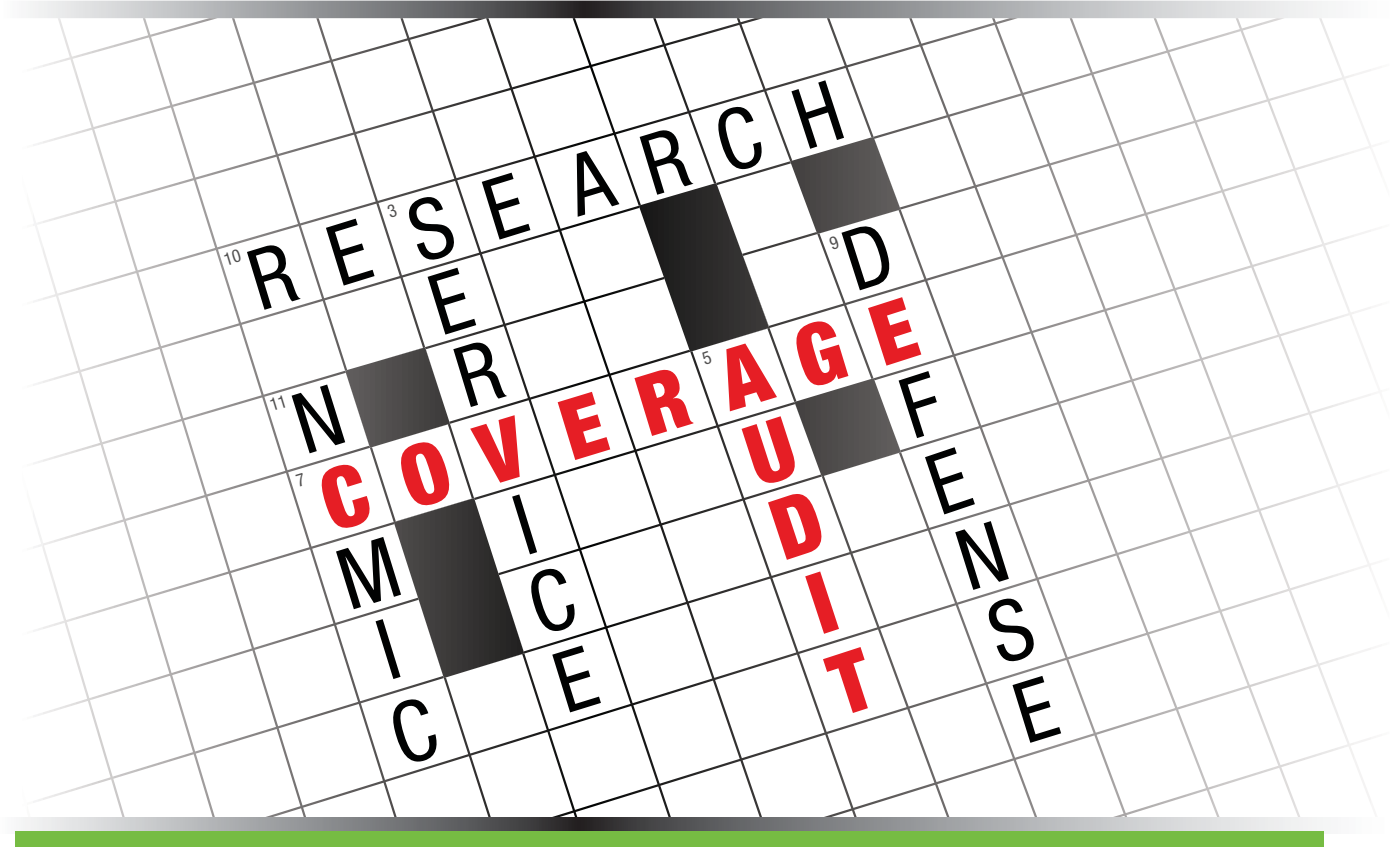

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HIPAA and Appointment Reminders
Is Your Practice Compliant?

By David Klein, CPC, CPMA, CHC

As the number of people using email and text messaging increases, more doctors feel the need to utilize these means to communicate with both their patients as well as colleagues. Automated Patient appointment reminders via email or text message are a convenient way to remind patients about their upcoming appointments. There's plenty of evidence that this strategy can reduce your patient no-show rate and help maintain patient compliance.

Many Providers assume that if they are sending the reminders via their EHR, then they are automatically compliant with HIPAA, unfortunately this is not the case.

HIPAA is federal law comprised of the Privacy Rule, Security Rule and Breach Notification Rule and provides federal protections for personal health information held by covered entities. Accordingly, all health plans, health care clearinghouses and any health care provider (and, by extension, a health care provider's Business Associate) are considered "covered entities" and must follow HIPAA.

The HIPAA/HITECH privacy and security rules cover any communication with electronic protected health information (ePHI), including e-mail, social media and text messages. In 2002, the Department of Health and Human Services (HHS) commented that both the traditional postcard reminders and phone/email/text message reminders, are an integral part of patient care and do not violate HIPAA per se.

However, the 2013 Omnibus final rule states the following regarding your Notice of Privacy Practices (NPP):

"In particular, §164.520(b)(1)(iii) requires a separate statement in the notice if the covered entity intends to contact the individual to provide appointment reminders or information about treatment alternatives or other health related benefits or services."

Based on the above, there are certain steps that Providers should take to ensure the communications to patients and colleagues are compliant with HIPAA, as follows:

✓ Make sure your NPP (Notice of Privacy Practices) is updated and includes information about opting-in for appointment reminders by text and/or email.

◦ The NPP should be explicitly clear and state something similar to:

"We are going to be sending automated text message/email reminders about your upcoming appointments. Please notify us if you do not wish to be contacted in this manner."

✓ Have patients verify their contact information, including their phone number, regularly.

✓ Consider an additional opt-in outside of the NPP; many people do not read the NPP.

✓ Give patients the option for a preferred method of contact.

✓ Obtain a release from the patient in which they acknowledge that they understand that there are risks associated with texting appointment reminders.

✓ Update the Practice's "Policies and Procedures" to include information on how appointment reminders are made and how they don't include ePHI.

✓ Train employees regarding SMS and email reminders and keep a training log.

✓ Make sure that all staff understand the risks of emailing or texting patients directly and all messages to patients must be pre-approved.

Additionally, when sending electronic appointment reminders, it is best to avoid being too specific – DO NOT include any PHI. Generic reminders should only include:

- Appointment date and time
- Provider first and last name
- Location of the appointment

Automated appointment reminders appear to be playing an increasing role in healthcare services. Sending automated medical appointment reminders has been shown to decrease appointment "no shows" and has a potential to enhance the patient-doctor relationship. As such, the needs for better standards and understanding is necessary. Email and text message reminders can be done in a compliant fashion as long as the Practice recognizes and implements the requirements of keeping ePHI safe and secure.

David Klein, CPC, CPMA, CHC, is co-founder of PayDC www.paydc.com, a web-based fully certified EHR system that focuses on compliance and reimbursement. He is a certified professional coder and certified professional medical auditor through the American Academy of Professional Coders (AAPC), and is certified in healthcare compliance through the Health Care Compliance Board (HCCB). He is the Founder and President of DK Coding & Compliance, Inc. a health care consulting firm that focuses on audit defense, education, compliance and reimbursement issues. He can be reached at dave@paydc.com

NYSCA Calendar of Events

Please visit www.NYSCA.com/meeting.asp to view our full calendar. You may also use this URL to add the NYSCA calendar to your personal calendar. District meeting dates, times, and locations are subject to change. Please check with your district president to confirm meeting schedules and locations.

Mar'19

Hotel reservation cutoff—3/14/19 Registration cutoff—3/22/19
NYSCA Officer & Director Nominations Begin March 1st

Thurs	3/7	6:30	D10 Albany CPR Training & Certification
Mon	3/11	7pm	D16 Southern Tier Meeting
Tues	3/12	8pm	D3 Queens Meeting
Tues	3/12	8pm	D6 Nassau Meeting
Weds	3/13	6pm	D17 Buffalo CPR Training & Certification
Weds	3/13	8pm	D2/5 Brooklyn/Staten Island Meeting
Weds	3/13	8pm	D8 Westchester Meeting
Thurs	3/14	7pm	D15 Rochester Meeting
Tues	3/19	12:30pm	D14 Rockland Meeting
Tues	3/19	7:30pm	D9 Hudson Valley Meeting
Weds	3/20	7pm	D12 Syracuse Meeting
Weds	3/20	8:30pm	D7 Suffolk Meeting
Thurs	3/21	7pm	D10 Capital Region Meeting
Weds	3/27	1pm	NYSCA Webinar (register)
Fri-Sun	3/29	2pm	NYSCA Spring Convention (register)

April'19

Elections Reminder:
Completed "Intent to Run" forms must be received by April 1

Thurs	4/4	8am	D17 Buffalo Spring CE (register) (12CE)
Mon	4/8	7pm	D16 Southern Tier Meeting
Tues	4/9	8pm	D3 Queens Meeting
Weds	4/10	7pm	D17 Buffalo Meeting
Weds	4/10	8pm	D2/5 Brooklyn/Staten Island Meeting
Thurs	4/11	7pm	D15 Rochester Meeting
Sat	4/13	9am	D12 Syracuse Spring CE (2CE)
Tues	4/16	12:30pm	D14 Rockland Meeting
Tues	4/16	7:30pm	D9 Hudson Valley Meeting
Tues	4/16	8pm	D6 Nassau Meeting
Weds	4/17	1pm	NYSCA Webinar (register)
Weds	4/17	7pm	D12 Syracuse Meeting
Weds	4/17	8:30pm	D7 Suffolk Meeting
Thurs	4/18	7pm	D10 Capital Region Meeting

May'19

Elections Reminder:
Voting opens 5/1; District officers elected at district meetings

Weds	5/1	1pm	NYSCA Webinar (register)
Weds	5/8	7pm	D17 Buffalo Meeting
Weds	5/8	8pm	D4/8 Westchester Meeting
Weds	5/8	8pm	D2/5 Brooklyn/Staten Island Meeting
Thurs	5/9	7pm	D15 Rochester Meeting
Mon	5/13	7pm	D16 Southern Tier Meeting
Tues	5/14	8pm	D3 Queens Meeting
Weds	5/15	7pm	D12 Syracuse Meeting
Weds	5/15	8:30pm	D7 Suffolk Meeting
Thurs	5/16	7pm	D10 Capital Region Meeting
Tues	5/21	8pm	D6 Nassau Meeting
Tues	5/21	7:30pm	D9 Hudson Valley Meeting
Tues	5/21	12:30pm	D14 Rockland Meeting
Mon	5/27	All Day	NYSCA Administrative Office Closed
Weds	5/29	1pm	NYSCA Webinar

June'19

Elections Reminder:
Elected statewide and local candidates take office 6/1

Mon	6/10	7pm	D16 Southern Tier Meeting
Tues	6/11	8pm	D3 Queens Meeting
Weds	6/12	7pm	D17 Buffalo Meeting
Weds	6/12	8pm	D2/5 Brooklyn/Staten Island Meeting
Thurs	6/13	7pm	D15 Rochester Meeting
Tues	6/18	8pm	D6 Nassau Meeting
Tues	6/18	7:30pm	D9 Hudson Valley Meeting
Tues	6/18	12:30pm	D14 Rockland Meeting
Weds	6/19	1pm	NYSCA Webinar
Weds	6/19	7pm	D12 Syracuse Meeting
Weds	6/19	8:30pm	D7 Suffolk Meeting
Thurs	6/20	7pm	D10 Capital Region Meeting

Choosing your (next) laser

Andy Hewitson, Chief Technologist, Avant Wellness Systems

As the volume of clinical evidence and anecdotal support swells, many practitioners are on the verge of adding a therapy laser to their toolkit. Therapy lasers come in a wide range of configurations and while this has the advantage of providing options to meet a wide variety of needs, it can be bewildering to the buyer who is trying to make an informed product choice.

Vendors will often differentiate their products on the strength of their brand, the volume of supportive research, training and unique features of their product. As helpful as this information may be, it does not clarify which device specifications influence treatment outcomes, nor does it clarify what type of laser is best suited to a type of practice or modality.

This article provides information that you won't easily find elsewhere. Namely, how to determine what kind of laser device you need as well as being able to compare products side-by-side on an objective basis. Laser therapy is extremely versatile, so this article confines itself to therapy lasers used for neuromusculoskeletal treatments. This article is also limited to laser-only devices, and does not cover combined devices such as laser / electro-therapy.

There are many factors that influence your choice of laser. This article groups them into regulatory, therapeutic and non-therapeutic.

Regulatory Considerations

Check if the governing board in your state places restrictions on lasers in your practice. Some will require that devices be FDA-cleared, others not. For example, the California licensing board for chiropractic introduced this requirement and it is foreseeable that other states will follow in time. A device that does not have medical device clearance is not implicitly less effective. An absence of clearance simply means that the device vendor may not make claims of a medical nature and may only sell for research purposes. If a device is not FDA-cleared, ensure that it at least complies with the FDA laser safety standards 21 CFR 1040.10 and 1040.11.

Therapeutic factors – laser light parameters

Aside from the application of treatment (including dose and frequency), the only factors that determine the therapeutic outcome are the properties of the laser light that enters the tissue. These are the wavelength in nanometers (nm), power in watts or milliwatts (W, mW), and the modulation (or pulsing) of the light in Hertz (Hz).

Power: Class 3 or Class 4?

The laser class is different to the medical device class rating, although they both pertain to human risk of injury. The laser class is a rating system developed by the FDA for all laser devices, medical or otherwise. Even your laser printer is assigned a laser class. A higher number implies a greater risk of injury, and consequently determines the safety measures that must be employed in its construction and use. The laser class is purely a risk rating and does not equate to therapeutic performance.

The laser class is determined by beam power. Class 3 ranges from 1mW to 500mW (½ W). Class 4 is anything above 500mW. There is no upper limit on Class 4. Note that the laser class of a device is independent of total device power. A Class 3 laser device can produce more than 500mW if the light is emitted over an area. For example, some laser therapy devices employ a "cluster head" with multiple laser diodes whereby the total device power exceeds 500mW, but the individual diodes do not. Such a device is still a Class 3 laser device.

Continued on page 26

METABOLIC ENDOTOXEMIA:

A Major Driver of Chronic Disease

By Dr. Tom Bayne

Approximately 50% of the western population suffers from a condition known as metabolic endotoxemia. The condition is characterized by increased serum endotoxin concentration during the first five hours of the post-prandial period. This increase in serum endotoxin concentration then triggers systemic inflammation resulting in elevated interleukin-6, interleukin-1-beta, interferon-gamma, triglycerides and post-prandial insulin levels, many of which have a strong correlation to a variety of chronic diseases.[1] Current studies demonstrate a strong correlation between metabolic endotoxemia (ME) and the risk or onset of conditions like cardiovascular disease, diabetes, obesity, hypogonadism, autoimmunity, and even mood disorders such as anxiety and depression.[2-8]

ME is an innate immune response that results in sub-clinical, persistent, and low-grade inflammation due to elevated circulating endotoxins. The primary endotoxin of concern is lipopolysaccharide (LPS). LPS is a major component of the outer cell membrane of gram-negative bacteria residing in the gut. In fact, the majority of the microbes in the digestive tract are gram-negative bacteria, including clostridium sp., enterococcus sp., escherichia sp., and bacteroides sp. Trillions of commensal bacteria in the gastrointestinal tract contain LPS, and when these bacteria lyse, they release LPS into the intestinal lumen. This process happens quite frequently, as many bacteria die off during a meal, but LPS remains harmless inside the intestinal lumen. It is not until LPS reaches the brush border and enters circulation that it begins to trigger low-grade inflammation.

Once inside the circulatory system, LPS can trigger innate immune activation and subsequent inflammation anywhere in the body. LPS can delay gastric emptying, slow bowel motility, disrupt ghrelin function, inhibit testosterone production, reduce serotonin, and so much more. Metabolic endotoxemia could very well be the primary driver of most chronic illnesses plaguing the western world. The causes of ME do not appear to be genetic or congenital, but rather a result of lifestyle choices.[9]

Fortunately, there are some basic lifestyle choices that can help reduce the risk and incidence of ME. Minimizing alcohol consumption, cessation of smoking, expanding the diversity of dietary macronutrients, and reducing saturated fat intake can all have a drastic impact on ME. New research indicates that meals that are high in saturated fat appear to be more damaging to the gut than meals containing unsaturated fats.[10] When commensal gut bacteria use saturated fatty acids to form their outer membranes, they produce a more toxic form of LPS. In fact, coconut oil appears to be the most potent stimulator of LPS toxicity in the gut. However, unsaturated fatty acids appear to produce a neutral form of LPS. Furthermore, omega-3 fatty acids appear to protect the intestinal lining by reducing the amount of LPS released into circulation.[11]

In addition to the above lifestyle modifications, ME can also be contained by increasing secretory immunoglobulin A levels, strengthening the mucosal barrier, and modulating the immune system.

Secretory immunoglobulin A (sIgA) is the first line of defense against free LPS liberated in the lumen of the intestines. sIgA has the capability to bind and neutralize LPS in the lumen and mucosa itself. Nutrients that have been shown to have a positive impact on the production and secretion of IgA are essential omega fatty acids, glutathione, glycine, glutamine, phosphatidylcholine, vitamin C, zinc and colostrum.

The mucosa is a key barrier that protects LPS from entering into the basolateral layer. When the mucosa suffers from inadequate production of mucin and inadequate viscosity, it fails to perform its barrier function and thus allows for the migration of LPS. Increasing mucin production can help restrict the movement of LPS towards the intestinal epithelial. Nutrients that have been shown to support increased mucin production are L-threonine, L-serine, L-proline, and L-cysteine. One of the best ways to modulate the microbiome and protect against conditions like ME is with spore-based probiotics.[12,13] It is clear that dysbiosis drives ME, and as a result, a healthy microbiome has the capability to protect the body from the damaging effects of ME. The major issue with most probiotics is that they do not survive gastric passage to enter the small or large intestines intact and viable. However, probiotic spores have the capability to survive the harsh gastric passage and enter the intestines completely viable. To date, bacterial spores are the only strains that have been shown to treat metabolic endotoxemia.

Probiotic spores in the product MegaSporeBiotic® were the subject of a university, double-blind, and placebo-controlled trial to evaluate the ability of the product to reduce or prevent ME.[14] In addition to assessing changes in dietary endotoxemia, the researchers also measured transient changes in cardiovascular disease (CVD) risk factors, other novel disease risk biomarkers, and the immune system itself, following a high-fat challenge meal.

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Case Study

By Peter Gorman DC

The following is a case study of a young patient who presented with a previous diagnosis of growing pains.

History

A mother calls the office for an appointment for her 10-year-old son who has been diagnosed with growing pains of the left knee. He is an avid sport enthusiast who plays baseball from the spring into the fall, basketball in the winter and spring training for baseball from February to May. For the past year he has been complaining of left lateral knee pain made worse by movement and mildly resolved with rest. He had been seen by his pediatrician who ordered a series of bloodwork, including a Lyme test, all of which were negative. The patient had a noticeable bilateral pronation and was referred to a podiatrist where orthotics were made to address this issue. He was also seen by an orthopedist who took x-rays. After all this, the diagnosis of growing pains was labeled to this patient.

Examination

The patient is a well-nourished energetic 10-year-old who is attentive and extremely polite. Postural exam revealed a mild eversion of the left foot, increased valgus deformity of the left knee, and inability to squat to the floor without both heels rising off the floor. A single leg balance test with eyes open was rated left side 20 seconds and right side 30 seconds. Patient's single leg balance test with eyes closed was rated roughly two seconds bilaterally. Muscle testing revealed weakness in left psoas muscle and left extensor digitorum (rated 4/5), while other muscles of lower extremity were graded 5/5. Stretching was normal for a lumbar spine, normal for thoracic spine with a prominent restriction in the left hamstring and motion restriction in left external rotation.

Slant board interpretation of the foot strike cycle was performed in sneakers with custom orthotics in place. The test revealed bilateral strong dorsiflexion, plantar flexion and supination with profoundly weak left foot pronation to the point where the patient could not stay on slant board, even at the lowest setting of 13 degrees. Right leg pronation revealed mild instability but patient was able to hold the position. The test was repeated with the patient wearing only his socks which revealed bilateral strong dorsiflexion, plantar flexion and supination. Interestingly, left leg pronation was now passable and patient was able to maintain his position on slant board with modest instability. Right leg pronation showed minimal instability as the patient held the position.

Patient was then given an objective gait analysis using an optical instrument on a treadmill walking at 2.2. mph. In socks, the patient's step length differential was roughly 2.1%, stance was 3.1% longer on the left, swing was 5.2% longer on the left, single support differential was 2.1%, load response was 8.3% faster on the left side and pre-swing was 7.9% longer on the right side. When he was tested with shoes on and the custom orthotic in place, the most profound change was in load response - which increased from 8.2% to 27.8% differential. Custom orthotics were then removed from sneaker and the test was repeated. The load response decreased to 11.3% differential and other parameters remained the same. His mother brought two new pairs of shoes to initial examination, as per instructions of the doctor. When testing in the first new pair (a more controlled type shoe), all parameters of gait cycle were rated less than 4% differential. The second new pair (a more minimalist type shoe) was very similar to the initial pair the patient was already wearing where the load response differential was rated at 13%.

A barre bar was also used, where patient was instructed to "fold out" his leg so that left knee laid on the left side of the bar as left ankle laid more medial to the patient (standing sign of four). The knee of left leg was measured at 6 inches above the bar while the right knee was able to lay even and flat on the bar.

Treatment Recommendations

It was explained to the mother that the asymmetries in the gait cycle must be corrected for her child. The patient was told to use the shoes with the most benefit for asymmetrical reduction at all times. The classic orthotic was replaced with a non-orthotic mid arch stimulator to help improve patient's noted proprioceptive deficit. Full spine chiropractic technique was utilized with progressive type stretching, most notably in the left hip rotators and hamstrings on left. Patient was then put back on the treadmill at 2.2 mph where neuro-muscular re-education in real time with precise data to guide the patient was performed. He was able to walk on the treadmill, observe the parameters of his gait cycle- primarily step length and load response and with coaching from the side over a 10-minute period of time, was able to reduce the asymmetries seen. At the end of the session, the patient told his mother that he did not feel any pain in his left leg.

Patient was given balance exercises, both with eyes open and closed to help address the balance and proprioceptive issues. He was given a modified type pigeon stretch to perform along with classis hamstring stretch. He was instructed to utilize a slant board at home (made from a 2x4 and a brick), to repeat the positions of the foot strike cycle with extra training towards the most difficult stance each day, usually 5 complete sets. The mother was told to follow up in two weeks, and if any questions arose to call the office.

Continued on page 29

NYSCA Member Privileges

Membership with the NYSCA also makes you eligible for members-only savings from a variety of businesses through the NYSCA Member Privileges Program. Have you taken advantage of the privileges NYSCA membership offers? Here are some of the opportunities open to you:

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Member Benefits

Take full advantage of your NYSCA Member Benefits

Membership with the NYSCA makes you a part of the largest community of practicing Doctors of Chiropractic in New York State. This affords you an unparalleled opportunity for camaraderie with colleagues in your local area, to share with them in the trials and triumphs of day to day practice.

There are many ways for you to increase your benefit of being a NYSCA member:

- ☑ Join your local NYSCA Facebook Group
- ☑ Submit a complementary classified ad
- ☑ Check (and update) your practice listing
- ☑ Become (or request) a practice mentor
- ☑ Attend a local NYSCA event
- ☑ Access members-only content online
- ☑ Learn more about current legislation
- ☑ Participate in the annual NYSCA elections
- ☑ Enroll in Monthly CE Webinars
- ☑ Register for upcoming CE Conventions

Download the NYSCA Member Benefits and Privileges Toolkit

Be sure to keep your NYSCA membership and dues current so that you can continue to enjoy these Member Benefits and Privileges. As always, please feel free to continue to support your local vendors. If you are not yet a member, **join today** and start taking advantage of these special programs!

Yours in Good Health,
Dr. Chris Piering & Dr. Carrie Goettsch
membershipcommittee@nysca.com

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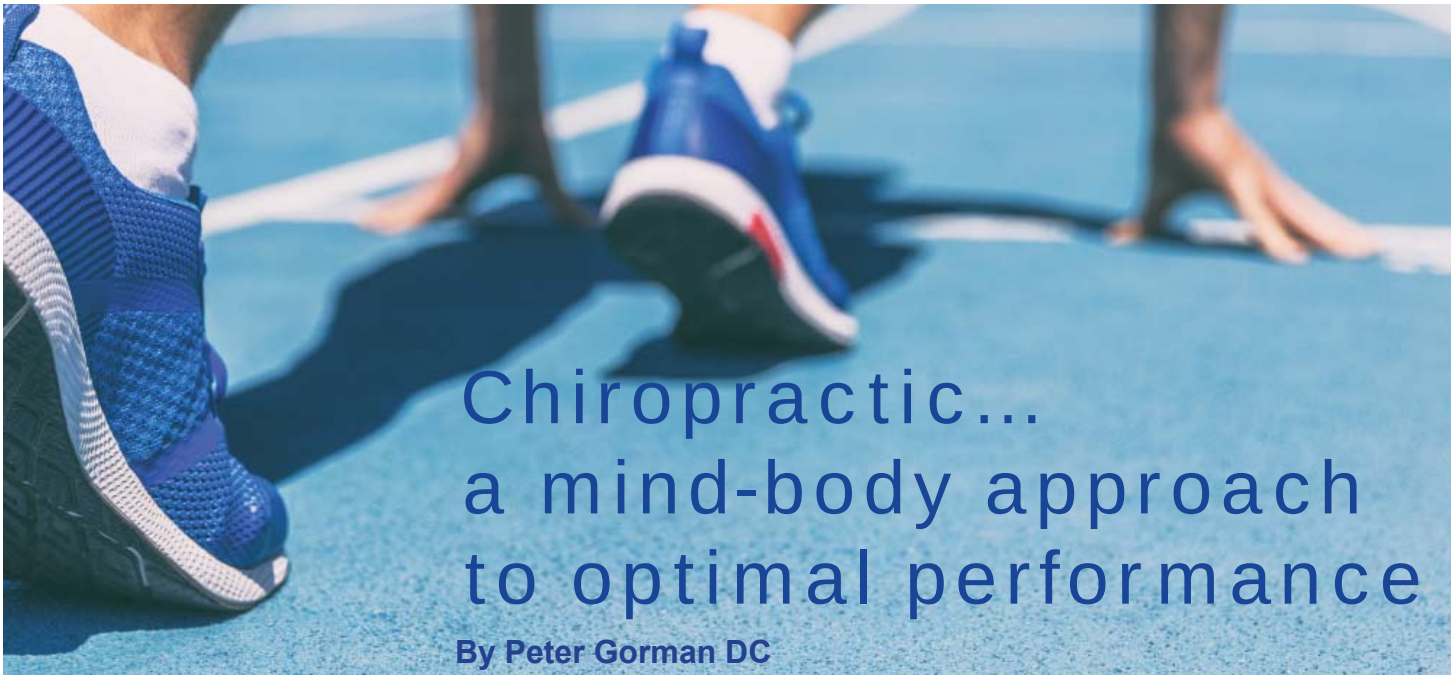

Chiropractic… a mind-body approach to optimal performance

By Peter Gorman DC

Spring training is here, and every New York State Chiropractor should be ready to get involved with all teams, professional and amateur. Let's make an important note right here and now. You do not have to be a "sport chiropractor" to be involved with teams and athletic play. Our office treats all patients, whether they are 9 or 99 as true athletes. Each and every person has to meet their own athletic challenges throughout the day-young children are running on fields, older children are trying to make national teams, mid-age people are climbing poles and delivering electricity to all of us, and others in retirement are happy to go for a walk, feel comfortable and not have to worry about falling down. Each and every one of these examples is involved with their own level of athletic performance. The point is, as chiropractors, we should strive to be the leaders in not only understanding movement but also be able to correct asymmetries as the needs arise. What makes sport slightly different than "normal life" is the introduction of speed and faster reaction times. The well-prepared chiropractor understands this and can help from a physical, emotional and chemical point of view which falls in line with the bio-psycho-social model of healthcare.

Let's look at a simple example; "READY-SET-GO" is a term that we've all heard many times.

This simple phrase is actually missing a step. In between Go and the actual reaction is an entire series of cognitive events that create a time gap between perception of the word go and the achievement of the explosive reaction. This time gap is known as the athlete's reaction time.

In this example, the athlete must Recognize the given stimulus (GO), Attend to what he recognizes, Decide on what he is attending to while suppressing any distractors, Accept what he has decided on, and then finally React to what he has accepted. This cognitive process of steps can be referred to as the athlete's RADAR and will largely affect how quickly the athlete will be able to react to a given stimulus. The longer it takes the athlete to process, the longer it will take them to react and, ultimately, perform.

Baseball is a True Agility sport, where reaction time is key. Every movement on the field is elicited by a stimulus, which in itself is the definition of True Agility. Whether it is a fielder moving for the ball, a batter swinging or not swinging at the ball, the pitcher deciding on throwing the ball or the base runner advancing or staying, every single movement is decision based. To make each movement as effective as possible, decisions must be made extremely fast. This decision speed is known as Speed of Processing
(SOP).

No matter how well trained the athlete is physically, if their speed of processing is slow, they will be slow. It does not matter how fast the athlete is in a 60-yard dash – it is all lost if they cannot think quickly enough to go when needed. For example, baseball happens fast – a 90 mph fastball reaches the plate in 400 milliseconds, it takes 25 milliseconds to think and 150 milliseconds to then unwind the kinematic sequence and swing. This leaves only 225 milliseconds to see, recognize and understand the pitch. If an athlete's recognition speed is slower than 225 milliseconds he literally is guessing at the plate. Being the technical director of Sport Performance for USA Baseball, our office is very involved with youth baseball around the country, which also includes the MLB. Last year when testing over 9,000 elite baseball players in our country, the average speed of recognition of a high-level player was 286 milliseconds. Maybe, this is one reason why an athlete drafted in the top two rounds of the MLB draft has less than a 2% chance of making it to arbitration. The reason we mention this is a well-informed chiropractor who makes validated cognitive training part of his overall approach to performance can baseline an athlete's recognition speed and monitor improvements over time.

Dr. Peter Gorman and Dr. Russell Ebbetts will be presenting at the NYSCA Convention, March 29-31st at Mohegan Sun.
Their topic, "Gait and Cognition: Defined, Understood, and Trained" will be presented on Sunday.

By improving both an athlete's speed of processing and recognition time, they will greatly improve all decision-based move-

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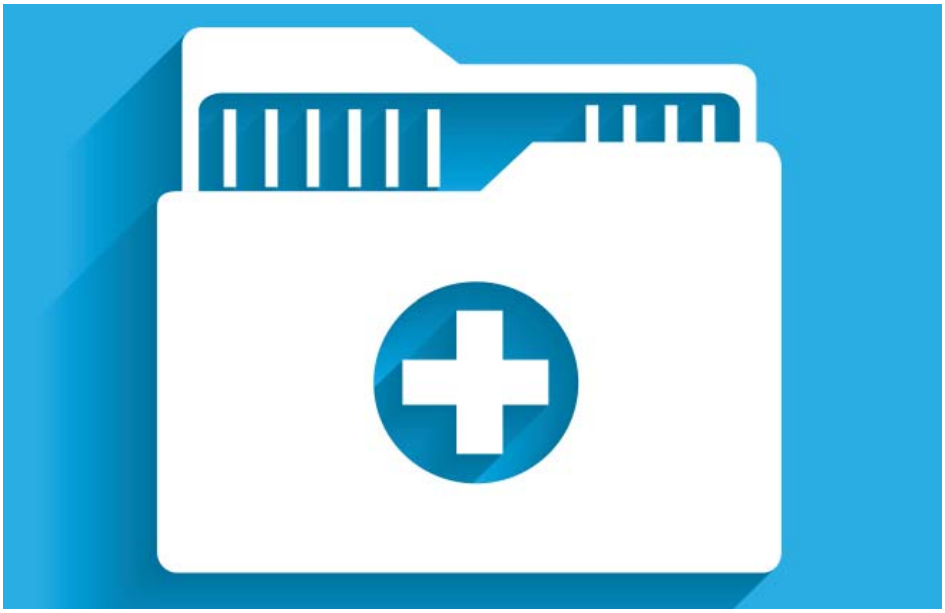
Proper Medical Record Documentation

By Scott Lupiani Esq, General Counsel, Elite Medical Supply of NY



"If it ain't written down…it didn't happen."
Confucius circa 2016

Proper medical record documentation practices are learned skills. Reasons for the lack of documentation include misunderstandings of what, when, how, and why to document. Carriers and their hired "experts," Peer Reviewers, generally deny provided treatment, testing, and durable medical equipment ("DME") by exploiting the treating provider's deficient documentation. Doctors are often not held directly accountable for deficient documentation and many providers may not understand the legal importance and potential consequences of improper or poor documentation. Proper documentation provides countless benefits—examples include safety, effectiveness, and revenue—to the patient, the provider, and the medical profession as a whole.

From a New York No-Fault practical perspective, an insurance carrier may deny a provider's reimbursement claims based on a lack of medical necessity. An insurer must demonstrate the denied service(s) (treatment, testing, DME) were not medically necessary. New York case law requires that in order to meet that burden, the insurer's denial must be based on a peer review, IME report, or other competent medical evidence that sets forth a clear factual basis and a medical rationale for the denial.

What should be included in patients' records?

Peer review arguments routinely rely upon a treating provider's documentation to demonstrate a lack of medical necessity. Improper or limited documentation is a powerful argument for the carrier and their peer reviewers. In order to guard against such an argument, it is advisable to include, at a minimum, a daily S.O.A.P. note:

- objective and subjective testing/evaluation and the effect on treatment parameters and the adjustment to the patient's treatment plan
- the patient's progress or lack of progress
- treating observations
- the details of discussions and consultations with the patient regarding need for more focused testing/evaluation, and any recommendations and reasons for prescribing DME

- why there is an increase or decrease in office visits/treatment
- any treatment milestones
- start/stop times for procedures that require time-unit-based coding
- specific testing was performed, read, discussed with patient
- specific testing or DME was discussed, ordered, or fit for the patient

Legal Importance of complete and proper documentation

The legal importance of proper documentation cannot be understated. Evidence of incomplete documentation:

- may cause a perception that care was incomplete
- may illuminate gaps in care and provide arguments suggesting poor critical care
- may demonstrate trials of specific DME, therapies, or treatment protocols were not conducted
- may establish testing was not medically necessary
- may be used against the practitioner assisting the carrier to avoid payment claiming negligence or fraud
- may allow the government to seek disgorgement of payments, impose penalties and fines, and exclude the provider from its program

Grossly incomplete documentation may result in professional discipline, lost revenues resulting from carrier denials of reimbursement (or delays during verification/EUO process), governmental action, poor coordinated patient care, improper billing, and a compromise to patient safety.

The four key elements to proper documentation are Accuracy, Completeness, Relevance, and Timeliness.

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NEW PRACTITIONER MENTOR PROGRAM

Program Goals

The goal of the program is to foster a successful mentoring relationship between new DCs and seasoned Doctor of Chiropractic, giving our members the opportunity to:

- Gain exposure to the business community
- Learn about and discuss specific practice paths
- Develop and cultivate a business network
- Understand the relevance of their continuing education
- See what tasks and issues doctors really face in New York
- Discuss attributes and experiences doctors are truly looking for in potential associates

Program Overview

New practitioners in New York have identified critical stages of business and practice where a resource is most needed; therefore, NYSCA's Mentor Program members are provided the following:

- Member support specialist to help in business and practice
- Helpful documents for your practice in New York
- Mentor matching based on specific needs
- FAQ

New Practitioner Expectations

A successful mentoring relationship truly depends on you, the DC. We ask our mentors to connect or interact with you at least two times per month; however, you are the catalyst to build and develop the relationship. We expect you to engage your mentor in your business and practice goals, so they may effectively guide you as needed. New DCs may enroll in the program. Once matched with a mentor, students receive more detailed information.

Mentor Qualifications

To qualify to be a NYSCA mentor, the following must apply:

1) Current NY state Chiropractic License (to be submitted annually with mentor program application)
2) Current malpractice insurance (to be submitted annually with mentor program application)
3) At least 3 years post-graduation from an accredited chiropractic school

Note: A paid associate will not qualify as a mentee in this program as a paid mentorship is already occurring.

Mentor Expectations

1) Fill out a brief mentor application and send to the Mentor Program Coordinator, Dr. Gerald Stevens (gstevens@nycc.edu)
2) Approved members will be listed on the NYSCA website as available mentors in each district with contact information. Mentors should complete the application annually to continue to participate in the program.
3) Mentors will be paired with mentees in their own NYSCA district of residence or practice and are asked to meet with assigned mentees at least twice per month for three months. Meetings may be in person and/or by phone and must be documented with an encounter form signed by both parties.
4) No funds will be provided by NYSCA (Albany) for mentor/mentee meetings. Individual districts may choose to fund mentor/mentee meetings as per district policy/vote.
5) Mentor will be asked to complete a short post program evaluation to ask for improvements and quality of experience.
6) If you no longer wish to participate in the mentor program, contact the Mentor Program Coordinator.

Mentor Benefits

A qualified mentor will receive $100 credit towards their NYSCA membership fees upon completion of a three month mentorship and associated evaluation.

For more information, please contact:
Gerald L. Stevens DC, MS,MPH,
NYSCA Mentor Program Coordinator

NYSCA PRESIDENT'S REPORT CONTINUED FROM PAGE 3

simultaneously. Members who have comments or concerns can send them to committees@nysca.com.

This fall the NYSCA will also be part of a historic event. The New York Chiropractic College (NYCC) and the New York State Chiropractic Association (NYSCA) announced the first-ever joint NYCC homecoming and NYSCA Fall Convention to be held September 20-22, 2019 at NYCC's Seneca Falls campus. The Centennial Celebration is in honor of NYCC celebrating the 100th year of it's founding. This collaboration will feature continuing education opportunities, guest speakers, networking and social events, exhibitors, and more.

Our legislative agenda remains strong. With the significant shifts in our state government following last Fall's election, there have been changes in our state government such as committee appointments. We are navigating these changes and will position our legislative items for success. The agenda includes Modernization of Scope, a Partnership bill working with a coalition of other title VIII professions, and working with the same coalition creating a new bill recommending conservative care prior to opioids. We believe this will pave the way for a better future for chiropractic in New York. Keep an eye out for updates and action steps soon.

The NYSCA continues to work on insurance issues, member concerns, and creating a robust offering of member benefits. Our goal is to create an environment where chiropractors in New York can thrive. To this aim, we are actively looking for chiropractors that would make great NYSCA members. Please reach out to colleagues you feel should join and invite them to become a member. Once you have invited them, please send an email to controller@nysca.com and provide the name and email address of the colleague you invited. Our fantastic NYSCA staff will then follow up with them.

The NYSCA has strength from our membership, power from our principles and evidence-driven approach, and is active in our advocacy. For all the NYSCA leaders it is a pleasure to serve you and this great profession as we "strive to thrive."

Jason Brown, DC

NYSCA President

PRACTICE ALERT CONTINUED FROM PAGE 10

The following statutes, rules and regulations are applicable:
Regents Rules, part 29.1(b)(9) - "practicing beyond the lawful scope"
Regents Rules, part 29.1(b)(12) - "advertising not in the public interest"

Board Description
The New York State Board for Chiropractic is an advisory board, not a regulatory board. It cannot make policy, but is called upon to advise and assist on matters related to the practice of Chiropractic in New York State. The Board functions under the Board of Regents.
Reminder to all practicing DC's to keep up to date with the Practice Alerts: http://www.op.nysed.gov/prof/chiro/chiroalerts.htm

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Opioids and Chiropractic: Latest Update

By Gerald Stevens DC, MS, MPH
Clinical Practice Committee Chair

As many of you are aware an opioid epidemic rages on in the Unites States. In 2017, the Department of Health and Human Services declared the epidemic a public health emergency. Unfortunately, from quarter three 2016-2017 the number of deaths nationally have increased about 30%. 1 C The FDA, CDC and IOM recommended non-pharmaceutical interventions such as chiropractic before opioid prescriptions for chronic pain patients2. Chiropractic, is being recommended and promoted to help this crisis in many states such as Rhode Island and West Virginia. Most recently, Ohio law makers recommended chiropractic before opioid prescriptions as well3.

Recently, in the research literature, an article was published in The Journal of Alternative and Complementary Medicine entitled "Association Between Utilization of Chiropractic Services for Treatment of Low-Back Pain and Use of Prescription Opioids4. The study's main objective was to evaluate the association between utilization of chiropractic services and the use of opioids. The study authors analyzed New Hampshire health claims in 2015 as a database. Study subjects aged in age from 18-99 years old, enrolled in the health plan, saw a chiropractor at least twice 90 days since their initial low back pain diagnosis. The results indicated the likelihood of filling an opioid prescription was 55% less likely among chiropractic patients than patients without chiropractic intervention.

The Joint Legislative Task Force (NYSCA/Council) and the Title VIII Coalition have formulated a bill that would recommend non-pharmaceutical intervention including chiropractic for chronic pain. The bill was brought to the governor's legal counsel and after some tweaking of legal language will be submitted to New York legislature this year. We are excited to see the future progress of this bill. Join us spreading the word about the difference chiropractic can make with this raging opioid crisis.

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PROPER MEDICAL RECORD DOCUMENTATION
CONTINUED FROM PAGE 21

Accuracy: Information will likely be relied upon by others and inaccurate entries could lead to improper medical advice. One should not make entries for others. Additions and corrections must be accomplished in the correct manner. All patient statements that are recorded into the patient's chart should be in quotation marks and accurately reflect the patient's statement(s).

Completeness: Blanks, gaps, and excessive spacing on a patient's record should be avoided. Do not start a new form until all lines on a prior form are completed or eliminated. Use an appropriate "n/a" entry or complete all fields. Travel cards, as a sole source of documentation are insufficient.

Relevance: Do not use the record to speculate, gripe, blame, or complain, and avoid criticism of other professionals in a patient's chart. Avoid unsubstantiated subjective remarks.

Timeliness: Entries must be made contemporaneously or as soon as possible after the event or observation. Numerous laws, regulations, and policies have specific time limits for completion of entries. The more time it takes to record the information, the less reliable the information. Never make entries in advance, and never backdate entries.

Do not allow yourself to be stuck in old habits. I wrote this article for you, not me. Carriers, and more importantly the government and their auditors, rely upon improper and insufficient documentation to deny, and in the government's case, to seek disgorgement of payments, impose penalties and fines, and exclude the provider from its program. Proper documentation is not a suggestion, it is a mandate.

I am the General Counsel for a durable medical equipment company, and I provide a variety of services for my client, including prosecuting arbitrations and managing litigation. That experience has illuminated to me the practical and legal importance of proper medical record documentation.

Disclaimer: This article is for informational purposes only, and should not be construed as legal advice on any subject matter. You should not act or refrain from acting on the basis of any content included in this article without seeking legal or other professional advice. The content provided is general information and may not reflect current legal developments or address your situation. This article does not create an attorney-client relationship between the reader and me.

Scott M. Lupiani, Esq.
General Counsel
Elite Medical Supply of New York, LLC

CAN LASER THERAPY HELP THE CURRENT OPIOID DILEMMA?

CONTINUED FROM PAGE 9

dismiss modalities in their clinical practice to reexamine laser therapy. In doing so, they will find that there is growing support for it as part of a comprehensive plan of care when addressing pain and other musculoskeletal injuries.

While drawing conclusions on the best way to address pain is still open for debate, a few things are starting to become clear. It is evident that the risks involved with opioids are causing them to fall out of favor for short and long-term pain relief. Additionally, the receptiveness by the medical community to prescribe non-pharmacological pain management treatment methods has never been higher.

Knowing what active strategies, as well as how to incorporate modalities like laser therapy into a comprehensive, evidence-based plan of care, will be key factors in promoting change in the US pain market as the evidence on this topic continues to emerge.

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CHIROPRACTIC… A MIND-BODY APPROACH TO OPTIMAL PERFORMANCE

CONTINUED FROM PAGE 20

ments. Speed of processing can be trained just like any other skill. There are many cognitive training platforms to choose from, and it is highly recommended that all chiropractors only choose platforms that are supported by true evidence-based, peer-reviewed papers. These cognitive platforms are usually free or very low cost to the patient and can be given as homework for the patient, to help them play an active role in their care.

Baseball, and life in general, is a game of moments that must be executed quickly and precisely. Let's make sure that while our athletes are honing their physical skills to the point of excellence, they are not overlooking the training of their cognitive ability. Let's ensure that when our patients take a drive in their car, they will have quick enough reflexes to avoid any type of collision. Furthermore, the chiropractic mind-body approach to care is as effective, if not more so, than any other care in the world today in helping all athletes reach their own given optimal performance. Our ultimate message is to demonstrate that by collaborating and sharing information with each other, the New York State Chiropractic Association will have the most well-trained doctors who are prepared to care for all their patients from both a functional and cognitive level.

Proud to be a New York State chiropractor,

Dr. Peter G. Gorman, NYCC Graduate
Dr. Chelsea Keesler, NYCC Graduate

Any questions or comments, please contact Dr. Keesler at (914)-391-6113 or drckeesler@gmail.com

Class 4 devices are unfairly criticized as being dangerous, that you can burn your patients. This is a marketing tactic used for competitive advantage. If used as directed, Class 4 devices are not dangerous. However, there are more stringent safety requirements for Class 4 devices. Reflective surfaces, doorways and windows that can leak light are factors that may limit where you can use such a device in your practice.
Vendors of Class 4 therapeutic lasers will often state that more power is better because higher, more effective doses can be applied in a shorter time. Industry consensus is that increased power is often advantageous in pain management, but this is not true for all conditions [1] [2]. Therefore, it is essential to be able to control the output power of a Class 4 device. Power control of Class 3 devices is desirable for the same reasons, but not essential due to their lower maximum power.

Comparable results can often be obtained with lower power levels at the expense of longer treatment time (or more frequent treatment). Some claim that Class 3 devices are too weak to produce results, but this opinion conflicts with favorable research findings over the last 30 years, most of which was performed with Class 3 devices.

A treatment dose using laser is the total energy delivered to the tissue and is calculated as the product of average power and time. Dose is measured in Joules (J). Sometimes dose is specified with respect to the surface area treated (usually in cm2) and this version of dose in J/cm2 is often referred to as fluence.

Some manufactures specify the peak power as well as the average power. Ensure that you are using the average power specification when comparing different devices. Super pulsed lasers are a notable exception in that their penetration is around twice that of a continuous or pulsed device at the same power (3). For super pulsed lasers, double the specified average power for comparative purposes.
As might be expected, device cost increases with power.

Wavelength
Cells of various tissue types contain photoreceptors [3] that convert light energy at specific wavelengths into signals that can stimulate biological processes [4], [5]. In addition, chromophores within cells cause them to absorb light at specific wavelengths which is converted to heat. This heat is reradiated in the form of fluorescence and is also consumed in photobiochemical reactions.

Most laser therapy devices produce light in the red spectrum (typically 630..660nm) and/or near infrared spectrum (800..1000nm). Some newer devices use violet lasers (405nm), but other than their anti-bacteria properties, there is little in the literature on such devices.

Infrared devices provide topical and deep heating that relieves pain, increases joint mobility and relaxes muscles. Local heating also increases circulation to stimulate healing. The absorption properties of various tissue types are well known, and therefore it is simple to determine what wavelength will produce the greatest heating effect for a particular tissue type. However, you will be using the laser to treat patients, so the laser light will pass through skin, fat, muscle, vascular, connective tissue and bone. As a result of the averaging effect of passing through various tissue types, laser wavelengths from 800..1000nm produce similar results. Some devices include 808nm and 980nm lasers in order to provide greater control of where the energy is delivered. (980nm will be more superficial.)

Whereas laser devices in the infrared range are available with power output of tens of watts, those in the red spectrum (630..660nm) only have tens of milliwatts up to a few Watts. This does not mean that they are thousands of times less effective than their infrared cousins. The modality of operation is different, and red lasers are best seen as a different kind of medical device. Similar technology, but a different tool. These low power red lasers do not deliver sufficient energy to elevate tissue temperature high enough to induce photo-thermal reactions. Instead the light is consumed directly by biological process that stimulate cellular repair, growth and proliferation [6]. Red laser light also appears to have a significant effect on nerve function, as observed by improved motor control and joint function. Although the mechanisms are not yet fully understood, the clinical evidence prompted the FDA to create a new medical device category of "NHN" for light therapy devices that are a "non-thermal instrument with non-heating effect".

Modulation, or Pulsing
Pulsing switches the laser light on and off repetitively. The frequency or speed of pulsing can be very slow and observable, or much faster than the eye can detect. Devices that support pulsing typically cover the range of 1..10,000Hz (10,000 pulses per second). Clinical evidence has demonstrated that pulsing the laser light can improve outcomes over a continuous illumination, and that the frequency of pulsing also effects treatment outcomes [7] [8].

It is not yet known why pulsing makes a difference and which specific frequencies are best for an indication or tissue type. Frequencies are often provided in courses and in literature for a range of indications. Although these frequencies may have years of clinical use that supports their efficacy, there is still no guarantee that they are the best frequencies for those conditions.

As the science of laser therapy evolves, we can expect to gain more understanding of pulsing and how to make the best use of this capability. In order to apply this knowledge as it unfolds, ensure that your laser has some flexibility to accommodate new pulse settings, either via the panel or through software updates.

Non-therapeutic Factors
Other factors such as portability, size and weight, corded or cordless operation, ease of use and cost are considerations that factor into device selection. They matter to you, but not to the patient. These factors are influenced by the modalities used in your practice and to some extent by personal taste.

Size and weight are important considerations. It is not uncommon to use the laser throughout the work day, so the associated occupational strain should be considered.

There are times when you may want to have both hands free for manual therapy while delivering laser treatment. Or you may want the option to deliver unattended treatment. For either of these situations a stand to hold the device is a valuable feature. This is often not relevant for Class 4 devices, since

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CHOOSING YOUR (NEXT) LASER
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the treatment approach requires that the device be swept over the area of treatment.

While portability might seem unnecessary for an office-bound practitioner, if you have multiple treatment rooms or a device that is shared, then one that requires an outlet can be an encumbrance. Portability usually carries a cost premium and thus needs to be weighed up against other factors. If you're looking at a portable unit, ensure that it can either be used while charging or has sufficient battery capacity to last for a day of typical use.

A cable between a base unit and treatment head that drags across your patient can be a distraction to them, and an encumbrance to you if you are moving around your patient during treatment. Bear in mind that cordless units can be heavier as a result of having everything in the treatment head.

Other than the initial purchase cost, be mindful of hidden costs. Many lasers are recommended for recalibration on an annual basis. For portable units, check the expected battery life and replacement cost, and if the unit needs to be returned to the manufacturer. Laser diodes wear out like any other light source. Laser diodes typically have a life of more than 6,000 hours, although failure before that time due to non-ideal operating environment is possible. Laser diodes are also more susceptible to random failure than other semiconductors. For a device that may well be with you for 10 years, it is worth knowing what it costs to replace the laser diodes if they fail. In addition to factoring these costs into your budget, check if a loaner is available while yours is in for repair. You are likely to become quite dependent on your laser and will not want to be without it.

Summing up

There are many areas of overlap, so the following statements are a guide rather than a definitive position:

- Infrared lasers are used where the priority is pain relief.
- Red lasers are used as an adjunctive where the goal of treatment is functional recovery.
- More power is often advantageous (for red and infrared), but not always.
- Pulsing can improve efficacy, but experimentation is required to find the best settings.

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METABOLIC ENDOTOXEMIA: A MAJOR DRIVER OF CHRONIC DISEASE CONTINUED FROM PAGE 17

Healthy volunteers were screened for an endotoxic response to the challenge meal. If they showed the response, they were enrolled into the study and randomized into either the placebo group or treatment group. They consumed the placebo or treatment product for 30 days, with no other interventions or lifestyle changes. After the 30 days, they reported back to the lab for their "post-treatment" response and received a second challenge meal. All the same blood work was run to access their levels of endotoxemia. The data showed a clear shift to a protective microbiome after just 30 days of supplementation with the spores. The post-test challenge in the treatment group showed a drastic reduction in endotoxemia. Interestingly, the placebo group progressively worsened. These probiotic spores are likely the most promising therapy for metabolic endotoxemia, as no other probiotics or compounds have demonstrated this effect. Collectively, the findings of this study demonstrate a significant blunting of metabolic endotoxemia, triglycerides, and systemic inflammatory markers IL-6, IL-8, MCP-1, IL-1β and IL-12 following a 30-day period of probiotic supplementation. This study is the first to demonstrate that a short-term probiotic intervention can alter dietary endotoxemia in human subjects.

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Wednesday, March 27, 2019 1:00pm-2:00pm (1CE)
- Register online by 03/20/2019

Chiropractic Care & the Temporomandibular Joint
Course Instructor: Joseph Merckling Jr DC

To understand the relevant anatomy and common treatment methods chiropractors can use to effectively diagnose and manage conditions related to the temporomandibular joint.

Wednesday, April 17, 2019 1:00pm-2:00pm (1CE)
- Register online by 04/11/2019

HP-1 Process-Administrative and Arbitration Awards
Course Instructor: George Rulli DC

Learn how to document for required arbitration, what the documentation requirements are for MG-2, and when to file for Administrative award un NYS guidelines.

Wednesday, May 1, 2019 1:00pm-2:00pm (No CE)
- Register online by 04/25/2019

The Function and Role of a Chiropractic Assistant
Course Instructor: Teresa Piering DC

Topic covered will include: Phone procedures; Managing the appointment book; New patient procedures; Collection; Patient Flow; Maintaining an efficient office

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Wednesday, May 29, 2019 1:00pm-2:00pm (1CE)
- Online registration coming soon

Medicare Reviews and Appeals
Course Instructor: Robert DeSantis DC

Reviews are performed: To detect fraud, to detect abuse, to ensure that claims are filed properly, to determine over payments and to determine error rates for providers and provider types.

License Renewal: Continuing education credit (CE) is provided by New York Chiropractic College (NYCC). While applications relating to credit hours for license renewal in selected states have been executed for these programs, it remains attendees' responsibility to contact the state board(s) from whom they seek continuing education credits for purposes of ensuring said board(s) approve both venue and content as they relate to any event. Neither a speaker's or exhibitor's presence at said event, nor product mention or display, shall in any way constitute NYCC endorsement. NYCC's role is strictly limited to processing, submitting, and archiving program documents on behalf of course sponsors. These courses are valid for CE credits in "pre-approved" states, so long as it falls within the scope of practice as outlined by the corresponding state board.

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DFS ADOPTION OF 2018 WCF FEE SCHEDULE

CONTINUED FROM PAGE 5

plicable to No-Fault treatment and billing on April 1, 2019. It should be noted that the new fee schedule only applies to healthcare services rendered on or after April 1, 2019, so treatment that was rendered prior will not be subject to the requirements of the new fee schedule.

One of the most significant additions to the Chiropractic section of the 2018 Workers Compensation Fee Schedule is the new Ground Rule 10 which states the Chiropractors may not bill outside of their section. Despite vigorous opposition, the Workers' Compensation Board chose to implement the rule, and the Department of Financial Services determined that it will become effective on April 1, 2019. The Workers' Compensation Board responded to opposition from public comments regarding Ground Rule 10 by stating that it is simply a codification of an already existing rule that Chiropractors cannot bill outside their specific section.

The significance of the implementation of Ground Rule 10 is that it will limit the services that Chiropractors currently use to treat their No-Fault patients. Chiropractic services that are not specifically found within the Chiropractic Fee Schedule section (such as manipulation under anesthesia, computer radiographic mensuration analysis, and sensory nerve testing such as Pf-NCS or Vs-NCT) will no longer be reimbursable. In addition, computerized range of motion and physical performance testing have also been eliminated based on the reasoning that these services are an integral part of an office exam and are included in the billing for such. CPT codes for electrodiagnostic testing (EMG/NCV) have been added to the Chiropractic section and will be billable under No-Fault, albeit at a reduced rate of reimbursement.

As April 1st rapidly approaches, all No-Fault providers must take a look at how these changes will affect billing for chiropractic services, and ultimately, how these services will be provided to No-Fault patients under the 2018 Workers' Compensation Fee Schedule.

This article was authored by Thomas Tona and Michael Manfredi, New York No-Fault Collections attorneys at the TonaLaw firm. They have over 28 combined years of experience representing healthcare providers in the collection of No-Fault receivables as well as recovering Medicare, Medicaid, Worker's Compensation, and health insurance liens and lost wages for Personal Injury clients whose No-Fault benefits are improperly denied. Just last year, they wrote the "No Stress No-Fault" healthcare provider's guide to New York State No-Fault insurance which has been used by hundreds of practitioners across downstate New York. Share your mailing address to nostress@tonalaw.com to be placed on the waitlist to receive the updated 2019 edition of the guide.

EDITOR'S NOTE: The NYSCA and the Council have drafted a comment letter objecting to certain aspects provisions of the Department of Financial Services adopting the Emergency Rule above including those listed in the article. This letter will be submitted to the DFS well before the end of the public comment period which began on 2-20-2019.

The NYSCA will continue to vigorously advocate for chiropractic providers and patients to improve access and to protect the rights of it's members and their patients.

NYSCA GENERAL ELECTIONS COMING THIS SPRING!

CONTINUED FROM PAGE 12

and training, licenses held, and personal and professional achievements and awards received. The Association uses the information culled from the CV form to construct a biographical sketch on each candidate that is supplied to NYSCA members when ballots in a contested election are sent to the NYSCA membership.

All three items – the Intent to Run, Disclosure and CV forms -- necessary to declare an intent to campaign for a NYSCA leadership position are found in the "Intent-to-Run" packet noted above. For this year's election, interested nominees must submit the components of a completed Intent-to-Run form to the Association by April 1, 2019. Ballots in contested elections are scheduled to be emailed (or mailed if email is unavailable) by May 1, 2019. Successful candidates assume elected office on June 1, 2019, the beginning of the next NYSCA fiscal year.

If members have any comments or questions regarding this process, please contact NYSCA at info@nysca.com.

CASE STUDY

CONTINUED FROM PAGE 18

After one week, his mother did call the office to say that her son was moving pain free and was so thankful for the help. The patient then returned as scheduled and another gait analysis was performed. Differentials of gait parameters were all noted below 3.5%; his single leg balance with eyes open had improved to +50 seconds each side and astonishingly, proprioception bilaterally was now rated at 18 seconds on the left and 22 seconds on the right. Patient was advised to continue with balance protocols at home and would be seen again in three months.

Discussion

Here we have a typical example, with the best interest by all healthcare providers, of overlooking some simple facts. Gait is constantly telling a story and this story must be understood as precisely as possible. Gait is basically a series of balance test - single-support left to single-support right repeatedly over time. Within this macro movement, the foot goes through a series of events: dorsiflexion, pronation, supination plantar flexion, swing through the air and repeat again at heel strike. It is imperative as chiropractors that we understand that just because we make the patient look better, he/she might not be functioning better. In this case, the classic orthotic which helped reduce the valgus exposure and did help the patient "stand taller" did not help; if anything, it encumbered and increased the differentials, most notably in the load response. Without an optical instrument, a simple slant board can reveal much on examination so that small corrections are not overlooked and can be addressed with the greatest of ease.

Proud to be a New York State chiropractor,

Dr. Peter G. Gorman, NYCC Graduate
Dr. Chelsea Keesler, NYCC Graduate

*Yes, this is a simplified version of the full evaluation performed on this patient. The idea of the authors was to raise eyebrows on balance, proprioception and understanding of the foot strike cycle.

Any questions or comments, please notify Dr. Keesler at drckeesler@gmail.com or (914)-391-6113.

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If you are interested in promoting this offer to your friends and colleagues who may have been considering joining NYSCA and are just waiting for someone to encourage them, and would like a list of non-members in your district, please contact your local district president or controller@nysca.com.

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...and one of them is the self-respect a doctor feels, knowing that they are a part of something bigger than themselves, supporting their livelihood with collective energy and pooled resources.

What is the NYSCA?

The New York State Chiropractic Association is a statewide professional Chiropractic Association, comprised entirely of your peers and colleagues. We have joined together in the promotion, advancement, and defense of Chiropractic. In conjunction with our full time lobbyist, the NYSCA monitors all legislation that affects our profession while working to protect and expand practice rights.

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"NYSCA membership provides Chiropractors in New York State an unparalleled opportunity to advance their profession, by adding their voice of the unified defense of practice rights, scope of practice and a rightful place among mainstream Health Care."—Jack Beige, DC, Esq., NYSCA Past President

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For questions regarding this program, please contact the NYSCA Administrative Office at (518) 785-6346 or a member of the NYSCA Membership Committee.

Growth is never by mere chance; it is the result of forces working together

—James Cash Penney

** New members are defined as DCs who have not been NYSCA members within the preceding 12 month period. The recruiting member's information must be included on the new member application. Only one member can receive the credit for recruiting a new member. Recruiting incentive is*

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Degree(s):	
Chiropractic College:	Year Graduated:
NY Chiropractic License Number:	Date of Issuance: (MM/DD/YYYY):

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