

ON THE AGENDA

NYS CA

December 2019

New York State Chiropractic Association

Happy Holidays!

PRESIDENT'S REPORT

Jason Brown, D.C.

2020 Advances and Opportunities!



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president@nysca.com

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Executive Administrative Assistant -
Ms. Antoinette Kranz | antoinette@nysca.com

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!

Michael Ashline, DC D-10
Carlos Ayres, DC Affiliate OS
Adam Colandrea, DC D-9
Autumn Cutler, DC D-4
John Dimitri, DC D-7
Anthony Esposito, DC D-10
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Karen Thomas, DC D-2
Sharyn Wagreich, DC D-1

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Leon Aibinder, DC D-1
Jared Anderson, DC D-15
Adam Bowman, DC D-17
Anthony Caruso, DC D-17
Lisa DeMarco, DC D-17
Mitch Ezrin, DC D-7
James Forster, DC D-6
Edward Galvin Jr., DC D-12
Frederick Giovanelli, DC D-3
Alyssa Hickey, DC D-15
Eliot Hudes, DC D-9
Kenneth Marvin, DC D-14
Ellen Matuszak, DC D-16
Charles Shaw, DC D-15
Paul Seniwi, DC D-17

NEW LICENTIATES

Daniela Galante, DC D-17
Zachary Kiendl, DC D-17
Kyle Koslowski, DC D-9
Jonathan Masorti, DC D-1
Elizabeth Moden, DC D-17
Gregory Roth, DC D-15
Mitchell Steele, DC Affiliate OS

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Spring Convention &
50th Anniversary Celebration

April 3-5, 2020

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Registration Fee: Early registration valid through
02/07/20—\$229 members; \$329 non-members.
Late Registration Fee: Additional \$50 per person
applied after Friday, 03/27/20
www.NYSCA.com/continuing-education

NEW STUDENTS

Brett D Adams D'Youville
Julia Chatigny-Blais D'Youville
Michael T Buziak D'Youville
Jenna S. DiDonato D'Youville
Karen M Eisenberger D'Youville
Brittany A Gaston D'Youville
Ardavon Jafari D'Youville
Ryan M Kilijanski D'Youville
Macauley Mackintosh D'Youville
Kaylee R Marchitte D'Youville
Molly Morgante D'Youville
Jordan P Nelson D'Youville
Gabriel T Puccio D'Youville
Davinder Rai D'Youville
Rachel Sanger D'Youville
Leah N Scanio D'Youville
Harmeet Sidhu D'Youville
Jaspurtay Singh D'Youville
Alexandra C Slodov D'Youville

Jessica Driscoll Life

Kat Barbaro NYCC
Vlad Constantinescu NYCC
Mitchell Long NYCC
Brooke Morphet NYCC
Caitlyn Palmer NYCC
Kelsey Pierce NYCC
Elora Pollard NYCC
David Quintero NYCC
Kassandra A Reed NYCC
Jacob Russell NYCC
Eric J Samson NYCC
Lyanne Alicea-Soto NYCC

Megan E Cameron Palmer

Ryley Goodhand-Fulcher
Western States



NYSCA

PRESIDENT'S REPORT

Jason Brown, D.C.

Dear NYSCA Members:

As 2019 winds to a close, I find myself reflecting on the great year this Association and profession has had. Beyond all the exceptional patient care and clinical outcomes that you and other NYSCA members achieve daily, we've had a productive year – something worthy of celebration.

The NYSCA's focus continues to be centered on a united effort, supporting awareness and access to chiropractic – with goals of modernization and achieving parity.

The profession continues to work in unity towards some legislative progress. Our legislative agenda includes opioid legislation, which would recommend conservative care for neuromusculoskeletal conditions, including chiropractic care, prior to prescription of opioids. We also continue to work on laying the groundwork for Scope Modernization – simply put, we need a scope that matches our education and clinical training.

Joint Senate Task Force on Opioids, Addiction and Overdose Prevention

To support awareness and access to chiropractic care, I presented testimony to the Joint Senate Task Force on Opioids, Addiction and Overdose Prevention. Our united efforts offered similar testimony from the Council. NYSCA's testimony focused on early recommendation of conservative measures to avoid the first opioid prescription and included our support for bills proposed by Senators Rivera and Harckham that would increase awareness of chiropractic.

Our testimony concluded with recommendations to increase access to chiropractic. This included looking at expense co-pay structures that often create a barrier to continued care. It also focused on funding for chiropractic services through Medicaid, so those in our State covered by Medicaid have access to alternatives to opioids. Our comments were well received.

The Association's written testimony is available on the NYSCA website. I would like to thank Dr. Gerald Stevens and the clinical practice committee for drafting our submitted comments.

Scope Modernization

Following access and awareness, chiropractors need the ability to continue to deliver high quality care without impediment. I believe modernizing our scope will allow this to occur. After 50+ years, an update is long overdue. The Modernization bill has been introduced in the Assembly Bill as A. 4405, sponsored by Assemblyman Joe Lentol, and in the Senate S. 5415.

In November, the NYSCA held a fundraiser for our Senate sponsor, Senator James Gaughran. It was a wonderful evening and it was a pleasure spending some time with Senator Gaughran and his staff discussing chiropractic care and the healthcare needs of New Yorkers. A big thank you to Drs. George Rulli, Bruce Silber, and Anthony Palumbo for their invaluable efforts organizing the event.

Thanks to Amy Kellogg, Esq. and Drs. Mariangela Penna and Lou Lupinacci for being the voice of our legislative initiatives. The biggest thank you to every NYSCA member who donated to the effort or attended the event. Anyone looking to donate in support of these legislative efforts can reach out to the NYCPAC by contacting Dr. Joe Lezamiz or emailing NYCPAC.info@gmail.com.

Chiropractic Medicare Coverage Modernization Act of 2019 (H.R. 3654)

Along with the legislative agenda in our state, the ACA is leading the charge on federal legislation. The Chiropractic Medicare Coverage Modernization Act of 2019 (H.R. 3654) would allow Medicare beneficiaries access to the chiropractic profession's broad-based, non-drug approach to pain management, which includes manual manipulation of the spine and extremities, evaluation and management services, diagnostic imaging and utilization of other non-pharmaceutical approaches that have become an important strategy in national efforts to stem the epidemic of prescription opioid overuse and abuse. This is bipartisan legislation introduced by Representatives Brian Higgins (D-N.Y.) and Tom Reed (R-N.Y.). It's a pleasure to see New York taking a lead in supporting this initiative. Recent fundraisers from the ACA were successful in showing support for this bill. Thank you to all who donated or participated.

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Happy Holidays



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NYSCA 11160

2020 Advances and Opportunities!

By Michael L. Brody DPM
CEO – TLD Systems

Data Breaches are a simple reality. Recently highly publicized breaches have been experienced by United Airlines, The US Office of Personnel Management, Anthem Health, Target, Experian, Nieman Marcus, and Ashley Madison. Health First, Anthem Health, Planned Parenthood, and UCLA have experienced high profile medical data breaches. Some of the organizations are already starting to experience law suits from individuals who have had their personal information exposed. It is more and more obvious that it is not a matter of if you will have a data breach, but more a matter of when. Many of the breaches listed here happened months or years in the past but were only recently discovered. It is entirely possible that you have already experienced a data breach, but you are not yet aware that it has happened.

Chinese government sponsored hackers have been implicated in many of the large breaches that have been in the news. In addition health data breaches have been caused by physical theft of devices such as laptops, improper disposal of retired data storage devices (hard drives) and improperly configured software and websites.

That raises the question “How can I protect myself?” There are a number of steps you can take in your practice to minimize the probability of experiencing a HIPAA Breach and then there are other steps you can take to minimize the pain caused to your practice when you do experience a breach.

Step 1: Keep your technology up to date.

- Make sure each and every computer in your office, including your servers have up to date anti virus software running
- Make sure that you keep up with all security patches released by your software vendors including the software updates provided by the vendor of your operating system
- If you use wireless networking, make sure that you have the best possible encryption on your wireless network.
- Have a properly configured firewall between the computers in your office and the internet. This includes changing the default password on our firewall from “PASSWORD” to something that is more secure.

Disclaimer : TLD Systems assists hundreds of providers to complete their HIPAA Security Risk Analysis and implement methods of protecting their data. This not only puts you in compliance with the federal regulations, but also protects your practice and your patients. Mbrody@tldsystems.com / <http://www.tldsystems.com>

Step 2: Encrypt your devices.

- Meaningful Use Stage 2 requires that all data we store on drives (data at rest) must be encrypted. This includes the hard drives in computers, fax machines, printers and scanners (yes these other devices sometimes contain hard drives). Backup devices must also be encrypted. Backup devices can be:
 - USB Drives
 - Removable Hard Drives
 - Tapes
 - CD's and DVD's

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NYSCA Conventions

Continuing Education Opportunities of the Highest Caliber

Save the Date for the New York State Chiropractic Association

2020 Spring Convention & 50th Anniversary Celebration

April 3-5, 2020

Mohegan Sun Casino & Resort | 1 Mohegan Sun Blvd, Uncasville, CT | www.MoheganSun.com

We invite you to join us at our 2020 Spring Convention at Mohegan Sun!

The NYSCA is pleased to announce our annual Spring Convention! The event will feature continuing education opportunities, guest speakers, networking & social events, exhibitors, and more. It promises to be a rich and varied educational experience for attendees.



Earn up to 16 Continuing Education Credits across 2 tracks over 3 days!

Among the speakers and presenters at this event are Dr. Robert Silverman, who will be opening our event on Friday; Dr. Mark Charrette, who will address extremity adjusting protocols; Dr. Justin Hildebrand who will cover active spine rehabilitation[‡]; Dr. Sherry McAllister, of F4CP who will discuss 125 years of Chiropractic Growth. Other topics to be covered will include integrative spinal care, patient communications[‡], management of soft tissue components, and updates in the Workers' Compensation[†] and No-Fault[†] arenas.

Registration is now open at www.NYSCA.com!

Registration Fee: Early registration valid through 02/07/20—\$229 members; \$329 non-members.

Late Registration Fee: Additional \$50 per person applied after Friday, 03/27/20

Please visit www.NYSCA.com/continuing-education for more information.

*CE Pending in select states. †CE Credit for some classes available for NY licensees only. ‡Attend NCMIC's seminar for a total of 8 hours on Saturday 04/04/20 at the NYSCA 2020 Spring Convention to receive a discount for 3 years on the renewal of your NCMIC malpractice insurance premium. ¶ Attend OUM's seminar for a total of 2 hours on Sunday 04/05/20 to receive up to a 10% discount off your OUM policy premium.

The NYSCA makes every attempt to offer programs as publicized. We nevertheless reserve the right to alter and/or adjust program details, including but not limited to dates, locations, times, instructors, and presentation sources and sequences. The NYSCA is not responsible for expenses and/or consequential damages suffered by registrants of altered programs.

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 seminar/ course/ lecture/ webinar/ online presentation (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.



Worker's Compensation Update

DECEMBER 2019

NYSCA Workers' Compensation Committee

The NYSCA would like to thank our membership in assisting to drive necessary changes to New York's Workers' Compensation system. On October 31, 2019, our president, Dr. Jason Brown, once again led the discussion with executive members of the Workers' Compensation Board which was also attended by NYSCA Insurance Chair Dr. Robert Martin and NYSCA Lobbyist Amy Kellogg. In the continued spirit of unity, the meeting was also attended by representatives of the NY Chiropractic Council.

FEE SCHEDULE INCREASE

Dr. Brown opened the meeting acknowledging and thanking the WCB executive committee for the most recent proposed conversion factor increase, which will effectively double reimbursement within a 12-month time frame. Although we have achieved parity with respect to the treatment of our patients, it was noted that evaluation and management services were not increased, noting the importance and expertise necessary in providing this service. Given the limited funds that were available to the WCB, the WCB determined that the majority of services rendered by Doctors of Chiropractic was relative to patient care, and parity with respect to patient care was the priority. We will be following up with them to provide evidence supporting appropriate E/M conversion factor. The WCB advised they will give further consideration to increasing E/M services as funds permit. At this time, we appreciate the significant strides forward regarding parity and reimbursement for NY chiropractors.

FEE SCHEDULE RESTRICTIONS

Dr. Brown continued our discussion from last meeting with the WCB to determine how providers may receive reimbursement for procedures NOT listed on the fee schedule. Examples included Manipulation Under Anesthesia, Manual Muscle Testing and ROM Measurements and Reports. The WCB reaffirmed that providers should complete a Variance, as the Variance Process takes precedence over the Fee Schedule. The WCB will develop language to insure that all stakeholders are aware of this issue and will publish this information on the WCB's Frequently Asked Questions. Further guidance remains necessary on determining reasonable reimbursement for services approved via Variance when no fee schedule exists. We believe prudent guidance may be using established RVU values and the WC conversion factor, the NYSCA WC Committee is working on drafting more detailed guidance for members. The NYSCA continues to reach out to our membership for examples as the WCB contemplates further guidance.

INAPPROPRIATE EXACERBATION DENIALS, PAYMENT DELAYS AND CASE REVIEW

A standing agenda item at these meetings is the review of cases which appear to have been inappropriately reviewed by carriers and occasionally at the WCB. Dr. Robert Martin again lead this discussion, sharing examples from NYSCA members, predominantly from Dr. Chris Piering, Dr. Jorge Delgado, Dr. Michael Bernstein, Dr. Mark Craft, Dr. Peter Holst and Dr. Denice Munier-Martin. The two primary areas

of concern were lack of reimbursement (down coding, or simply failure to pay even after an Order of the Chair from the WCB), and the denial of well documented exacerbations by carriers who inappropriately request a variance. Case examples of delayed or deficient reimbursement are being reviewed by the WCB.

We are pleased to announce that the WCB has already responded that they have completed review and training of their adjudication staff to reduce, and hopefully eliminate improper denials and requests for variances when an injured worker suffers an exacerbation. Internal meetings with WCB Judges are held on a periodic basis. As noted by the WCB, 'the lack of the MG-2 is not the issue, as if it is truly an exacerbation there will be no MG-2. We need to look at the report to see if it is a well-documented exacerbation (or, in contrast, not well documented, or a 'regularly scheduled exacerbation'), and make the appropriate ruling.' We thank the WCB for their timely intervention and look to the NYSCA membership for short term verification of board review, and long-term verification of carrier change in behavior.

IME

New York State has directed the WCB to review and implement necessary changes to the IME process. It is recognized that the process is unnecessarily biased, negatively impacting the injured worker for whom this system exists. Over the past year, the New York Chiropractic Council has taken the lead on providing feedback and suggestions on improving the IME

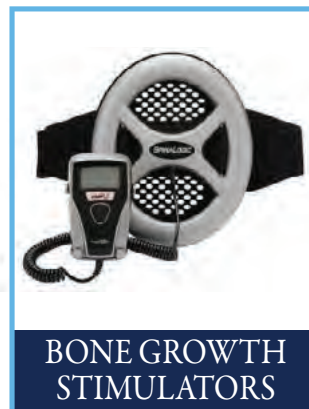
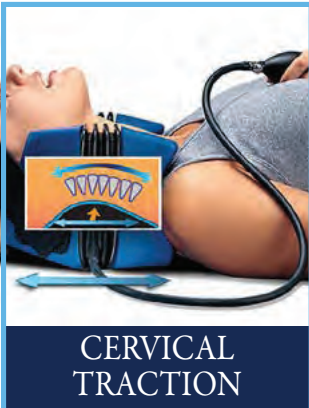
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NYSCA EMBRACES DIVERSITY



Residing and practicing in New York (the most diverse place in the world) we have been fortunate to have been exposed to many cultures, ethnicities, and religious beliefs. For most of us, this has absolutely been a positive growth factor in our lives. The NYSCA leadership feels that what we are missing is this diverse perspective. Sadly, what makes New York State unique and has been a driving factor in its growth has been missing from the NYSCA.

The NYSCA has come to the realization that as New York grows, so should the NYSCA. If we want to grow as an organization than we must involve and empower individuals of all cultures, creeds, and orientations to be more involved. The inherent worth of all people needs to be recognized so we can properly send the message of Chiropractic to our state's diverse population.

Having an outlet to allow our organization to better understand that every individual is unique, and recognizing our individual talents, differences, and strengths along the dimensions of race, ethnicity, gender, sexual orientation, socio-economic status, age, physical abilities, religious beliefs, political beliefs, or other ideologies is long overdue.

We are proud to announce that the NYSCA leadership has decided to create a Diversity Committee.

While this seems like a simple process, like any worthwhile endeavor this takes time and effort.

We took the first steps this past September. We contacted the American Chiropractic Association for input and guidance since they have an active Diversity Committee. Then at the NYCC Centennial Celebration at the campus in Seneca Falls, NY, The NYSCA leadership invited and met with Carlos Ayres, D.C.

Dr. Ayres is the President of The Latin American Chiropractic Federation (FLAQ). FLAQ has agreed to help provide guidance to the NYSCA Diversity Committee. The NYSCA also presented a check to FLAQ for \$1500.00 in order to support the promotion of Chiropractic in at least 15 Latin American countries.

We ask that any individual who would like to be part of the NYSCA Diversity Committee please contact Dr. Christine Antoldi dra@drantoldi.com

FUNDRAISERS

GAUGHRAN FUNDRAISER

On November 14, 2019, the NYSCA held a fundraiser for Senator Jim Gaughran, the State Senator for the 5th district, covering the North Shore of Long Island. Senator Gaughran was elected to the Senate in November 2018. He serves as Chair of the Senate Local Government Committee, and he also serves as a member of the Alcoholism and Substance Abuse Committee, the Commerce, Economic Development and Small Business Committee, the Higher Education Committee, the Racing, Gaming and Wagering Committee and the Women's Issues Committee. In addition, after learning of our efforts on scope modernization, the Senator also serves as sponsor of our scope bill.

The event was very successful and those in attendance had the opportunity to speak with the Senator and get to know him better. He is supportive of our profession and feels our modernization efforts are appropriate to best serve the citizens of New York, especially in these times when the opioid crisis continues to be at the forefront.

A special thank you to Dr. Rulli and the officers of D7 for organizing this event, as well as Drs. Silber, Palumbo and Lezamiz for their fundraising efforts and those of you who contributed. Of course an extra thank you to our lobbyist, Amy Kellogg for her counsel and guidance so that we do it right.

ACA FUNDRAISER FOR REPRESENTATIVES BRIAN HIGGINS AND TOM REED:

Just a quick note that we were able to contribute approximately \$22K each to Rep. Brian Higgins and Rep. Tom Reed, the chief architects of HR 3654, last week in beautiful upstate New York. The total included ACA PAC donations and donations from individuals such as yourself. The congressmen were very engaging and reiterated their support for the bill. All in all, the fundraisers were a great success and wouldn't have happened without your generous support. Thank you to all who contributed.

John Falardeau
Sr. Vice President, Public Policy & Advocacy
American Chiropractic Association
Arlington VA

I would like to add my thanks also to those regional NYSCA doctors and students who made the effort to fundraise and encouraged our colleagues to contribute and attend. Just like our scope modernization, this national effort is vital for the profession and the patients we serve
Mariangela Penna, DC
NYSCA legislative chair
ACA Delegate



Mid Back Pain; A Complex Assessment to A Common Condition

History, Knowledge of Patterns, Palpation, and Intuition are keys to a good patient evaluation, especially when dealing with patients who present with mid back complaints.

It is easy for a practitioner to downplay mid back complaints. Thoracic pain frequently presents as low grade in its quality and is generally dismissed by the patient for extended periods as being related to overuse and a “hard day’s work”. In reality patients who present with pain or discomfort in the area of the spine between the tops of the shoulders and the bottom of the ribcage should be evaluated as cautiously as patient’s presenting with neck or lower back pain and/or symptoms. In reality, mid back complaints are as common as neck and lower back complaints.

When mid back pain is acute it is most likely due to acute spasm or compression fracture (such as from axial loading and age related structural weakness) and when it is chronic it is more likely due to consequences of longstanding postural imbalances. Functional limitations are generally overlooked equally by the patient and practitioner.

Age is another important factor which helps the clinician to focus on exactly what the issue could be;

- In the elderly population fracture **MUST** always be assumed and ruled out, first.
- In the middle aged population chronic dysfunction-type issues (including overuse (repetitive pushing/pulling, lifting, etc) and disuse (prolonged computer use, desk work, etc.) must be considered.
- In the adolescent population structural concerns are the main focus (Scoliosis and Scheurmann’s disease, for examples).

Generally speaking in your initial physical assessment of a patient presenting with any complaint, you must always rule out and/or be concerned with;

- Instability; Fracture / Dislocation.
- Positive neurological findings/signs.
- Red Flags.

Trauma and recent change in health history are key red flags to be concerned with when assessing any spinal complaint.

Although not a complete list, important red flags to identify when assessing the patient with a thoracic complaint are;

- Recent violent trauma (such as a motor vehicle accident or fall from a height).
- Minor trauma, or even just strenuous lifting, in the elderly and/or people with osteoporosis.
- Age of onset; less than 20 or over 50 years (“new back pain”).
- History of cancer, drug abuse, HIV, immunosuppression or prolonged use of corticosteroids.
- Constitutional symptoms;
 - Fever.
 - Chills.
 - Unexplained weight loss.
- Recent bacterial infection.
- Pain that is:
 - Constant, severe, and progressive.
 - Non-mechanical without relief from bed rest or postural modification.
 - Unchanged despite treatment for 2-4 weeks.
 - Accompanied by severe morning stiffness (e.g. Rheumatoid Arthritis and Ankylosing Spondylitis).
 - Accompanied by a structural deformity.
 - Accompanied by severe or progressive neurological deficit in the lower extremities.

However, (and arguably the most important to remember) middle back complaints can have causes that are due to underlying disease and pathology. Visceral causes of mid back complaints should be ruled out first in any examination.

Keeping in mind that spinal pain is often referred pain, we must always remember that thoracic pain is more likely than neck or low back pain to indicate an underlying pathology due to the intimate relationship with the organs of the thorax and abdomen and the fact that the thoracic spine is the home of the nerve cell bodies from the sympathetic nervous system (visceral-somatic complaints).

The painful area of musculoskeletal complaint may not be the primary cause of the problem and may continue to feel restricted and tender no matter how much effort you put into correcting the region.

Emergent conditions. If a person has thoracic pain accompanied by any of the following signs/symptoms then an evaluation with a medical physician or an emergency facility becomes essential;

Continued on page 27



NYSCA Webinar Series

Earn continuing education credits from the comfort of your office

In addition to outstanding CE opportunities available at our [statewide conventions](#), the NYSCA now offers continuing education credit via webinar through [NYCC Post-Grad](#). NYSCA Webinars are held monthly, usually on Wednesdays at 1pm EST.

Members of the New York State Chiropractic Association are eligible to receive a discount on tuition for NYSCA-sponsored webinars via coupon code at registration check-out. Contact the NYSCA Administrative Office at 518-785-6346 for more information.

Wednesday, Dec 11, 2019 1:00pm-2:00pm (1CE)

Assessment Strategies Prior to Cervical Spine Manipulation

Course Instructor: David B. Kartzman, DC

This one hour class will present an overview of the article "A risk-benefit assessment strategy to exclude cervical artery dissection in spinal manual therapy: a comprehensive review. (Chaibi and Russell, in the journal Annals of Medicine, 2019)." At the end of the class, the attendees will have a better understanding of the different levels and validity of medical evidence. They will improve their assessment skills for including CAD within the differential, and they will develop tools for creating an appropriate care plan. [REGISTER ONLINE](#)

Wednesday, Jan 8, 2020 1:00pm-2:00pm (1CE)

Clinical Cases of the Head and Neck

Course Instructor: Gerald Stevens BS MS DC MPH

The purpose of this talk is to provide a review and enhance the audience's knowledge on a variety of cases involving the head and neck. The learning objectives are as follows: Define types of head and neck cases; Educate DCs on a variety of head and neck case symptoms; Educate DCs on a variety of head and neck case diagnoses; Educate DCs on a variety of head and neck case treatment. [REGISTER ONLINE](#)

Wednesday, Feb 12, 2020 1:00pm-2:00pm (No CE)

Documenting Spinal Impairment in NYS: Establishing permanency in the injured worker using the C4.3 form

Course Instructor: Joseph Merckling DC, NYSCA Region 2 Director

The purpose of this talk is to help participants to understand patient selection and proper documentation to adequately complete the C4.3 form and determine permanent impairment according to the NYS guidelines. The learning objectives are as follows: Understand the correct time in patient treatment and patient selection criteria to use the C4.3; Discuss necessary examination procedures and diagnostic testing that is required to be reviewed to determine impairment; Provide an overview of NYS Guidelines for Determining Permanent Impairment and Wage Loss earning capacity as it relates to spinal condition frequently encountered in chiropractic practice; Give instruction on proper completion/submission of the C4.3 form as required by NYS WCB. **Online registration coming soon.**

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.



We Take Care of Our Own

Continuing Education Seminars

In today's society, even conscientious, highly knowledgeable chiropractors get sued. That's why NCMIC is such a strong advocate of continuing education programs.

NCMIC supports the chiropractic profession by providing informative risk management and continuing education seminars on the most relevant topics facing D.C.s. We also offer premium discounts to malpractice insurance policyholders who attend qualifying programs.

- Learn how to protect your practice with risk management solutions.
- Earn continuing education credits
- Full-time D.C.s can attend an eight-hour qualifying seminar and receive a 5% discount for three consecutive years on the renewal of their malpractice insurance premium (2.5% discount for part-time D.C.s).



Online CE Courses

Now you can also receive NCMIC's risk management discount for taking online courses. Several courses offered by chiropractic colleges and universities qualify for the discount. Go to www.NCMIC.com/CE for course options and program details.

Attend NCMIC's seminar for a total of 8 hours on Saturday 04/04/2020 at the NYSCA 2020 Spring Convention to receive a discount for 3 years on the renewal of your NCMIC malpractice insurance premium!

Are You Ready?

A Quick Check to Performance

By Dr. Chelsea Keesler & Dr. Peter Gorman

An awful lot is spoken these days about being a sports chiropractor and taking care of individual athletes and teams. Personally, we feel that the Doctor of Chiropractic is the most qualified of all the professions to help their athletes pursue optimal performance. The Doctor of Chiropractic has a wonderful understanding through the triad of health through the physical sides of performance, the chemical side of performance and the emotional side of performance. Today, we would like to agree on some basic rules and understandings to determine if our athlete is ready to train and is on an effective and efficient path to athletic excellence. We've divided our rules, or quick checks, into two categories: 1. Technical i.e. using testing equipment and 2. Non-Technical i.e. without any equipment or instrumentation. Let's first look at the non-technical rules of evaluation, so that we all can get started today in our office evaluating athletes.

The Magnificent Seven:

It's hard to replace Yul Brynner, Steve McQueen, James Coburn, etc.....but let's try.

Rule 1. No athlete is allowed to play D.R.U.N.K. Obviously, this has nothing to do with alcohol and is the acronym= Dramatically Reduced Utilization of Normal Kinematics. Allowing an athlete to play out of balance allows the athlete to compensate for his inabilities. We have a simple rule that we follow- all athletes should be in the 2-Minute Club. This is easily determined by having the athlete perform a single leg balance test (with lifted leg flexed to 90 degrees) with eyes open trying to maintain balance for 60 seconds with minimal or no movement. If the athlete can achieve one minute on each side, we know that not only does the athlete have a strong foundation for the physical demands of sport but, through the magnificent work of Dr. Tabara out of Kyoto University in Japan, we know that the athlete also has a perfect MRI of their brain. Dr. Tabara's work tells us that balance helps to nourish the brain;

and by baselining this number over time, we have a good understanding of the athlete's readiness. Any decrease in balance performance should be red-flagged, noted and thoroughly questioned until understood before any attempt at future play is allowed. Where does it say that banging our head on the football field or heading the ball on the soccer field will help to restore balance? It does not! Balance is key to both physical and cognitive health and should be respected for the importance that it represents.

Rule 1b. Proprioception. Here we perform the same single leg balance test but this time the athlete is instructed to close their eyes and try to hold steady for 30 seconds. Any movement or actual loss of balance during this time is a clear indicator that the athlete's proprioceptive ability is diminished and warrants improvement. This factor of performance is extremely important to evaluate as it can go unnoticed due to other compensations. If the athlete's proprioceptive ability is diminished, their ability to read the ground efficiently is also diminished and this will directly result in an increase in the athlete's ground contact time. Knowing that all movement is contact and flight, any increase in contact time is detrimental to athletic performance and must be constantly understood and evaluated.

Rule 2. All athletes should be neutral and not have a built in tendency to move in any given direction. To evaluate this, we use an extended version of the old Fukuda test where the athlete (in their socks) will march in place with eyes closed for one minute. Less than 12 inches of movement forward or backward is normal for the athlete. Any movement beyond this, or any rotation at all, is a clear indication that the athlete has an imbalance or an "internal tendency" which should be corrected before play is allowed. In our travels, we had the pleasure and honor to meet Dr. Meeserman, the chiropractor for A.C. Milan Soccer Club in Milan, Italy. Knowing the importance of the TMJ as

a balance joint in the body, Dr. Meeserman would check each players' TMJ and treat accordingly before play was allowed. TMJ involvement was most notable when rotations were observed while the athlete was performing this test. Of additional importance is a clear understanding of the balance of the cervical spine and removal of any "subluxations", especially if rotations are noted. We have seen many cases where an athlete has an old history of a whiplash, concussion, or mild TBI, and when they perform this test, they stay in place but rotate 360 degrees. If involved, by correcting the TMJ or removing cervical subluxations, the athlete will then show a neutral and non-rotational performance within minutes of treatment. Yes, if there is favoritism going on for the ankle, knee, hip, etc., this can also cause displacement and rotation. That is why a chiropractor, and his ability to examine, is able to cover all aspects of performance.

Rule 3. Soleus Check. The soleus is known as the second heart of the human body. Because of its proximity to the great saphenous vein, as the soleus contracts, it helps to push the blood back to the heart i.e. the nickname. As we are all well aware, the soleus is also a primary muscle of propulsion and, because of its attachment at the knee, is also a protector of the famous ligament known as the ACL. To check the soleus, the athlete assumes a jump-stance position and is then instructed to squat their butt all the way to the floor. Ability to do so is a good check of the soleus muscle. If the athlete has to lift their heels off the floor to allow their butt to go down, this is a positive sign of soleus contraction and needs to be corrected. Very simply, trigger point reduction therapy with a Tiger Tail type tool can effectively and efficiently improve soleus function. Athletes with overdeveloped quads and soleus weakness are at extreme risk for ACL injury. Therefore, this simple check should be done at least once a week to all athletes.

Rule 4. As the foot moves through the

Continued on page 26



NYSCA Calendar of Events

Please visit www.NYSCA.com/meetings-events-calendar to view our full calendar. View individual events to download the iCal file to import into your personal calendar. Please note: district meeting dates, times, and locations are subject to change. Please check with your district president to confirm meeting schedules and locations.

Dec'19 <i>Season's greetings and best wishes for the New Year!</i>				Jan'20 <i>January is National Winter Sports TBI Awareness Month</i>			
Mon	12/9	7pm	D16 Southern Tier Meeting	Weds	1/1	All Day	New Years Day—Admin Office Closed
Tues	12/10	8pm	D3 Queens Meeting	Weds	1/8	1pm	NYSCA Webinar— register online
Tues	12/10	8pm	D6 Nassau Meeting	Weds	1/8	7pm	D17 Buffalo Holiday Party
Weds	12/11	1pm	NYSCA Webinar— register online	Weds	1/8	8pm	D2/5 Brooklyn/Staten Island Meeting
Weds	12/11	7pm	D17 Buffalo Meeting	Thurs	1/9	7pm	D15 Rochester Meeting
Thurs	12/12	7pm	D15 Rochester Meeting	Mon	1/13	7pm	D16 Southern Tier Meeting
Fri	12/13	7pm	D12 Syracuse Holiday Party	Tues	1/14	12:30pm	D14 Rockland Meeting
Tues	12/17	7:30pm	D9 Hudson Valley Meeting	Tues	1/14	8pm	D3 Queens Meeting
Weds	12/18	8:30pm	D7 Suffolk Meeting	Tues	1/14	8pm	D6 Nassau Meeting
Tues	12/24	All Day	Christmas Eve—Admin Office Closed	Weds	1/15	7pm	D12 Syracuse Meeting
Weds	12/25	All Day	Christmas Day—Admin Office Closed	Weds	1/15	8:30pm	D7 Suffolk Meeting
				Tues	1/21	7:30pm	D9 Hudson Valley Meeting
Feb'20 <i>February is American Heart Month</i>				Mar'20 <i>March is National Traumatic Brain Injury Awareness Month Patient Safety Awareness Week is March 8–14, 2020</i>			
Mon	2/10	7pm	D16 Southern Tier Meeting	Weds	3/4	1pm	NYSCA Webinar
Tues	2/11	12:30pm	D14 Rockland Meeting	Mon	3/9	7pm	D16 Southern Tier Meeting
Tues	2/11	8pm	D3 Queens Meeting	Tues	3/10	12:30pm	D14 Rockland Meeting
Tues	2/11	8pm	D6 Nassau Meeting	Tues	3/10	8pm	D3 Queens Meeting
Weds	2/12	1pm	NYSCA Webinar	Tues	3/10	8pm	D6 Nassau Meeting
Weds	2/12	7pm	D17 Buffalo Meeting	Weds	3/11	7pm	D17 Buffalo Meeting
Weds	2/12	8pm	D2/5 Brooklyn/Staten Island Meeting	Weds	3/11	8pm	D2/5 Brooklyn/Staten Island Meeting
Thurs	2/13	7pm	D15 Rochester Meeting	Thurs	3/12	7pm	D15 Rochester Meeting
Tues	2/18	7:30pm	D9 Hudson Valley Meeting	Tues	3/17	7:30pm	D9 Hudson Valley Meeting
Weds	2/19	7pm	D12 Syracuse Meeting	Weds	3/18	7pm	D12 Syracuse Meeting
Weds	2/19	8:30pm	D7 Suffolk Meeting	Weds	3/18	8:30pm	D7 Suffolk Meeting

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Workers' Compensation

NYSCA continues to meet with the NYS Workers Compensation Board to discuss changes and updates and impact on chiropractors and chiropractic patients. I am proud of the efforts of the NYSCA WC Committee working with the Council to improve parity in the WC system.

In April of 2019, a 22% increase in fees was achieved for conservative care providers. Accompanying this was a 50% increase in the daily RVU cap. As you know, this will help continue to drive patients to high quality conservative chiropractic care, facilitating effective recovery and return to work for the injured worker.

To further advance this progress, we continued our advocacy to address the conversion factor that was 33% lower for chiropractors compared to other similar providers. By providing evidence, effective communication and mutual understanding, the WCB has decided to remedy this disparity. While not yet finalized, it appears the 33% increase in our conversion factor will go into effect in the beginning of 2020.

Putting together the initial fee and RVU increases and the anticipated resolution of our conversion factor represents significant strides forward for our profession. An enormous thank you to Drs. Bob Martin and George Rulli and all those who have worked on the WC Committee through the recent years for building the reputation and relationship that allowed this progress to be realized. For further details, please see the recent update from the WC Committee located on the NYSCA website (www.nysca.com).

In Conclusion

If this news excites you as much as it does me, please let your unaffiliated colleagues know what's going on. Invite them to affect the future by becoming a NYSCA member. If you know a colleague who would make a great NYSCA member, ask them to join the NYSCA today!

The NYSCA Spring Convention will be April 2-4, 2020 at Mohegan Sun Casino. At this annual event we will be celebrating NYSCA's 50th Anniversary. We have a great reason to celebrate and a fantastic lineup of speakers. We hope to see you there.

As I said in the opening, it's a great year for chiropractic in New York. A lot has been accomplished and we're in a great position to continue our efforts and advocacy. I'm looking forward to next year being even better.

On behalf of the NYSCA Officers, Board, and our exceptional staff, I wish all our NYSCA members, their families, and communities a wonderful holiday season and great end to 2019. Working together we can make 2020 even better. Thanks for your continued support to NYSCA and this profession. Together we will stride forward and work to make New York a place where chiropractic can thrive.

Jason Brown, DC
NYSCA President

[LINK TO TESTIMONY](#)



NYSCA
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**Spring Convention &
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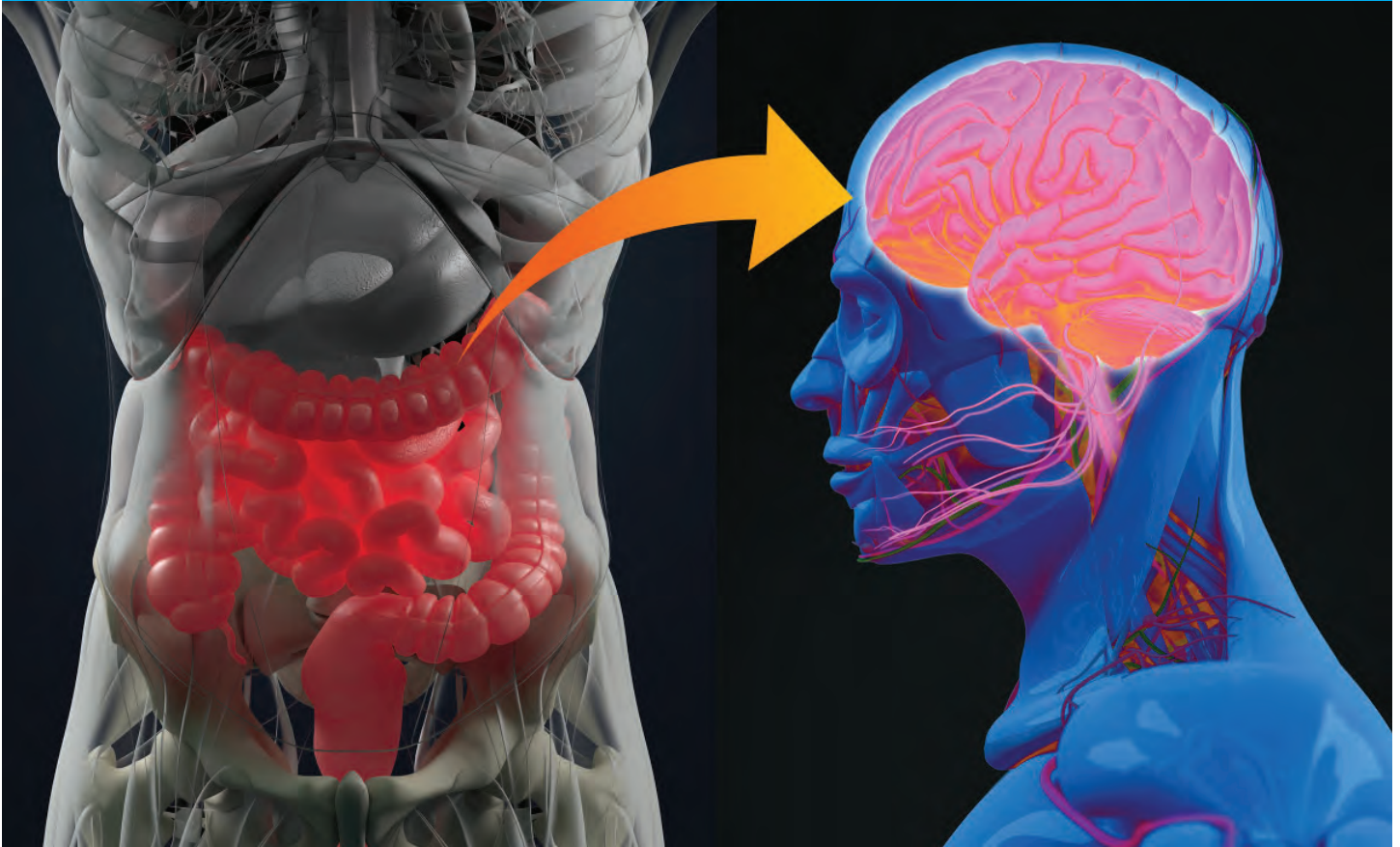


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It's All Connected: The Gut-Brain Axis

By Dr. Robert G. Silverman



Your gut, your microbiome (the trillions of bacteria in your colon), and your brain are closely connected through your vagus nerve. The gut-brain axis is basically an endless three-way call, with messages constantly going back and forth.

The vagus nerve is the carrier for all this essential communication. In Latin, the word “vagus” means wandering, an appropriate way to describe the path of this nerve. It starts in the back of your brain and runs all the way down to your colon. Along the way, it has branches that link to the larynx (voice box), esophagus, trachea (windpipe) lungs, heart, pancreas, and most of the digestive tract, including your liver.

Signals from the gut microbiome and from the gut itself travel up the vagus and tell the brain what’s going on down there; signals from the brain travel down the vagus and tell the gut what changes to make in response. For example, when the vagus nerve fibers within the gut detect inflammatory signals given off by the gut bacteria, they pass the message up to the brain. The brain responds by stimulating the production of anti-inflammatory neurotransmitters that regulate the immune system.

When the three-way communication is functioning well, the messages come through clearly. When the matrix is out of balance, however, health issues such as arthritis, diabetes, inflammatory bowel syndrome, food sensitivities, liver problems, inflammation, musculoskeletal disorders, and autoimmune diseases can arise.

In the brain, neurodegenerative disorders such as Alzheimer’s disease and Parkinson’s disease can develop, as can depression, brain fog and other mental issues.

Dropped signals

What can disrupt the communications along the gut-brain axis and cause the biological equivalent of a dropped call? Anything that disrupts the gut metabolites—the chemical substances your gut bacteria produce—or the lining of the small intestine. In today’s toxic world, both are easily damaged.

The chief culprit for static on the gut-brain line of communication is the Standard American Diet (SAD), which loads the gut with highly processed foods that are low in fiber but high in chemical additives, sugar and bad fats. Other common culprits include antibiotics and other medications, alcohol, toxic environmental chemicals, such as glyphosate and pesticides, and that all-purpose gut destroyer, stress. Even healthy foods can be to blame if they contain gluten or lactose or are high in lectins (an indigestible protein found in beans and nightshade plants such as peppers). These foods and toxins damage the lining of the small intestine and kill beneficial bacteria. Unwanted toxins and food particles escape into the bloodstream through the leaks in the small intestine wall; they cause inflammation and other problems. Poor diet and toxins also damage the gut bacteria in the colon. That can lead to imbalances between the friendly and unfriendly bacteria,

Continued on page 31

Updates from Medicare:

2020 Medicare Physician Fee Schedule:
Medicare 2020 annual deductible \$198


Non-OPPS Capped Payment Rates (NON-OPPS) ?						
CODE	NON FAC PAR ?	NON FAC NON PAR ?	NON FAC LC ?	FAC PAR ?	FAC NON PAR ?	FAC LC ?
Region 1						
98940	32.35	30.73	35.34	25.47	24.20	27.83
98941	46.16	43.85	50.43	38.85	36.91	42.45
98942	60.20	57.19	65.77	52.89	50.25	57.79
Region 2						
98940	32.67	31.04	35.70	25.66	24.38	28.04
98941	46.47	44.15	50.77	39.02	37.07	42.63
98942	60.70	57.67	66.32	53.26	50.60	58.19
Region 3						
98940	30.45	28.93	33.27	24.17	22.96	26.40
98941	43.59	41.41	47.62	36.92	35.07	40.33
98942	56.88	54.04	62.15	50.21	47.70	54.86
Region 4						
98940	32.82	31.18	35.86	25.81	24.52	28.20
98941	46.71	44.37	51.03	39.26	37.30	42.90
98942	61.03	57.98	66.68	53.58	50.90	58.54
Region 99						
98940	28.10	26.70	30.71	22.60	21.47	24.69
98941	40.51	38.48	44.25	34.67	32.94	37.88
98942	52.82	50.18	57.71	46.98	44.63	51.32

New Medicare Card: Claim Reject Codes After January 1

Starting January 1, 2020, you must use Medicare Beneficiary Identifiers (MBIs) when billing Medicare regardless of the date of service:

- We will reject claims submitted with Health Insurance Claim Numbers (HICNs) with a few exceptions
- We will reject all eligibility transactions submitted with HICNs
- If you do not use MBIs on claims after January 1, you will get:
Electronic claims reject codes: Claims Status Category Code of A7 (acknowledgment rejected for invalid information), a Claims Status Code of 164 (entity's contract/member number), and an Entity Code of IL (subscriber)
- Paper claims notices: Claim Adjustment Reason Code (CARC) 16 "Claim/service lacks information or has submission/billing error(s)" and Remittance Advice Remark Code (RARC) N382 "Missing/incomplete/invalid patient identifier"
- Do not wait. Protect your patients' identities by using MBIs now for all Medicare transactions. Need an MBI?
- Ask your patients for their cards. If they did not get a new card, give them the Get Your New Medicare Card flyer in English or Spanish.
- Use your Medicare Administrative Contractor's look-up tool. Sign up for the Portal to use the tool.
- Check the remittance advice. We return the MBI on the remittance advice for every claim with a valid and active HICN.

The 2020 dollar amount in controversy to sustain appeal right for an administrative law judge hearing or federal district court review has been increased to \$170 for ALJ hearing requests filed after 1/1/2020 and \$1,670 for appeals to Federal District Court. The amount remains the same \$160 and \$1,630 respectively for hearing requests filed on or before 12/31/2019



The Nordic Maintenance Care program: Effectiveness of chiropractic maintenance care versus symptom-guided treatment for recurrent and persistent low back pain—A pragmatic randomized controlled trial

• Andreas Eklund , Irene Jensen, Malin Lohela-Karlsson, Jan Hagberg, Charlotte Leboeuf-Yde, Alice Kongsted, Lennart Bodin, Iben Axén

• Published: September 12, 2018

• <https://doi.org/10.1371/journal.pone.0203029>

Abstract

Background

For individuals with recurrent or persistent non-specific low back pain (LBP), exercise and exercise combined with education have been shown to be effective in preventing new episodes or in reducing the impact of the condition. Chiropractors have traditionally used Maintenance Care (MC), as secondary and tertiary prevention strategies. The aim of this trial was to investigate the effectiveness of MC on pain trajectories for patients with recurrent or persistent LBP.

Method

This pragmatic, investigator-blinded, two arm randomized controlled trial included consecutive patients (18–65 years old) with non-specific LBP, who had an early favorable response to chiropractic care. After an initial course of treatment, eligible subjects were randomized to either MC or control (symptom-guided treatment). The primary outcome was total number of days with bothersome LBP during 52 weeks collected weekly with text-messages (SMS) and estimated by a GEE model.

Results

Three hundred and twenty-eight subjects were randomly allocated to one of the two treatment groups. MC resulted in a reduction in the total number of days per week with bothersome LBP compared with symptom-guided treatment. During the 12 month study period, the MC group (n = 163, 3 dropouts) reported 12.8 (95% CI = 10.1, 15.5; p = <0.001) fewer days in total with bothersome LBP compared to the control group (n = 158, 4 dropouts) and received 1.7 (95% CI = 1.8, 2.1; p = <0.001) more treatments. Numbers presented are means. No serious adverse events were recorded.

Conclusion

MC was more effective than symptom-guided treatment in reducing the total number of days over 52 weeks with bothersome non-specific LBP but it resulted in a higher number of treatments. For selected patients with recurrent or persistent non-specific LBP who respond well to an initial course of chiropractic care, MC should be considered an option for tertiary prevention.

See <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0203029>

A more current literature review on Chiropractic Maintenance Care is available [here](https://chiomt.biomedcentral.com/track/pdf/10.1186/s12998-019-0283-6) <https://chiomt.biomedcentral.com/track/pdf/10.1186/s12998-019-0283-6>

I have always said that an area where we can excel is the area of “spinal hygiene”, in which we focus on the restoration and support of the function of the human spine and nervous system. Much like dentists, we can gain cultural authority through teaching the skills needed to gain and maintain spinal health, thereby mitigating a great health and wealth drain on society.

This can be achieved by focusing on spinal manipulation as well other aspects of health such as diet and exercise.

This study shows how periodic, asymptomatic care may help ease some of the burdens to society caused by chronic, recurring lower back pain. It is a provocative study that supports the premise of some “old time chiropractic” as well as looking to reduce the use of drugs and surgery. Enjoy.

-Chris Piering DC

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
Depew Health Center, 4974 Transit
Road, Depew, NY 14043
Phone (716) 685-9631



Chiropractic, Empathy, and AI.

By David B. Kartzman, DC

I have just completed reading a book titled “Deep Medicine” by Eric Topol, MD. The premise I expected as I read the title was how computer technology, including artificial intelligence (AI), was the next wave of revolutionizing healthcare. If you have ever listened to an Andrew Ng podcast (Stanford, Google, entrepreneur in AI), the career of a radiologist is short lived. After all, couldn’t a computer with the advent of deep learning, better and more cheaply interpret a diagnostic scan?

As I started the book I looked at three different reasons for wanting to read it. First, I really enjoy the wonkiness of process. So this naturally would be an interesting read. Second, for the healthcare of me and my family, what could be done so we could be better advocates for ourselves? And finally, and yes pruriently capitalistic, I could find potential investment directions for my IRAs. By the time I finished the read I was surprisingly grateful that the book was also a chance to reflect back on my almost 30 years of practice and consider what I can provide to my patients over the remaining duration of my career.

For those of you who know me and are even tired of hearing me, the role of peer reviewed journal “evidence” in driving health care standards and likely reimbursements is an issue to which I have

devoted much time. The effectiveness of this type of care or lack of effectiveness of that type of care can be important in case management. But they can also be the cudgel by which doctor reimbursement can be bludgeoned.

What is missing from many or all of these studies, and perhaps reasonably a confounding variable, is the humanistic or human interaction part of health care. In an age of impersonal EHR and short duration office visits, how much further can we be from interacting directly with people who need us at difficult times in their lives?

For chiropractic, the argument could be correctly made that ours is a profession which will not soon be given over to robots. This is true for a number of reasons. First, there is great variation in techniques and approaches between practitioners. Second, there is not a strong evidence base which supports application of one technique over another. Third, and this is where I believe quality chiropractors stand out, is that robots are not yet able to display empathy.

What is the secret sauce which makes our profession stand out as distinctly as it does? I would argue that the answer exists in the first few seconds of the patient visit. It is that time when we look at them

and not at the computer. It exists when we want to know about, not solely their pain, but how they as a person came to experience this problem. As we know pain is unmeasurable as a sign and for each patient their level of pain is personal. So, as chiropractors, we have learned to see each patient as a person.

After completing this book, and poring over the final chapter of humanistic healthcare, I believe more strongly that the chiropractic contribution to healthcare is empathy. After all, how many people use the terms about believing in chiropractic? How many are possessive and talk about my chiropractor?

Let me be very clear here, many physicians also possess this appreciation of the human interaction but are hamstrung by working within a corporate structure. In fact, perhaps this is one reason physician burnout is such a real problem. As most chiropractors are not part of health care corporations, we have the luxury of time and not being as focused on production.

As I noted, if I had to describe only one trait which the chiropractic profession possesses to stand out from the current direction of healthcare, I would say it is empathy. Empathy, as I see it, includes

Continued on page 33

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★ New York Chiropractic College

Contact: (800) 234-6922
www.nycc.edu

★ Dr. Peter Gorman DC

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Current NYSCA members who recruit a new regular member (not student, affiliate, or retired) to join the NYSCA for a full year will in turn receive a 'thank you' from the NYSCA in the form of **two additional months** added to the end of their current membership term. Or, if the new member signs up for just a half year, the recruiting doctor receives one additional month of NYSCA membership. We have even sweetened the pot: there are **no limits** to how many times you can benefit from this incentive.

To receive your incentive month(s), the new member must make a semi-annual or annual payment and list you on their application form as their referring NYSCA member. (You may want to give a partially filled out application form to colleagues you are recruiting.)

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.

Membership Has Privileges

...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.

* 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 not valid on students, retired/disabled, or associate applications. Eligibility subject to verification; Subsequent year's dues payable at usual rate. New member discount offer is not valid for retired or associate members and may not be combined with other membership discounts.

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.

Why Should All New York DCs Be NYSCA Members?

"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

If YOU don't support your profession, who will?

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

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Guide to Billing the VA

- The VA is currently using Triwest to authorize and process all Veterans bills. As of July (late June), Optum is supposed to take over this process.
- Veterans bills are paid according to the Medicare fee schedule for exams, manipulation and modalities.
- Modifiers must be used when billing all CPT codes; however, the modifiers are slightly different than what we bill to Medicare.
- The following modifiers must be used when billing the VA directly and when billing Triwest. I expect the same rules will apply when Optum takes over the contract.
- Bill a subluxation diagnosis as the primary diagnosis
- Notes must be sent to the VA
- If you want to send bills electronically then you have to contact your Clearinghouse (Ability;Infinidi) because there is paperwork that needs to be done.
- Provider will now submit the claims to Optum (different address and different electronic ID than the major medical we currently use)
- Referral number must be included on all claims (BOX 23)
- Additional visits and extension of care will be done by the VA. There is a form that will need to be used. The Request for Service Form (RFS). It must be submitted the same day you need the services done.
- Medical documentation must be submitted within 30 days of the initial appointment and within 30 days of completing the care on the referral to the VA.
- As of this webinar, there is no cover page needed to send the notes to the VA; however, our office always sends the referral page along with the notes because all the identifying material is already there.

The appropriate modifiers for the VA:

99203-25
99212-25
99213-25
98940 AT
98941 AT
G0283, 97110, 97035, 97112 all have a GP modifier
97124 and 97140 must have both GP 59 modifier

Paid according to the Medicare Fee Schedule:

(Looked up fees on Medicare website)

99203-128.82
99202-90.59
99213-87.41
99212-53.68
98941-46.86
98940-32.70
G0283-16.65
97035-16.04
97110-35.80
97124-33.45
97112-40.72
97010-not covered

Guide to billing the VA through Optum

(beginning November 10, 2019-December 2, 2019)- Phase 4

- Any existing treatment plans through Triwest should be continued until they expire. All new treatment plans will go through Optum.
- The VA will still refer the veteran for chiropractic care (SAME AS ALWAYS)

- CLAIMS:
- Submitted to OPTUM within 180 days of date of service
- Use Veteran's Social Security # as Member ID.
- Claims reconsideration must be submitted to Optum within 90 days from process date of claim
- EDI Payer ID: VACCN
- Mail claims to: VA CCN OPTUM, POBOX 202117, Florence, SC, 29502
- Secure Fax: 833.376.3047
- ONLINE RESOURCES:
- VACOMMUNITYCARE.COM
- Each provider/employee in the office must set up accounts and then the website will group everybody into the one office
- Can pull up all the documents, set up electronic payments and statements and view claims through XPressclaim
- CCN Provider Services: 888.901.7407

Billing Medicare Modifiers for Optum/United Health Care

G0283 GP
97110 GP
97035 GP
97112 GP
97124 GP 59
97140 GP 59

AWARDS



Dr. Stephanie Pawelek and District 17 was honored to present John Taylor DC, DACBR a Distinguished Service Award for annually serving our district. He stepped up without hesitation to present on a wide variety of radiology topics. He often would raffle off radiology texts to the attendees at his own cost. Dr. Taylor recently retired from D'youville chiropractic college. He plans on speaking and to continue to play ice hockey in the future. District 17 wishes him only the best and a well deserved retirement.

PORT JEFFERSON, NY – David BenElياهو, DC, director of Mather Hospital's Chiropractic Collaboration and Back & Neck Pain Center, was named Mather's 2019 Community Honoree. Cardiologist David Shenouda, DO, and neurosurgeon Sumeer Sathi, MD, were chosen to receive the 2019 Theodore Roosevelt Awards for service to the Hospital and to the community. The awards will be presented at Mather's One Enchanted Evening gala on Friday, Nov. 1, at East Wind Long Island in Wading River.

Mather selects a special Community Honoree who has supported the Hospital and its programs over the years. The Nassau-Suffolk Hospital Council created the Theodore Roosevelt Award more than 50 years ago to honor those who demonstrate exceptional volunteer commitment to a member hospital and its community.

2019 Community Honoree
David BenElياهو, DC

Dr. BenElياهو is the founder and administrative director of Mather's Back & Neck Pain Center, a comprehensive, multidisciplinary and collaborative spine care center. He has coordinated the Neurospine Summit in Suffolk County for four years, which has featured multidisciplinary case reviews of complex spine cases, to enhance care coordination for community spine care providers.

Dr. BenElياهو also directs the Mather Chiropractic Collaboration program, the first of its kind in New York. The program promotes coordination and collaborative care between community chiropractors, and Mather's medical staff for patients who wish to see both medical and chiropractic providers.

A 1982 graduate of the National College of Chiropractic, he has been in active private practice for 36 years at Coram-Selden Chiropractic. He has advanced postgraduate certifications in sports injuries and pain management. Dr. BenElياهو is widely published on spine care in peer-reviewed journals and is a frequent presenter on spine care at professional conferences. His Chiropractic practice was one of the first few in the USA to be recognized by the National Committee for Quality Assurance in Patient Centered Connected Care (PCCC). He is a member of the USA Olympic Medal Society, having been selected to spend a month at the U.S. Olympic Training Center treating Olympic and USA elite athletes.



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Update: NYC Amends Earned Safe and Sick Time Act; Westchester County Adopts Earned Sick Leave Law

Effective July 10, 2019, employees who work in Westchester County for more than 80 hours in a calendar year are entitled to sick leave under the Earned Sick Leave Law. Under the law, covered employees have the right to use sick leave for the care and treatment of themselves or a family member.

Covered employers must give covered employees a copy of the Earned Sick Leave law and written notice of their rights to sick leave. Sample notices, FAQs, and an office poster are available on the Westchester County Earned Sick Leave webpage.

New York City

In yet another sign that cities and states are still figuring out how to implement mandatory paid sick leave laws, New York City released updated rules and new FAQs, currently in effect, to reflect and clarify amendments that were effective May of 2018.

New York City is one of more than 40 cities and states that require employers to provide paid safe and sick time leave to workers — something the federal government does not require of private employers.

New York City has amended its paid sick leave law twice since it became effective on April 1, 2014. The most recent amend-

ments recently renamed the law the Earned Safe and Sick Time Act (ESSTA), included among several changes are revised ESSTA written notice/policy requirements, expanded qualified reasons for leave under the Act, and a broader definition of family member.

Employers with five or more employees who work more than 80 hours per calendar year in New York City must provide paid safe and sick leave to employees under the NYC ESSTA. Smaller employers must provide unpaid safe and sick leave. Eligible employees accrue safe and sick leave at a rate of one hour of leave for every 30 hours worked, up to 40 hours per calendar year, beginning on their first day of employment.

Employees can begin using accrued leave 120 days after their first day of work. Employees must be permitted to carry over up to 40 hours of unused safe and sick leave from one calendar year to the new calendar year. Alternatively, employers may choose to frontload safe and sick leave on the first day of a new calendar year, relieving them of the carry over provisions of the law.

New Policy Requirements

Employers were already required to distribute a Notice of Rights to all employees and maintain a company policy. Clarifica-

tion in the newly released guidance related to an employer's obligation to also maintain and distribute to employees a separate company policy 'in a single writing' also indicates such distribution must occur upon hire; within 14 days of the effective date of any change made to the policy; and upon request by an employee. Distribution of the company policy may be satisfied via hard copy or via electronic transmission (e.g., email). The amended rules also broaden and clarify the required elements of a compliant policy.

Expanded Definition of 'Family Member'

The amendments change who may be considered a "family member" under the Act, adding any individual whose close association with the employee is equivalent of a family relationship; the resulting guidance found in the FAQs offers examples.

Expanded Use of Leave

The law, as amended last May, also allows employees to use their paid leave as 'safe time' in circumstances where they or a family member have been the victim of any act or threat of domestic violence, unwanted sexual contact, stalking, or human trafficking to plan their next steps and focus on safety without fear of penalty.

Continued on page 31



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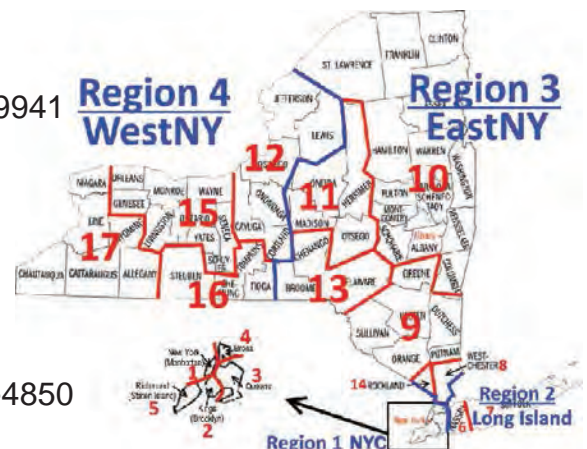
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foot-strike cycle, all positions of the foot should be rated equal and capable. There should be no favorite position as the foot moves from dorsiflexion, to pronation, to supination to plantar flexion. This is easily assessed by employing a slant board at 13 degrees and having the athlete perform a single-leg stance, starting with dorsiflexion. Any note of weakness, shake or inability to balance on the slant board in any given position, is a sign of weakness and is a clear indicator of what is actually happening as the foot goes through the motions of walking and running. To correct the weakness, repeating the position (usually 5-7 times) will help to “wake up” the involved muscle and allow the athlete to hold the position without any shake at all. If this simple treatment does not work, then a quick understanding of muscle testing and treatment can be employed by the Doctor of Chiropractic to ensure that their athlete is effective and efficient in their movement pattern.

Rule 5. All training should show an improvement in brain speed, resulting in improved recognition, focus, and attention. Understanding an athlete’s brain speed can be simply done by going online and playing a free cognitive training known as Hawkeye on the BrainHQ.com cognitive platform. No athlete should be allowed to play if their brain speed from one day is slower on the following day. There may be a simple reason for this, such as an emotional upset, mild dehydration, or a poor night’s sleep. But on a consistent basis (especially in the land of traumatic sport) if brain speed is shown to be slowing down- where does it say to allow the athlete to play the game and therefore get more checked into the board, hit their head with the ball, or get banged up on the line of scrimmage will improve their brain speed? We have said in the past the sport is not the enemy, and accidents do occur, but it is a blatant tragedy at any age to allow an athlete to play when the most important muscle of their body (their brain) is struggling and slowing due to their activity. Brain speed should be a common denominator for all doctors to understand readiness in all their athletes.

Rule 6. No athlete should be allowed to build strength on an unstable foundation. Here we use the perfect squat to determine if an athlete is allowed to add weight to their training program. The test is performed by having an athlete stand in front of a wall, toes touching the wall while in a jump stance, and eyes looking ahead with chest up. The athlete is instructed to put their hands behind their head and try to perform a perfect parallel squat. If the athlete falls backward before reaching parallel, it’s a clear indication that the athlete is weak in the eccentric phase of movement. But if the athlete falls backwards when trying to rise, they have an issue with the concentric phase. Inability to perform this test with one’s own body weight is a clear indication that the athlete is not ready to add more weight to their unstable foundation. The weakness must be corrected first prior to increasing the load of training.

Rule 7. The final rule is: Water, Air and Proper Sleep. Each one of these components, on their own, speaks volumes to athletic performance. Water and dehydration are well documented and need not be reviewed here. Then, throw in electrolyte balance and make sure that we understand the athlete burns his fuel in water. The name of the game is hydrolysis and proper hydration is key. Air- try going without it for a few minutes and see how important

it is. We have to ensure that the athlete is breathing properly. Approximately 83% of the time, when an athlete takes a big breath in, they also pull their stomach in. This is so contradictory, that as the lungs expand in inhalation, the stomach must relax and push away so that the lungs have a place to move to improve tidal volume, tidal capacity and even change VO2 uptake. And last but not least, the key to it all is sleep. The name of the game is recovery. The athlete can only train as hard as he can recover. Understanding the quantity of sleep the athlete is getting as well as quality is key to optimal performance.

The above are just a few simple checks that can be continuously upgraded and understood as we try to help our athlete push and train towards optimal performance. In a future article, we will introduce technology so that simple questions can be objectively and precisely answered. For example, question 1. is the timing, balance and coordination of our athlete improving or (to within a millisecond of accuracy) is the athlete actually losing these standards? Question 2. Is the athlete able and agile in all directions? Does the contact and flight time right to left equal the contact and flight time left to right, or is the athlete starting to show a favorite side? Question 3. At game speed acceleration, is the speed of each leg equal and is the acceleratory ability left to right equal to the acceleratory ability right to left? At constant speed, is the contact time of the right foot equal to the contact time of the left foot or are there discrepancies? Question 4. Timing? Nowhere is it better observed than objectively evaluating the temporal parameters of the gait cycle; which are based on the moment by moment movement of the human body through space in a linear fashion. This moment by moment interpretation; whether it be heel strike to foot flat known as load response, heel strike to toe off known as stance phase, or toe off to heel strike known as swing phase. This timing of the human body can be measured to within milliseconds of accuracy and must show that the athlete is constantly eliminating asymmetries while coefficients of variability are showing more ease in individual performance. Question 5. We’ve mentioned brain speed as a simple parameter of understanding brain health and nourishment. However, there are at least 29 cognitive trainings that are supported by over 155 published papers within a network of over 400 university-based PhD neuroscientists, headed by the master himself Mike Merzenich, PhD- the father of neuroplasticity. We must understand this platform and understand the individual cognitive training so that words like “useful field of view,” increase stability in “split decisions” and “suppression of the distractors,” can all be understood and enhanced for our athletes. Just as an aside- the BrainHQ platform is the only cognitive training platform allowed to say that it reduces the onset of dementia by 48%. And is the only platform allowed to say that, although the TBI is in the chronic stages of 7, 8 or 9 years old and never improved, it can be helped, especially in the areas of focus and attention when the training is applied even 9 years post-injury.

There’s a lot to be called a chiropractic sport physician, but in the long run it all boils down to a few simple facts. Help the body with its balance, timing, coordination and brain speed and in return help each and every one become a master player at the ultimate game- the game of life itself.

MID BACK PAIN; A COMPLEX ASSESSMENT TO A COMMON CONDITION CONTINUED FROM PAGE 9

- Bowel or bladder incontinence
- Excruciating abdominal pain
- Weakness or numbness of the lower extremities.
- Cardiac complaints
 - o Chest Pain or pressure
 - o Dyspnea
 - o Jaw Pain
 - o Heavy or crushing pain.
 - o Originates in sternum but may radiate.
 - o Often associated with sweating, nausea, and shortness of breath
- Aortic dissection;
- Ripping or tearing sensation in mid back that radiates up to neck.
- Pulmonary conditions (neoplasm or embolism);
 - o Pleuritic pain
 - o Shortness of breath
 - o “Feeling of impending doom”
 - o Cough with blood
- GI conditions;
 - o Gallbladder (right shoulder blade region)
 - o Pancreatitis (epigastric region)

This is not a complete list and a good reference source for visceral conditions with mid back referral patterns is:

Klineberg E, Mazanec D, Orr D, Demicco R, Bell G, McLain R. Masquerade: medical causes of back pain. *Cleveland Clinic journal of medicine* 2007;74(12):905-13.

Lastly, we cannot overlook that the cervical spine is a common pain generator for the upper/mid back region by way of referral patterns related to Cloward signs.

While always operating under the premise that nothing substitutes for a careful and thorough history with examination, good additions to your protocols to follow when assessing thoracic complaints is to;

1. Rule out a visceral disorder.
2. When the complaint is above T6; include a full cervical spine examination and a shoulder girdle examination along with a thoracic spine examination.

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- If you use a cloud based EHR or Practice Management Solution contact your vendor(s) and ask them for documentation on their current security procedures to protect your data. Get this information in writing.

Step 4: Monitor your devices.

- Know where all of your computers, laptops, backup devices and all other devices that may contain patient information are at all times. A missing device that has patient information **MUST** be considered a breach of patient information.

This brings us to the issue of patient information that may be stored on smart phones. Smart phones have direct data connections to the internet.

- They are not protected by firewalls
- They do not have antivirus software
- They are not encrypted (password protection is **NOT** encryption)

If your smart phone is encrypted, then if it is lost the person who finds the phone will not be able to access the data on the phone. But if you have entered your PIN on your phone, the information is effectively decrypted and any rogue software that may be on your phone will be able to expose that information to the internet. This is why you should not store patient data on a smart phone, even if it is encrypted.

As a result, many of the safeguards that we can put into place for our computers and computer networks do not exist to protect the data that be may stored on these convenient personal devices. This leaves smartphones much more vulnerable to attacks and data breaches than other devices where we may store patient info. I strongly recommend that doctors and staff **DO NOT** use smart phones to store patient data of any type, including clinical images. If you need to take clinical photographs (which are a very good method of documenting patient conditions) use a digital camera that you connect directly to your computer.

Never use the USB port on your computer to charge your smart phone. You may have noticed that if you plug your smart phone into your computer your computer will discover and communicate with the smart phone. Once this has happened it is possible that there is a direct connection from your computer to the internet through your smart phone. This direct connection is bypassing all of the security that has been put into place to protect your computer network. This process unlocks and opens the back door to your patient data.

Even with the best precautions data breaches can and do happen. Should your practice experience a data breach you may be responsible for:

- Providing credit monitoring services to the patients involved
- Fines from the federal government
- The costs associated with notification of each and every pa-

tient involved in the breach

- Potential law suits from patients involved in the breach
- And Negative publicity related to the breach.

There are steps you can take to mitigate some of these potential adverse consequences to a data breach. The first is to have cyber security and HIPAA breach insurance. These policies can help with costs associated with the data breach except for fines. These costs can add up quickly and having this insurance policy may just save your practice should you experience a breach. When selecting a policy and your limits of liability, think about how many patients you have in your practice, and how much it would cost to provide credit monitoring to each and every patient for 2 years. Then think about the potential law suits. I would recommend at least 1 million dollars in coverage for this type of insurance.

While an insurance company can not protect you from the financial costs associated with a fine, there are steps you can take to protect your practice from fines for HIPAA breaches.

- If you have completed a proper HIPAA Security Risk Analysis and Risk Mitigation Plan
- And you have followed through on the Risk Mitigation Plan
- And you have documented the risk analysis and risk mitigation plan and your actions

Then should you experience a breach and you properly respond to that breach within 30 days of **DISCOVERY** of the breach – you are exempt from federal fines related to that breach.

DISCOVERY is a very important word here. Earlier in this article we mentioned that there were a number of breaches that were going on for a number of months or years prior to discovery. No matter what day a breach happens, the 30 day clock starts ticking once the breach is discovered. With proper planning and a good faith effort to complete your HIPAA Security Risk Analysis and Risk Mitigation Plan and with proper and prompt follow up after the discovery of a breach, you can avoid federal fines related to HIPAA breaches.

Now is the time to take all of the necessary steps to protect your data and to properly document those steps. Remember – If you did not write it you did not do it. Like many other aspects of our practices and our lives an ounce of prevention is worth a pound of cure.



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- ☒ Learn more about current legislation
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- ☒ Enroll in Monthly CE Webinars
- ☒ Register for upcoming CE Conventions

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process. As such, Dr. John Lamonica from the Council lead the discussion on IME review status, expressing the mutual concerns of our membership. We anticipate a report from the WCB in the next few months; however, the WCB did acknowledge there was little agreement amongst the key stakeholders.

CMS1500

The WCB looks to enhance and simplify communication between providers, carriers, employers and the WCB. The CMS-1500 initiative continues to be tested to 'consolidate and eliminate certain medical billing forms and convert to the CMS-1500 form'. Once implemented, the combination of the CMS-1500 and provider attached narrative report will replace the C4 and C4.2 forms (not the C4.3, which will remain). The challenges of extracting necessary information from our narrative reports was discussed, with the WCB noting three key components necessary to facilitate communication include:

1. Causal relationship
2. Degree of disability
3. Work status/return to work date

The NYSCA previously developed a template to assist in expediting reporting and review by the carriers and WCB and will look to assist in finding the balance between provider reporting and carrier review. Simple guidance to incorporate these 3 key components at the top of the narrative may expedite review.

There is no mandatory implementation date at this time. For more information and updates on this initiative, please refer to the following link: <http://www.wcb.ny.gov/CMS-1500/index.jsp>

DEPOSITION GUIDANCE

Several NYSCA members inquired above deposition reimbursement over the past month. After our meeting, the WCB responded with the following details

When a deposition is ordered, the standard abbreviation contains the following language:

"A medical witness is entitled to a witness fee pursuant to Part 301 of Title 12 of the Official Compilation of Codes, Rules and Regulations of the State of New York. Within ten days of the completion of a witness's deposition, the party responsible for such witness's fee, if any, pursuant to the Workers' Compensation Law and regulations, shall remit payment of the fee to the witness. The fee is to be awarded in like manner as a witness fee, awarded for attendance at a hearing, irrespective of the location where the deposition takes place (including telephone and video testimony). If the witness believes that fee in excess of that set in Part 301 is warranted, such witness must submit a request to the Board within ten days of the deposition. The Board will review such request and issue a subsequent decision concerning whether an additional fee is warranted."

When a claimant's physician testifies, the fee should be paid within ten days. For chiropractors, 301.3 applies, for a \$350 standard deposition fee. If the doctor is not timely paid, the doctor should

send a letter to the carrier, saying "I was deposed on X date, directing that I be paid within 10 days of my testimony. I have not been paid to date. Please pay me within 10 days of this letter." Then, if the carrier still doesn't pay within the stated time frame, the doctor should send a letter to the Board, laying out the dates, saying "I still have not been paid", and attach the letter that was sent to the carrier. Then, the Board will issue an Administrative Determination directing payment of the standard fee under Regulation 301 (the administrative decision cannot provide for any requested extra fee--- as the standard language above says, that has to be ordered by the WCLJ in the decision regarding the disputed issue for which testimony was taken). This will get doctors paid timely. The NYSCA again thanks the WCB for their timely, proactive, and detailed response.

GROUND RULE 3 CLARIFICATION

As discussed with the WCB at our previous meeting, the modification of this Ground Rule now applies the daily unit cap to all providers combined when care is rendered by multiple providers on the same date of service. Previously providers who could demonstrate that care was not duplicative qualified for separate reimbursement up to the daily unit cap individually. The new language around treatment for a 'date of injury' has some inconsistency with prior FAQs, the WCB will look into this and provide an update. Although this may be an attempt to control inappropriate billing, it does the greatest disservice to those injured workers with the most complicated and serious cases involving multiple body parts. We have provided examples where treatment for different body parts from the same injury date may be medically necessary, appropriate, and prudent to avoid added lost time or chronicity. The WCB understands our concerns.

CLOSURE

The meeting was closed by Dr. Martin who recognized the accomplishments of the WCB over the past 6-12 months, including their selection the winner of the IAIABC Excellent Award for the Virtual Hearing process. He noted that this information has been shared with hundreds of NYSCA doctors at webinars, conferences, and local NYSCA district meetings.

Dr. Martin also discussed how group insurance carriers are driving patients towards conservative musculoskeletal care (particularly chiropractic care), reducing not only excessive costs, but to address the opioid addiction crisis. He provided the WCB with an article just published in the British Medical Journal indicating the reduction in opioid use and addiction when the initial treating provider is a Doctor of Chiropractic or physical therapist. It is time for New York to lead the country in providing the best opportunity for injured workers!

Creating an environment for change takes a dedicated team. It also requires the day to day support of NYSCA leaders such as Dr. George Rulli and Dr. Joseph Merckling, who assist NYSCA members with challenges in navigating the workers' compensation system.

Again, the NYSCA would like to recognize our lobbyist Amy

Continued on page 33

causing gas and bloating, diarrhea and constipation, and other digestive issues.

Restoring the balance

To restore good connections on the three-way gut-brain axis, consider my Super 7(R) Action Plan.

► **Reset:** The first action step is to reset your diet, lifestyle, and mindset. Eat an anti-inflammatory diet, one that is free of GPS: Gluten, processed foods, and sugar. Many people find that a modified Mediterranean diet that is free of GPS and DNA (dairy, nicotine, and artificial sweeteners), works well. In addition to the basic diet, adding 8 to 10 grams (two teaspoons) of MCT oil from coconut oil is very helpful. MCT oil has been shown to have antimicrobial and antifungal effects that can help restore a better balance of beneficial gut bacteria. Stress reduction techniques, such as meditation, mindfulness, and yoga are helpful and easily learned. What works best is highly individual, however. Whatever works best for you is helpful. Regular exercise is important (and also helpful for reducing stress). I recommend aiming for 10,000 steps a day in addition to daily resistance training and flexibility exercises.

► **Remove:** Remove foods that damage the gut, including processed foods, sugar, dairy and gluten. Also remove any foods related to your intolerances and allergies.

► **Replace:** You may need to replenish and replace your digestive enzymes. A comprehensive enzyme complex supplement that includes amylase, papain, trypsin, and lipase helps promote healthy digestive function.

► **Regenerate:** The next step is to regenerate and repair the small intestine wall. The amino acid glutamine is key to this process. It supports the integrity of mucosal cells that line the small intestine and helps close any leaks.

► **Re-inoculate:** When the bacterial balance is disrupted, re-inoculating the gut with high-quality prebiotics and probiotics can help restore beneficial bacteria and crowd out harmful bacteria. Fiber is crucial to resetting the microbiome—it's the fertilizer that makes a healthy microbiome flourish. Fructooligosaccharides (FOS), found in complex soluble fiber, act as prebiotics that nurture the growth of beneficial bacteria in the colon. Look for supplements of FOS powder containing inulin. For probiotics, look for a formulation that contains a range of beneficial bacteria, including *Bifidobacterium lactis*, *B. longum*, *Lactobacillus salivarius*, *L. acidophilus*, and *L. rhamnosus*.

► **Reintroduce:** When your symptoms are reduced or gone, foods removed earlier in the process can be gradually reintroduced—as long as they're healthy. Continue to avoid GPS and DNA and fried foods.

► **Retain:** Retaining your gains is an ongoing process. Stick with your healthy diet, regular exercise program, and stress reduction.

IN MEMORY

Carrie Goettsch

1955 - 2019

Carrie Schayes Goettsch November 13, 2019 Dr. Carrie Schayes Goettsch, 64, passed away peacefully Wednesday evening with her family by her side in her new home in Tarpon Springs, FL. She was born May 29, 1955 in Syracuse to Dolph and Naomi Schayes. She was a resident along with her husband in LaFayette, NY until September 2019. In 1980, Carrie received her doctorate degree in Chiropractic from Palmer College of Chiropractic in Davenport, Iowa. She was a committed and beloved Chiropractor of 38 years. She was the owner of Brighton Hill Chiropractic until her retirement in 2019. She served on the Board of Directors of the NYS Chiropractic Association, and was a past president of District 12 of the state association. Other volunteer work included providing chiropractic services in the Dominican Republic on a 9-day mission trip in 1993, and serving as staff chiropractor with the 15th Maccabiah Games in Israel in 1997 and with the Maccabiah Pan American Games in Chile in 2003. In 2019, she was presented the Lifetime Achievement Award for her work with NYS Chiropractic Association. Carrie also was a passionate singer. She received a BFA from Ithaca College where she majored in voice and developed a love for composing and arranging music. She sang with local groups including the Syracuse Chorale the Syracuse Symphony Pops Chorus, and the SSO Gospel Choir. She also had the opportunity to sing in the White House in December 2002, 2004 and 2008 as a member of the Master's Touch Chorale. Carrie will always be remembered for her bright smile, and positive outlook. She as loving and kind to everyone she touched. Her daughters were the light of life. Her family includes her husband Marty; their three daughters Rachel, Carla and Abi; her sister Debbie (Lou), her brothers David (Melissa) and Danny (Wendy) ; her sister-in-law Elizabeth (David), her brother-in-law Lauren; her nieces Hannah, Julia, and Renee; her nephews Mickey, Benjamin, Kevin, Logan and Seth; her uncle Sam (Dory) Gross; aunt Vicki Gross; and a large and loving extended family.



UPDATE: NYC AMENDS EARNED SAFE AND SICK TIME ACT; WESTCHESTER COUNTY ADOPTS EARNED SICK LEAVE LAW
CONTINUED FROM PAGE 24

Domestic Worker Clarification

The newly released guidance also clarifies the definition for domestic workers. The definition does not include “any person employed by an agency whenever such person provides services as an employee of such agency regardless of whether such person is jointly employed by an individual or private household in the provision of such services.”

The above information is only a limited summary of the most recent changes and current provisions of the NYC Earned Safe and Time Act. Employers are encouraged to review the many resources available for NYC's Paid Safe and Sick Leave Law including the official Employee Notice of Rights, links to the Act, official rules, and FAQs, as well as tools and trainings, many available in additional languages.

Paychex continues to monitor developments related to safe and sick time legislation and regulations across the country. Look for additional articles on Paychex WORX.

CLASSIFIEDS

ASSOCIATE WANTED

Astoria Medical Arts NY is seeking a skilled, energetic and motivated professional for a FT or PT position. All applicants would be expected to provide up-to-date resume with cover letter, licenses and certs. Any inquires or requests for an appt text or call Dr. Gazonas at 516-220-5782 or email Astoria.Medical.Arts.NY@gmail.com

ASSOCIATE WANTED

Manhattan, NY - Seeking an experienced PT assoc for Tues/Thurs 11a-7:30p. We are a boutique, patient oriented practice in a beautiful office on Madison Ave and 59th St. Seeking a skilled adjuster, compassionate, caring, confident, self-starter, motivated with a friendly, positive demeanor. Please email resume or message if interested to dralikakos@hotmail.com. Please, no calls.

ASSOCIATE WANTED

Rockland County - I am looking for a FT, motived, enthusiastic, energetic, caring, and responsible DC to join my thriving practice. I have been in practice in Pearl River for 28 years. Candidates should have at least 1-2 years work experience. My goal is to find the right person to begin as an associate and have the opportunity to become an owner. Candidates must have a valid NY License. Salary and benefits will be proportionate level of experience. Please learn more about the unique care my practice provides at www.EliteSpineCare.com. Contact: askenaschiro@gmail.com

ASSOCIATE WANTED

Clifton Park, NY—Fantastic Opportunity for new or established doctor to step in and take over an existing patient load at a female-owned business in growing Clifton Park, NY. We are a family practice, we do take all forms of insurance, and offer cash plans for maintenance patients. We offer some modalities but keep the focus on the Subluxation! We do full spine Diversified adjusting, among other types. Start ASAP! Send me your resume and cover letter expressing interest.

OFFICE SPACE FOR RENT

NYC Flatiron—Fantastic offering for shared office space. 3 rooms for rent. FT/PT availability. Central HVAC system, High ceiling, Waiting area, FT use of the room, 24/7 access and security. Telephone / Internet ready. Included: *Large reception area, fully equipped *Shared common areas *All utilities--electric, water, heat and

A/C included. PT rates available. Available: September 1, 2019. Contact Information: 917-442-5523 jillian3335@gmail.com

ASSOCIATE WANTED

Harrisburg, PA - Cohle Performance Chiropractic in Harrisburg, PA is looking for a real "A Player" who loves to be held accountable for high standards of performance. The Right Candidate Must have a desire to work with active adults and athletes Must have the desire to become one of the best sports based chiropractors in the country Must LIVE our company core values: •People First, Patient Second •Pursue Growth and Learning •Provide a WOW! Experience •Reciprocate trust and respect •Connect Emotionally •Fun and positive staff •Anticipate unstated needs- New Grads are welcome! Full time, 32-38 hours. Please email drcohle@cohlechiro.com and attach a resume and cover letter

ASSOCIATE WANTED

Total Health Chiropractic, located in the Official Beer City, USA, aka, Grand Rapids, MI, is looking for a motivated Chiropractor to join our team. Our of-ice is busy, and our patients are waiting for youWe pay \$65,000 salary plus benefits including paid malpractice insurance, PTO, paid vacations, free yoga, and BCBS health insurance. To be considered, please email your C.V. and cover letter to hring@thchiro.com.

OFFICE SPACE FOR RENT

Innovative Multidisciplinary Practice looking for Ambitious Chiropractor To Rent at Astoria Medical Arts NY. The office is seeking a skilled, energetic and motivated professional for a FT/PT chiropractic rental who additionally is to able to derive income stream from an existing weight loss practice. Any inquires or requests for a meeting contact Dr. Gazonas at 516-220-5782 or Astoria.Medical.Arts.NY@gmail.com

OFFICE SPACE FOR RENT

South Shore (Wantagh) Long Island—Unique rental opportunity for new or existing practitioner. Fully furnished and equipped chiropractic office on main road. Ample on-site parking with available adjacent municipal parking. Major Bonus! Immediately see patients of retiring practitioner (35 years). If patients call or walk in, they are yours to treat. Interested parties can email inquiries to backdocr@aol.com.

OFFICE SPACE FOR RENT

North Shore of Long Island—Chiropractic Office space to SHARE/RENT. We have been in the same ar-ea for 40 years. Visit our website at www.portjeffersonchiropractic.com Call Michael Horney D.C. at 631-987

OFFICE SPACE FOR RENT

TURN-KEY Chiropractic Office for Rent on 14th Street in NYC. Fully equipped-*Digital X ray (full spine stitching software)*2 decompression tables, 3 thompson drop tables *2 Flex/distraction tables (hill auto flex/ cox 8)*Cold Laser Therapy, Electric stim, hydrocollators, rehab equipment *Foot-levelers Kiosk , Insight millennium Wireless*In suite bathroom and waiting room*4 treatment rooms *Fully equipped front desk (printer, fax, copy machine) FLEXIBLE RENTAL OP-PORTUNITIES FOR 1, 2,3 OR 4 ROOMS FT OR PT. CONTACT US at 646-825-3867 or email SynergyWell-nessNy@gmail.com

EQUIPMENT FOR SALE

Active Therapeutic Movement Machine great condition best offer to check out go to info@BackProject.com ATM 2. Contact: storm00573@aol.com

EQUIPMENT FOR SALE

Chattanooga vectra4 channel therapy unit with ultrasound and cart •Chattanooga DTS table and decompression unit- qualifies for a 50% ADA tax credit •Jtech ROM tester •Pettibon Wobble chair•2 massage tables •x-ray view box•scale(seca medical) •large and small medical filing cabinets•simply snap cubicle curtains(never used)•interferential therapy unit•Triflex total body wall unit•magazine wall racks•various educational posters•various office therapy supplies•desks. Contact drsherriericksen@gmail.com

EQUIPMENT FOR SALE

Orchard Park NY - Free - must pick up at my office - chiropractic light up sign. Measures approx 15'x2'. Text 716 997 0196 or email fuhrmanndc@gmail.com for pics. Sign must go ASAP.

PRACTICE/HOME OFFICE FOR SALE

Suffolk County - Established in 1990. The office occupies 500 square feet of the home, completely separate entrance, and is located on a busy road. It has 3 fully equipped exams rooms, a reception area, BR, and ample parking. This is a turn-key practice. The home portion is a spacious 4/5-BR home, LR, kitchen, laundry room

Continued on page 33

CLASSIFIEDS CONTINUED FROM PAGE 32

2 full bath. 1 ½ car garage, Central Air, In-ground sprinklers, semi inground pool. Doctor is retiring but will provide assistance with patient turnover and transition. Contact Backdoc321@aol.com

PRACTICE/HOME OFFICE FOR SALE

Doctor is easing towards retirement. Office is in a blossoming Upstate New York town, serving the community for 20 years. The only practice in the area! Maintains an established patient base and regular new patient intake. Practice includes the physical building and equipment 1 Lloyd Table, 1 Leander Table, several drop tables, X-Ray equipment ready for digital upgrade, 3 adjusting rooms, private office, back office, reception area and waiting area, parking for 10 vehicles. The office is located on a State Road with high traffic volume. Please contact Steve for further information. 518-819-1743

PRACTICE/HOME OFFICE FOR SALE

Binghamton NY area: Low stress - enjoyable "Turn Key" practice. Applied Kinesiology, SOT and the Brimhall Method are the primary techniques utilized, supported by various therapy modalities. In addition to chiropractic care, nutritional counseling, high supplements sales, acupuncture, and massage services are offered. Sale includes all active/inactive patient files and equipment, transition period available. All offers will be considered. Email, call / text for more information. Confidentiality required. 607-249-4440 beachgal14850@gmail.com

PRACTICE/HOME OFFICE FOR SALE

Great practice opportunity. Walk into a ready-made practice and take over in a beautiful home/office, in central NY/Mohawk Valley. Practice is a blend of insurance and cash, with 350+ visits/month working 30 hrs/week. Willing to finance on a graduated scale. Home is beautiful Victorian 3000 sq ft house. Home and office furniture, and all equipment included. Doctor willing to stay to train and transition. Call 315-866-1113 and ask for Dr J or email drjalo@aol.com

PRACTICE/HOME OFFICE FOR SALE

105 Garth Road, Scarsdale. Offered at \$199,000. (about 900 sq ft.) first floor commercial space that can be used as an office. Perfect for light medical use. The space can also be combined as an office with a residence. Only 10% Down. The Northgate is the closest residential building to Metro North train and Scarsdale village, a four-minute walk. Low maintenance, \$831 which includes heat, hot water and water. Short wait list for individual storage

bins available for \$30/mo. 24-hour laundry room. Free street parking with a permit, or other parking options including nearby Freightway Garage (Scarsdale permit required) or the Eastchester Commuter Lot (only about \$60/mo). Eligible for Lake Isle pool/golf/tennis. Contact bar-ry@westchesterchoice.com

UPPER VALLEY VERMONT - AWARD-PRACTICE/HOME OFFICE FOR SALE

Windsor County VT (in the Upper Valley Area, bordering NH). The practice itself has been named "best of the best" for 5 years running and features an updated facility equipped with digital x-ray and a balanced mix of cash and insurance. Financing Available to Purchase this Practice with as little as \$15,000 Down! For more info, see <http://www.strategiccdc.com/19802> or info@strategiccdc.com.

MISCELLANEOUS

Event coverage: EMT-B certification necessary for active participation, without EMT-B observation only. Manhattan. Olympic Trial qualifier wrestling tournament November 15-16, 2019.

- Women's Freestyle Weight Classes - 50 kg/110.2 lb, 53 kg/116.8 lb, 57 kg/125.7 lb, 62 kg/136.7 lb, 68 kg/149.9 lb, 76 kg/165.3 lb.
- Men's Freestyle Weight Classes - 57 kg/125.7 lb, 65 kg/143.3 lb, 74 kg/163 lb, 86 kg/189.6 lb, 97 kg/213.9 lb, & 125 kg/275.6 lb.
- Greco-Roman Weight Classes - 60 kg/132.3 lb, 67 kg/147.7 lb, 77 kg/169.8 lb, 87 kg/191.8 lb, 97 kg/213.8 lb, & 130 kg/286.6 lb.

Contact DrMWSpanakos@verizon.net

ABOUT NYSCA CLASSIFIED ADS

NYSCA members receive free classified advertising (without photos) in the NYSCA e-newsletter and on NYSCA.com

Submit your classified ad today!

View all current classified ads



WORKER'S COMPENSATION UPDATE CONTINUED FROM PAGE 30

Kellogg who provided the WCB with a clear opportunity to obtain funds from NYS to increase our fees and drive our profession towards long overdue parity. The relationships we have developed with the WCB (both at these meetings and one on one) over the past decade have been based upon mutual respect, with a mindful eye on the needs of the injured worker and the doctors who treat them. To paraphrase President John Kennedy, Partnership is a continuous process that grows stronger each year, as we devote ourselves to common tasks.

If you continue to have challenges in understanding and appropriately documenting an exacerbation, download the NYSCA Notice of Exacerbation developed in 2013 in the members only section at NYSCA.com where you will find other templates and tools to assist you. If you receive an inappropriate WC denial, contact the NYSCA Workers' Compensation Committee and send us blinded examples. You can also receive assistance at your local NYSCA District Meeting or attend a NYSCA webinar or conference (of which there were 3 on this topic alone during the last several months). Again, a heartfelt thanks to all the NYSCA members who have shared cases, educated others, and participated in improving the workers' compensation environment.

CHIROPRACTIC, EMPATHY, AND AI. CONTINUED FROM PAGE 20

an emotional connection of "I'm listening and I'm interested." It also includes education: let me give you a reasonable answer to your question of why it hurts and what we can do to alleviate your pain. To be clear, empathy is not paternalism. We can be empathetic while we respect the boundary between doctor and patient.

Will AI change healthcare? It is and it will continue to do so. What is so interesting is that the unintended consequence of the AI revolution is our collective introspection as health care providers, and at sometimes we will also be patients. Is the humanistic side of what we do necessary and not subject to change? It is as we are not robots and computer algorithms.



New York State Chiropractic Association

PO Box 557, Chester NY 10918 | 518-785-6346 | 518-785-6352 FAX
info@nysca.com | www.nysca.com



APPLICATION FOR MEMBERSHIP

Contact Information

Last Name:	First Name:	MI:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Business Address:		County:	
City:	State:	Zip:	
Office Phone:	Office Fax:	Email:	
Referred to NYSCA by:		All fields required unless otherwise specified.	

Education Information

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

Personal Information

Date of Birth:	Home Phone (opt):	Mobile Phone (opt):
Home Address:		County:
City:	State:	Zip:

Membership Categories

Dues

Regular Membership	Full Year or EZPay*
<input type="checkbox"/> 1 st Year Licentiate – up to 2 years from date of licensure	\$120 or \$10/month
<input type="checkbox"/> 2 nd Year Licentiate – up to 3 years from date of licensure	\$240 or \$20/month
<input type="checkbox"/> 3 rd Year Licentiate – up to 4 years from date of licensure	\$360 or \$30/month
<input type="checkbox"/> 4 th Year Licentiate – up to 5 years from date of licensure	\$480 or \$40/month
<input type="checkbox"/> 5 th Year Licentiate – Greater than 5 years from date of licensure	\$600 or \$50/month

★ New Member Special ★

One-time offer applicable to Regular Membership only when year is PAID IN FULL. Eligibility subject to verification. Subsequent year's dues payable at usual rate. Cannot be combined with other discounts **25% off**

☐ Part-time, practicing 20 hours or fewer per week
Discount applicable to Regular Membership only. A certification of working hours, signed by a NYSCA district officer, must be submitted to the administrative office; Cannot be combined with other discounts **50% off**

Associate Membership – Include name of sponsoring NYSCA Member: _____

<input type="checkbox"/> 1 st Year Licentiate – up to 2 years from date of licensure	\$60 or \$5/month
<input type="checkbox"/> 2 nd Year Licentiate – up to 3 years from date of licensure	\$120 or \$10/month
<input type="checkbox"/> 3 rd Year Licentiate – up to 4 years from date of licensure	\$180 or \$15/month
<input type="checkbox"/> 4 th Year Licentiate – up to 5 years from date of licensure	\$240 or \$20/month
<input type="checkbox"/> 5 th Year Licentiate – Greater than 5 years from date of licensure	\$300 or \$25/month

Affiliate Membership[†] – must be licensed to practice chiropractic in New York

<input type="checkbox"/> a full-time staff member in residence at a chiropractic or other accredited university, college, school, or institution; or	\$60
<input type="checkbox"/> a full-time employee of any recognized governmental agency; or	
<input type="checkbox"/> a member of the Armed Forces of the United States on active duty; or	
<input type="checkbox"/> not in active chiropractic practice AND is employed full-time as supplier/vendor of chiropractic products and services, or other practice equipment, in service to members of the chiropractic professional field; or	
<input type="checkbox"/> practicing exclusively in a state or jurisdiction other than New York State	

[†]out-of-state affiliate members may neither vote in NYSCA elections nor hold office

*Membership Dues – EZPay (Monthly debit from credit card)

Cardholder understands and agrees that by opting into automatic billing his/her card will be charged on a monthly basis and will automatically renew on membership anniversary date. Renewal will be at current membership type associated with account. Monthly membership is not eligible for cancellation for the first 12 months.

Payment Information

Select One: ☐ Pay in full ☐ EZPay*

Payment Method

<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard	<input type="checkbox"/> DISCOVER	<input type="checkbox"/> AMERICAN EXPRESS
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Card Holder:

Card #:

Expiration Date:

Security Code:

Billing Address:

☐ Check Enclosed; Please make checks payable to:
New York State Chiropractic Association
PO Box 557, Chester NY 10918

☐ Check here if you do **NOT** want 7% of your dues monies earmarked for NYCPAC. Refusal to contribute will not affect your membership rights.

I fully understand and agree that upon acceptance of my application, I shall abide by the certificate of incorporation of the NYSCA, its Bylaws, Canon of Ethics, all rules and regulations adopted by the Board of Directors and House of Delegates, and the laws of the State of New York, the Board of Regents, and the State Education Department. I further understand that the NYSCA regularly communicates with its members by electronic means and therefore permit NYSCA to send me communications and advertisements (regarding upcoming events, etc.) via fax/email.

Signature:

For Office Use Only	Date Received: District Assigned:
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