

ON THE AGENDA

NYSOCA

December 2020

New York State Chiropractic Association



PRESIDENT'S REPORT

Jason Brown, D.C.

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AMERICAN
CHIROPRACTIC
ASSOCIATION

**ACA ISSUES URGENT CALL
TO ACTION TO STOP CUTS
TO MEDICARE REIMBURSEMENT!**

Stop Medicare Payment Cuts: Tell Congress to Cosponsor H.R. 8702

On Oct. 30, Reps. Ami Bera, MD (D-Calif.) and Larry Bucshon, MD (R-Ind.) introduced H.R. 8702, the Holding Providers Harmless from Medicare Cuts During COVID-19 Act of 2020. This comprehensive bill has wide support in Congress and among Medicare providers and patients. H.R. 8702, through what is known as a "hold harmless" approach, would ensure that payments to doctors of chiropractic remain at current 2020 levels through 2022. ACA has been working with a coalition of more than 50 other groups to fight for a solution to the impending Medicare payment cuts, which will impact doctors of chiropractic and other providers if allowed to take place on Jan. 1, 2021. Take a moment today to [send a letter to your member of Congress](#) and urge them to cosponsor H.R. 8702.

H.R. 8505 does not accomplish what [H.R. 3654](#) does, which is still ACA's highest legislative priority.

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!

NEW MEMBERS

Derek Bell, DC D-17
Joseph Biasillo, DC D-17
Dale Buchberger D-12
Daniel Cox, DC D-17
Mark Delmonte, DC D-17
Michelle Dodge, DC D-12
David Green, DC D-6
Daniel Huang, DC D-1
Michael Kimmel, DC D-3
Wagas Pervaiz, DC D-10
Ramiro Pinto, DC D-7
Zechariah Rivietz, DC D-1
George Russell, DC D-1
Christopher Swanson, DC D-15

RETURNING MEMBERS

Kimberly Cowdrick, DC D-17
Sheldon Delman, DC D-8
Joseph Donnelly, DC D-15
James Dragonette, DC D-17
Marie Forestal, DC D-3
Robert Lieb, DC D-9
Samuel Newberry, DC D-17
Nicholas Patterson, DC D-10
Michelle Pfeffer, DC D-6
Glenn Rugen, DC D-10
Joseph Schwartzott, DC D-17
Bernhard Sengstock, DC D-7
William Uhl, DC D-10

NEW LICENTIATES

Jonathan D'Angelo, DC D-3
Dominic Estevez, DC D-7
Michael Grillo, DC D-16

NEW STUDENTS

D'Youville

Anthony Amabile
Gannon Brochin
Harkanwal Ghuman
Nikhil Goyal
Nina Ionta
Derek Konopski
Evan Lovullo
Alexandra McGee
Victoria McIntyre
Patrick O'Mara
Francesca Opoku-Kusi
Megan Rabe
Nicholas Ribeiro
Natalie Salphine
Alexander Stewart
Winnie Yeung

**Keiser University
College of Chiropractic**
Kristopher Biegel

Life Chiropractic College
Dean Hottum

New York Chiropractic College
Christina Galatioto
Matthew Fraczek-Syczyk

Palmer College of Chiropractic
Caroline Connolly



PRESIDENT'S REPORT

Jason Brown, D.C.

NYSCA members,

We are close to wrapping up a year like no other. As I search for lessons learned from the pandemic, we are still living with uncertainty as the anticipated fall spike is upon us. It feels as if our lives are on a relative pause. We are all looking forward to being on the other side of this pandemic, but for now we are having to navigate it during Thanksgiving and the coming holiday season. With so much uncertainty surrounding the near future, it seems odd to already be looking backward, but this crisis has served as a clear reminder of the essential nature of community, collegial relationship and for strong Association advocacy.

NYSCA began this year with some grand plans to celebrate the Association's 50th Anniversary. Our annual spring convention at Mohegan Sun would have served as the backdrop for recognition of years of service from dedicated Officers, Board Members, and valued members who continue to advance the chiropractic profession. Covid-19 put these plans on hold.

The efforts of the Association and Council in advocating for conservative care as a safe, cost-effective alternative to opioids resulted in introduction of legislation, followed by the inclusion of this language into the state budget. The Department of Health was given direction for a pilot program studying chiropractic care and acupuncture in the Medicaid population to limit/avoid opioid dependency. Unfortunately, the fruits of the diligent effort to get this language included will be delayed as the DOH is understandably putting all available personnel and resources on the covid crisis.

As the pandemic began and spread quickly in New York, as chiropractors always strive to do, we put the needs of patients and communities first. Some offices closed, PPE was gathered and donned, and provision of emergency chiropractic services commenced. Throughout this, the NYSCA worked diligently to organize and disseminate timely and actionable information so you could protect your health and your practice. In doing this we worked feverishly to get chiropractic classified as 'essential business', so safe, effective conservative healthcare could continue to benefit New Yorkers in need. We also saw unprecedented financial assistance from HHS/Medicare, PPP and EIDL funds. For those which you or your practice qualified for we trust the guidance of the Association helped you navigate this confusing landscape.

As we find ourselves now working daily to remain vigilant against viral spread, chiropractors continue to provide the best in conservative care. THANK YOU, and thank you to your staff, for implementing the necessary precautions, routinely washing and disinfecting, and wearing the PPE needed to keep serving chiropractic patients.

It has been interesting to hear from colleagues on what has changed with their patients - the ergonomic and postural challenges of working from home, the increase in anxiety, depression and the other psychosocial factors in patient care, and the impact masks have on non-verbal communication in the office. Colleagues have also signaled a striking emphasis on health, wellness, and active lifestyles that chiropractic has championed since its inception. NYSCA members have also reported patients having a renewed vigor for addressing comorbidities and underlying conditions before they become a problem. All of these challenges highlight the need for exceptional conservative chiropractic care and the need to encourage health and optimal functioning.

One thing the pandemic has made apparent is that the status of New York's healthcare providers is inadequate. It has become clear that all providers in New York should operate at the top level of their training. As our current scope does not allow us to exercise the full extent of our education and clinical training, impeding our ability to serve the needs of our communities. As we move forward after the recent election and state government returns to Albany, I look forward to advancing the legislative efforts to Modernize our scope of practice.

In the meantime, I wish you and yours a happy, safe, and healthy holiday season. I thank you for caring for your patients and communities and appreciate that you continue to put their needs first.

Jason Brown, DC
NYSCA President





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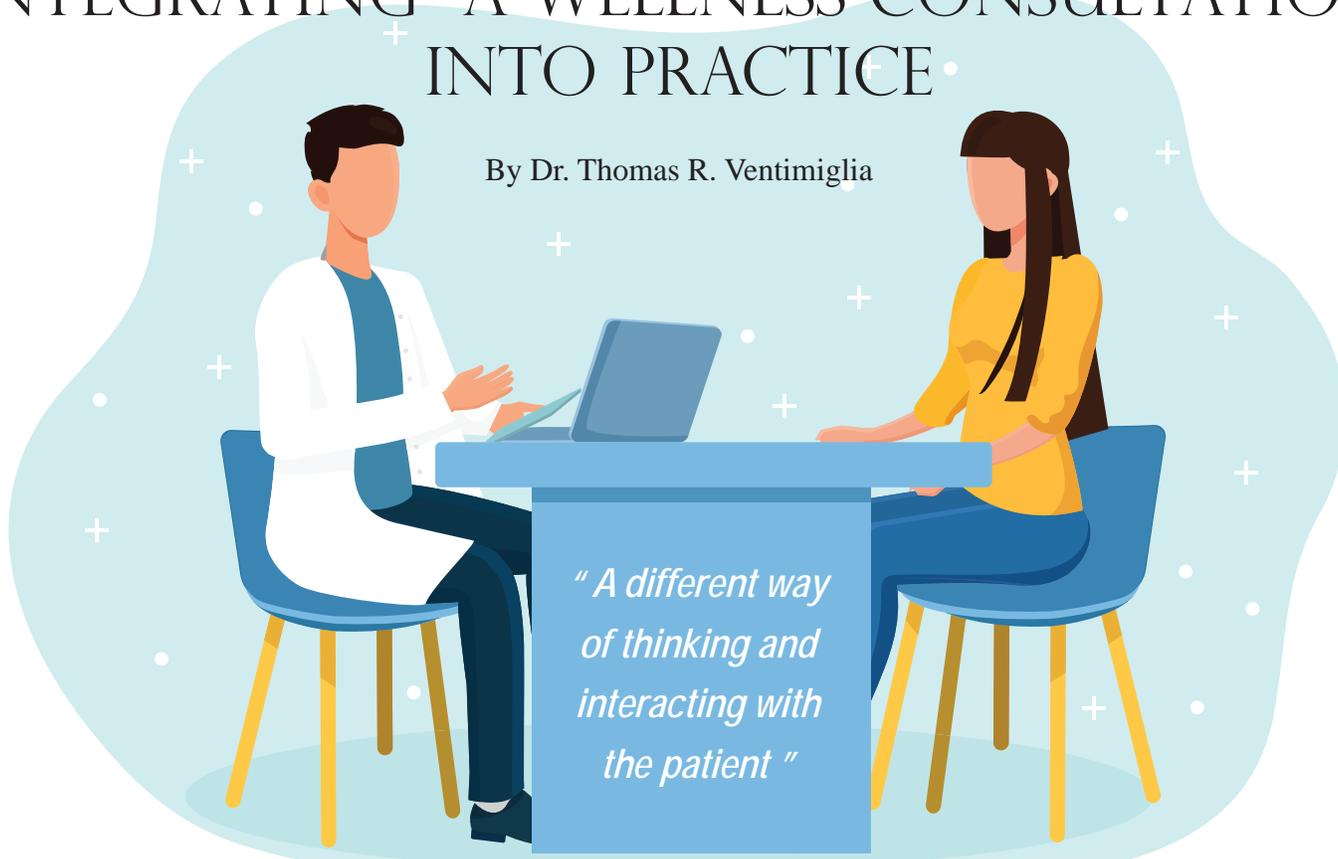
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NYSCA 11160

INTEGRATING A WELLNESS CONSULTATION INTO PRACTICE

By Dr. Thomas R. Ventimiglia



According to Luca Bailo et.al., “empowering” is a process through which people gain a greater sense of self-efficacy and control over decisions and actions affecting their health.¹ If we take this proposition to be true, doctors should be as committed to patient empowerment, as they are to spinal health, generating better health as much as rendering healthcare.² In this way, the doctor, like health itself, becomes a resource that allows people to realize their aspirations, satisfy their needs and cope with the environment to live a long, productive, and fruitful life.³ “... to make whole, physically, mentally, and with a greater sense of social well-being, and not merely the absence of disease or infirmity.”⁴

Gliedt and Schneider et. al., point out that Chiropractic is historically steeped in patient empowerment. The discipline emphasizes the importance of the patient’s innate ability to self-heal and any discussion about their role in facilitating the patient’s innate ability to self-heal is a discussion about the holistic approach to healthcare...and key aspects of the biopsychosocial model (BPS).⁵

The Wellness Consultation (WC), an extension of the traditional consultation, can address this challenge by promoting a shift in the clinician’s “gaze” during the patient encounter from disease and illness to generating health and wellness. It is a purposeful and planned conversation that starts on the first visit and continues throughout the entire encounter. The WC focus is on the psycho-social component of the BPS model with an emphasis on lifestyle and health behavior changes. Put simply, it is a different way of thinking and interacting with the patient.

Central to the WC is the furtherance of the doctor’s communication style and skills by the use of Motivational Interviewing (MI). MI is an evidence-based communication method that guides the patient through their ambivalence toward achieving their health objectives.⁶ Furthermore, the WC supports the notion that the power imbalance inherent in the doctor-patient relationship can seamlessly move to a collaborative partnership when guiding the patient toward behavioral change and transition back to a directing style of communication when the doctor determines

it is in the patient’s best clinical interest. The WC like any clinical encounter, utilizes assessment instrument(s), encourages short and long-term goals, and is mindful of bioethical considerations.

What are the elements of the Wellness Consultation?

1. **Assessment:** There are several Wellness assessment instruments available to the clinician. For example, the simple ten question survey, the “Wellness Wheel”, and the Princeton Umatter Wellness Assessment, a comprehensive tool that address all aspects of Wellness (physical, mental, emotional, social, environmental, occupational, spiritual etc.)⁷ Selection of an assessment tool depends on a doctor’s commitment to the process as much as the patient’s.
2. **Goal Setting:** This element addresses the importance of assisting the patient’s approach to setting personal goals. The methodology focuses on creating specific, measurable, achievable, relevant, and time-based goals-S.M.A.R.T.⁶

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New Practitioner Mentor Program

Program Goals

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

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

Program Overview

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

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

New Practitioner Expectations

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

Mentor Qualifications

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

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

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

Mentor Expectations

- 1) Fill out a brief mentor application and send to the Mentor Program Coordinator, Dr. Gerald Stevens (secretary@nysca.com)
- 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:

Gerald L. Stevens DC, MS, MPH, NYSCA Mentor Program Coordinator

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The Utility and Accuracy in Interpreting Plain Film X-rays

By: Anthony M. Palumbo, D.C.



However, over the past several years there has been a great deal of opposition to taking/ordering x-rays when not based on some type of published protocol driven decision process. The main motivation for this appears to be to minimize health care costs, but this thought process should always be carefully weighed against the circumstances surrounding each patient encounter.

Studies that have helped shape this thought process include the NEXUS, Canadian C-spine Rule, and Choosing Wisely. These studies point out various indicators (or lack of) for ordering x-rays with trauma and for not ordering x-rays in the absence of trauma. These indicators include a history of cancer, suspected fracture, neurological signs and symptoms, signs of infection, osteopenia, osteoporosis, axial spondyloarthritis, tumors, midline tenderness, and lack of ability to actively rotate the neck.

It must be kept in mind that most x-ray utilization guidelines were initially developed by and for the medical professional who does not perform hands on treatment. Doctors of Chiropractic who perform spinal adjustments certainly always have a higher need to know with regards to a patient's radiographic status than practitioners treating conditions with prescription of medications, immobilization, and rest only.

In relation to blunt trauma of the cervical spine, a study was published in *The Journal of Trauma, Injury, Infection, and Critical Care* in 2007 and the following opinion was formed;

“In an era of increasing health care costs, there is a great deal of motivation to minimize health care costs and maximize efficiency, but this should be weighed against optimal patient care. Although a large number of negative radiographs results in what seems to be unnecessary resource utilization, one missed injury such as a cervical spine fracture can have devastating consequences. Up to 29% of patients develop partial or full paralysis with a delay in diagnosis of cervical injury.”¹

However, even radiography has inherent limitations, especially in relation to trauma. The practitioner should exercise caution and clinical judgement when viewing and interpreting x-rays. In each case when radiographs are ordered, the doctor of chiropractic must take into consideration every aspect of the patient encounter (history and examination) and apply all information gathered. This includes application of specific injury mechanics, patient age considerations, red flags, and subtle clues in order to make a correct interpretation of the films or a decision to order additional or more detailed diagnostic studies.

In Chiropractic practices, x-ray is widely accepted as the first imaging modality chosen when working up musculoskeletal conditions. X-rays are easily accessible and can be expeditiously obtained. X-rays of the spine are almost always used to rule out fracture, dislocation, anomaly, or bone pathology. In patients without a history of trauma, x-rays are generally taken with chronic, slow onset of pain, especially if it is increasing or accompanied by night pain, a history of a systemic disease such as cancer, long-term steroid therapy, and in patients over 50 years of age with any question to the cause of symptoms.

Continued on page 16



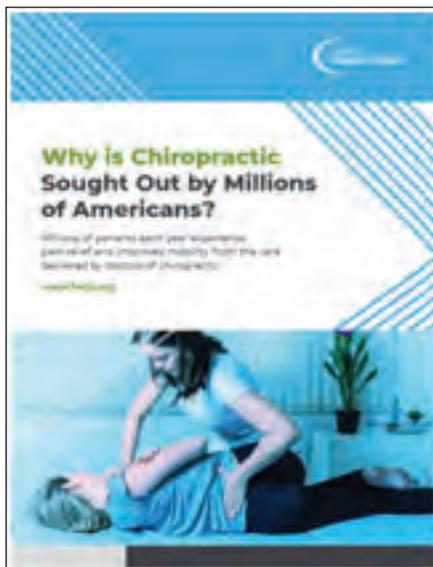
Take Advantage of Your F4CP Group Membership Perks

As a Foundation for Chiropractic Progress member, through New York State Chiropractic Association's enrollment in Group Membership, you receive access to a number of chiropractic marketing resources, including but not limited to the Foundation's white papers.

The Foundation is proud to announce the launch of two brand-new papers! The first paper *Why is Chiropractic Sought Out by Millions of Americans?*, focuses on the benefits of the chiropractic adjustment and is designed for doctors of chiropractic to utilize to educate their communities about:

- What a chiropractic adjustment is
- The clinical outcomes chiropractic adjustments can provide
- Guidelines that support the chiropractic adjustment (also known as spinal manipulative therapy)

[Click here to download the paper](#)



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The NYSCA is always looking for ways to improve the service to its members and one member recently took the time to send us the following comment.

I was reflecting on the intensity of this year and realized how blessed I was to have the support of the NYSCA Association with me!

I want to extend my vast gratitude to all the officers and staff that contributed countless hours of expedient research, deciphering, and compiling of all the news and information that rapidly came at us. I greatly appreciated the knowledge and professional wisdom that went into each webinar and e-mail you generously shared with us. You helped me understand the choices and opened my eyes on how to run an efficiently disinfected office so I could continue to keep my practice open. On top of all that there was always someone to answer your office phone and or return a phone call to give valuable and direct answers.

Thank you for your outstanding efforts, passion and compassions during these very trying times. NYSCA you helped us all to stay calm, be assured, and survive, so we in turn could pass the same assurance and health to our patients and community. With Great Appreciation... Again, THANK YOU!

Respectfully Yours,

Dr. Linda Mandic-O'Sullivan



MEMBER'S CORNER

Brenda Covell, District 17 Vice President shared a Halloween photo of her daughter Rhett Ada. We love the skeleton costume and congratulate her on the October 2nd birth of her daughter!

Is there a piece of news or an event you want to share with the membership? If so, please submit them to comm.secretary@nysca.com



MEMBER SHOWS NYSCA PRIDE

Long time NYSCA member Jay Reiss sent this photo of his membership certificate with every yearly renewal sticker since 1989 displayed.

He really knows how to show his pride in the profession and in the NYSCA!

Adaptable Contactless Payment Tools for Your Practice



By Helcim

With COVID-19 impacting how clients access the services they need, having a toolkit of flexible and adaptable payment solutions can help you better serve changing customer expectations. If your practice hasn't yet embraced online and digital payment tools, now is a great time to explore what options are out there and see how they can help your business accept payments faster and easier.

Here are some payment tools that can help your business transition online:

Virtual Terminals

Using a virtual terminal is one of the easiest ways to accept payments over the phone from clients. When a customer calls in to make a payment, you enter their payment information into your computer to process the transaction in real-time. You'll know right away whether it has been declined or approved, and you can send the customer an email receipt with all the transaction details. Most payment providers will take the customer credit cards and securely store them in a card vault for future use and easy repeat billing.

Using a virtual terminal allows your business to follow up on outstanding payments over the phone, proactively accept pay-

ments when booking appointments, and provide a contactless payment experience.

Text and Email Payment Requests

Use payment requests to avoid in-person payments and quickly collect payment by sending a notice through text or email. Once your client receives the message, they can click on the link to view a detailed copy of their invoice and enter their payment details to settle the invoice.

You can send payment requests to remind clients of outstanding balances they might have or to accept payment right before or right after a client has an appointment with you.

QR Codes for Customer Self-Payments

You can create QR codes that link to any of your online sales tools, including your online store or hosted payment page. Once created, you can print and display the codes wherever you interact with clients.

Once your clients scan the QR code with their mobile device's camera, they can open the destination link you've specified, and enter their payment details to complete the transaction. Best of all, they don't need to download any new apps to use the QR Codes because clients scan the codes using the camera on their phone.

You can use QR codes to direct customers to payment pages with pre-filled amounts to complete payment for their appointment. Or they can use them to complete health questionnaires before they enter your practice, or to create a customer profile that hosts their payment information so you can easily bill them at future appointments.

Online Invoicing

Online Invoices are an easy way to collect payment from customers if you're trying to limit the number of in-person interactions you have. You can create custom invoices to reflect your services for each customer. Online invoices can be sent by email directly to your client's inbox, and if your invoice includes a pay now button, your customer can complete their payment right away.

Use online invoicing to limit the number of interactions you have with your customers while still collecting payment quickly.

With the wide range of online and digital payment tools that are available today, you can pick and choose which solutions work best for you. By embracing digital tools now, you'll be ready to adapt to changing business environments in the future while maintaining continuity in your ability to accept payments.

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MAXIMUM MEDICAL IMPROVEMENT, SPINAL IMPAIRMENT AND THE C4.3 FORM IN THE NYS WORKERS COMPENSATION SYSTEM

By Joseph Merckling, DC

A finding of Maximum Medical Improvement (MMI) is based on a medical judgment that (a) the claimant has recovered from the work injury to the greatest extent that is expected and (b) no further improvement in his/her condition is reasonably expected. The need for palliative or symptomatic treatment does not preclude a finding of MMI. In cases that do not involve surgery or fractures, MMI cannot be determined prior to 6 months from the date of injury or disablement, unless otherwise agreed to by the parties.

In caring for an injured worker your role as the treating Chiropractor is to rely on the objective findings of the physical examination and data contained within the patients' medical record. The methodology should be intended to foster consistency, predictability, and inter-rater reliability for determining impairment ratings. Spinal impairment ratings are considered as Non-scheduled awards.

Evaluation of non-schedule permanent partial disability (PPD-NSL) involves both medical and non-medical issues. For dates of injury after March 13, 2007, PPD-NSL benefits are limited based on loss of wage-earning capacity which is based on three types of input:

1. Medical impairment – determined by treating provider
2. Functional capacity/loss- determined by treating provider
3. Non-medical/vocational factors (e.g. education, skills, age, literacy, etc.)

These are presented by the parties as part of the evaluation of loss wage earning capacity. For dates of injuries prior to 3/13/2007 are evaluated in the same manner however are not subject to the duration caps that are currently used. The ultimate determination of loss of wage-earning capacity is a legal one. Medical

professionals should not express opinions on the ultimate issue of loss of wage earning capacity. They should rather provide information on the claimant/patient medical impairment, functional and exertional limitations, and other medical issues relevant to the judge's determination of loss of wage-earning capacity.

To properly document the permanent impairment a complete history and examination should be done on the injured worker. Include the history of the accident, chief complaints, and treatment history (Chiro, PT, Acupuncture, Ortho/Neuro, ESI, surgery). Review of all medical records regarding the injury including EMG/NCV, X-rays, MRI, CT Scans, Ultrasound, Functional Capacity Evaluation (FCE) and Ortho/Neuro/Surgical reports. Muscle strength, sensory examination and appropriate reflexes should be clearly documented. Nerve root tension signs should at the minimum include:

1. Spurling's Sign which is defined as pain in the distribution of a cervical nerve root that is produced by simultaneous neck extension, ipsilateral rotation, and axial compression.

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NYSCA Calendar of Events

Please visit www.NYSCA.com/meetings-events-calendar to view our full calendar. District meeting dates, times, and locations are subject to change. Please check with your district president to confirm meeting schedules and locations.

Dec'20 <i>Season's greetings and best wishes for the New Year!</i>				Jan'21 <i>January is National Winter Sports TBI Awareness Month</i>			
Tues	12/8	8pm	D3 Queens Meeting	Fri	1/1	All Day	New Years Day—Admin Office Closed
Weds	12/9	7pm	D17 Buffalo Meeting	Weds	1/6	1pm	NYSCA Webinar
Weds	12/9	8pm	D2/5 Brooklyn/Staten Island Meeting	Mon	1/11	7pm	D16 Southern Tier Meeting
Thurs	12/10	7pm	D15 Rochester Meeting	Tues	1/12	12:30pm	D14 Rockland Meeting
Mon	12/14	7pm	D16 Southern Tier Meeting	Tues	1/12	8pm	D3 Queens Meeting
Tues	12/15	12:30pm	D14 Rockland Meeting	Tues	1/12	8pm	D6 Nassau Meeting
Tues	12/15	8pm	D6 Nassau Meeting	Weds	1/13	7pm	D17 Buffalo Holiday Party
Tues	12/15	7:30pm	D9 Hudson Valley Meeting	Weds	1/13	8pm	D2/5 Brooklyn/Staten Island Meeting
Weds	12/16	1pm	NYSCA Webinar —register online	Thurs	1/14	7pm	D15 Rochester Meeting
Weds	12/16	7pm	D12 Syracuse Meeting	Weds	1/20	7pm	D12 Syracuse Meeting
Weds	12/16	8:30pm	D7 Suffolk Meeting	Weds	1/20	8:30pm	D7 Suffolk Meeting
Tues	12/24	All Day	Christmas Eve—Admin Office Closed	Tues	1/19	7:30pm	D9 Hudson Valley Meeting
Weds	12/25	All Day	Christmas Day—Admin Office Closed				
Feb'21 <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	2/8	7pm	D16 Southern Tier Meeting	Mon	3/8	7pm	D16 Southern Tier Meeting
Tues	2/9	12:30pm	D14 Rockland Meeting	Tues	3/9	12:30pm	D14 Rockland Meeting
Tues	2/9	8pm	D3 Queens Meeting	Tues	3/9	8pm	D3 Queens Meeting
Tues	2/9	8pm	D6 Nassau Meeting	Tues	3/9	8pm	D6 Nassau Meeting
Weds	2/10	7pm	D17 Buffalo Meeting	Weds	3/10	7pm	D17 Buffalo Meeting
Weds	2/10	8pm	D2/5 Brooklyn/Staten Island Meeting	Weds	3/10	8pm	D2/5 Brooklyn/Staten Island Meeting
Thurs	2/11	7pm	D15 Rochester Meeting	Thurs	3/11	7pm	D15 Rochester Meeting
Tues	2/16	7:30pm	D9 Hudson Valley Meeting	Tues	3/16	7:30pm	D9 Hudson Valley Meeting
Weds	2/17	7pm	D12 Syracuse Meeting	Weds	3/17	7pm	D12 Syracuse Meeting
Weds	2/17	8:30pm	D7 Suffolk Meeting	Weds	3/17	8:30pm	D7 Suffolk Meeting
Weds	2/24	1pm	NYSCA Webinar	Weds	3/24	1pm	NYSCA Webinar

**SAVE
the
DATE**

April 9-11, 2021

New York State Chiropractic Association Spring Convention

Mohegan Sun Casino and Resort—Sky Convention Center
1 Mohegan Sun Blvd, Uncasville CT | www.mohegansun.com



CHIROPRACTIC CARE AND CLINICAL BLOOD WORK

by Angelo Ippolito DC

If you go to the New York State Office of the Professions website and search for “chiropractic lab testing”, you will discover a list of approved clinical blood tests*.

Relative to the limited overall scope of practice in NYS, the number of tests is staggering. And yet, the vast majority of NYS chiropractors NEVER order blood tests when evaluating and managing patients with musculoskeletal pain.

One of the many companies that support our profession is LabCorp, a Platinum Corporate Sponsor of NYSCA. LabCorp is committed to facilitate the process of educating and empowering NYS chiropractors to order APPROPRIATE blood tests, as permitted by New York State Law.

Lab testing is an excellent tool which can uncover physiologic factors that cause and/or perpetuate pain. In addition, blood tests can quantify severity and monitor response to treatment.

In this article (first in a series), I will focus on vitamin D which is arguably the most important blood test a chiropractor can order.

There is a plethora of evidence correlating vitamin D deficiency and musculoskeletal pain. Low levels of vitamin D are linked with a higher incidence of chronic pain (Wu, 2016) and sub-clinical osteomalacia resulting in bone pain (Holick, 2003).

One mechanism by which vitamin D deficiency can cause musculoskeletal pain is as follows: inadequate vitamin D results in decreased calcium absorption which, in turn, causes an increase in parathyroid hormone (PTH).

Increased PTH will actually force the body to excrete more phosphate resulting in hypophosphatemia; decreased serum phosphate renders the calcium-phosphate complex in circulation inadequate to mineralize bone properly; the resultant “rubbery”

matrix hydrates under the periosteum and irritates nociceptors causing pain.

Vitamin D deficiency also increases inflammation (Seaman, 2020) and has a negative impact on skeletal muscle performance (Ceglia, 2009).

25-Hydroxy-Vitamin D (25(OH)D) is the blood test that should be ordered when determining the amount of vitamin that the body is storing. The conventional reference range is 30-100 ng/mL and the optimal range is 60-70 ng/mL.

In a future article I will discuss management strategies for the vitamin D deficient patient including efficacious oral supplementation.

If this article has motivated you to add lab testing to your clinical toolbox, start by contacting your LabCorp representative and open up an account.

*Editors note- Chiropractors are not permitted to treat or care for any infectious or communicable diseases in New York state under the chiropractic enabling law. For a list of tests allowed to be ordered by a licensed DC in New York, follow this link. Clinical Laboratory Tests Approved (by the State Board) for Chiropractic may be found at: <http://www.op.nysed.gov/prof/chiro/chirolab.htm>.

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New York State Workers' Compensation Board Introduces OnBoard A Better System for a Better Board

The New York State Workers' Compensation Board (Board) is getting the word out on a brand new business information system it's developing called **OnBoard**. The new system will provide Board-authorized medical providers, insurers and other users an intuitive, user-friendly approach for interacting with the Board and other stakeholders; increased accuracy and quality; and paperless transactions.

The OnBoard Project is one of several improvement initiatives borne out of the Board's Business Process Re-Engineering (BPR) Program - a multi-year effort designed to redefine the Board's role in the workers' compensation system, improve access to quality medical care and improve the underlying technology systems that support the Board's work. Many BPR initiatives have already been implemented, including virtual hearings, enhanced medical fee schedules for Board-authorized providers, improved payer monitoring and compliance, and faster dispute resolution processes.

OnBoard: Limited Release

Since building a new, integrated business system from the ground up takes time, the Board



is starting with some high-priority processes that will benefit from moving online. As an early component of the new system, **OnBoard: Limited Release** will be implemented in the spring of 2021. In addition to other features, the first release will eliminate paper forms related to prior approval requests (PARs) for treatment that falls outside of the Board's Medical Treatment Guidelines (MTGs) and will enable medical providers to raise billing disputes online.

Some of the benefits that **OnBoard: Limited Release** will bring to the chiropractor community include the ability to:

- Easily view submissions and requests on a concise dashboard - with 24/7 access to your queue of active submissions and requests.
- Receive timely email and text message status updates on PARs in progress.
- Easily communicate directly with insurers concerning a PAR.

Become a Board-Authorized Chiropractor

With this and other improvement projects implemented or well underway, the Board is making it easier than ever for medical providers to treat the injured workers of New York State. Now is a great time to become Board-authorized to treat injured workers if you are not already.

You can read about [how to become Board-authorized](#) on the Board's website, including how to apply, recent changes for the [chiropractor community](#), and how to sign up for [access to the Board's Medical Portal](#).

OnBoard Resources

To stay informed on the development of the Board's new business information system in the coming months, you can:

- Visit the Board's [OnBoard](#) webpage to learn more about the project, including [OnBoard: Limited Release FAQs](#) and an [Intro to OnBoard video](#).
- [Subscribe](#) to receive OnBoard-related news straight to your inbox.
- For general questions about OnBoard, email OnBoard@wcb.ny.gov.

A large graphic of a molecular structure, consisting of blue spheres connected by lines, is positioned in the background of the advertisement. A horizontal blue bar with a white border is overlaid on the image, containing the text "Improving Health. Improving Lives." in white. A small orange horizontal line is located above the text on the left side.

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NYSCA District Information

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

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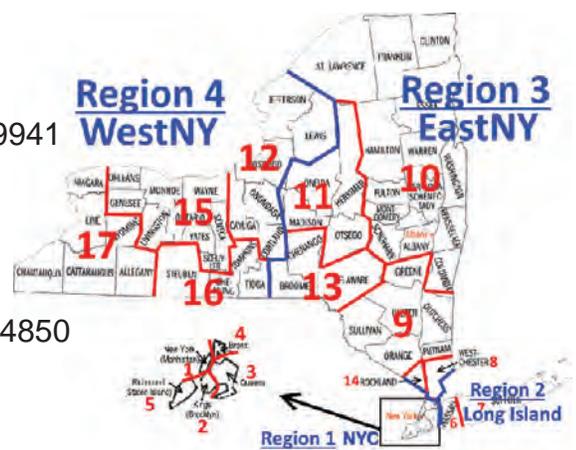
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The doctor must realize that x-ray is limited in certain conditions such as; early osteomyelitis, cortical injury, and nondisplaced acute fractures. Conditions such as these can be “radiographically obscured” due to a background of osteopenia/osteoporosis, inadequate area of coverage, and simple mistakes in patient positioning. This point was highlighted in an article published in The International Journal of Surgical Oncology;

“Radiographs are an ubiquitous modality for the evaluation of back or neck pain in the setting of trauma or in the evaluation of degenerative changes. However, X-rays necessitate a 1 cm diameter mass and 50% bone mineral loss at minimum for detection. Up to 40% of lesions will be unidentified by X-rays, presenting false-negative results. Radiography may be a crude assessment of the risk of pathologic fracture, which is said to be high if 50% of the cortex is destroyed by tumor. Epidural lesions may demonstrate osseous erosion along the posterior vertebral body margin or pedicles. Rarely, metastases may cause scalloping of the adjacent bone.”²

Putting your faith in x-ray analysis alone also has the potential for the doctor to miss conditions that x-ray cannot aid in discovering. Spinal Cord Injury without Radiographic Abnormality (SCI-WORA) and spondylosis induced myelopathy (which by most accounts is a very common spinal disorder in the age category of 55 and older) are two prime examples.

Advanced imaging modalities such as MRI and CT scan are still often required for more detailed assessment of structures such as bone marrow, various soft tissues, and the spinal cord and canal. And these studies may need to be ordered sooner than later or even before treatment is commenced.

The question ultimately comes down to; are you bound to use every means available to conclusively diagnosis your patient (including MRI and CT scan) regardless of the outside pressures from protocol driven guidelines and rules put in place by insurance companies? The answer should be apparent and a resounding, yes!

If you do not and your patient is harmed because of an underlying pathology, you stand a good chance of...? This question will be left unanswered and hopefully, by exercising good clinical judgement and due diligence, you will never need to fill in the blank.

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As we continue to battle the Covid-19 pandemic, cooler weather has forced us inside and an expected surge in infection rates has occurred all over the country.

The NYSCA continues to urge all members to meet and exceed the safety standards set by the State of New York and the CDC.

Current research suggests that continued measures such as masking and washing are our best defenses against spread of the Coronavirus. In addition, adding air filtration in your treatment rooms or centrally through your HVAC system can reduce exposure in closed spaces.

<https://www.today.com/health/ventilation-covid-19-reduce-spread-proper-airflow-t192366>

Current research shows that Mask wearing is effective for the wearer and those around you.

<https://www.cdc.gov/coronavirus/2019-ncov/more/mask-ing-science-sars-cov2.html?ftag=MSF0951a18>



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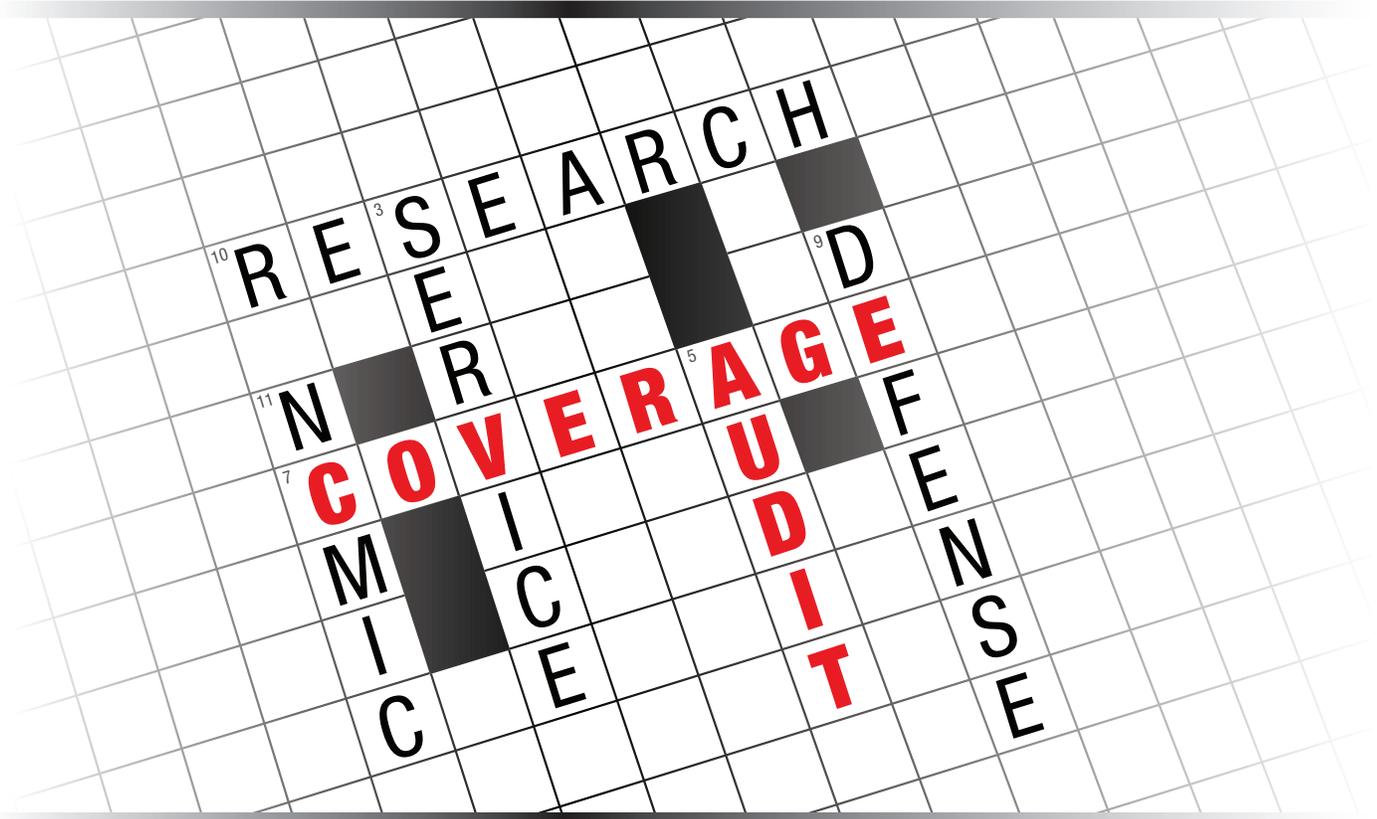
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TEAM BUILDING ACTIVITIES

Most of the worlds' organizations and companies are successful because of the teams of employees working for them. There is no doubt in saying that a team of good employees is the biggest asset of any company or organization.

But to form a good team, it is very important that the employees feel comfortable in their environment with each other and they can have effective communication. If you hire a team of experts but each individual is not good at collaboratively working, then there will be no prosperous outcomes from that team.

That is why team building activities are very important because they help the employees in the following things.

- The team can get on the same level of hard work.
- They can have better and effective communication skills.
- Working together motivates them to help others and also get help from others.
- With the help of all the motivation, employees are determined to meet their deadlines.
- All in all, the productivity of the whole company is increased.

With all these benefits, it is very important to conduct team building activities for your employees. Here we will discuss some awesome team building activities.

These activities will not only help your employees to work better for your company, but it will also help the employees in their character development. The following are the team building activities that you can easily conduct for your employees.

Spectrum mapping.

This is one of the best team building activities because it not only promotes the sharing of ideas among different people but it also provides you with the solution to a certain problem with the help of ideas from many different minds.

To execute this team building activity, you will need to gather some people and tell them about the problem. Then by mentioning the problem in the center of a whiteboard, you will ask each individual to write their ideas and suggestions on a sticky note and put it on the board.

Once everyone is done with putting their ideas on the board you can rearrange each of the similar ideas to the left and the different ideas to the right. Now everyone present will have to discuss their idea and people with similar ideas can share their thoughts.

This is an amazing way of promoting communication among employees by staying productive at the same time.

Drawing the solution.

This is another amazing way of promoting communication between your employees and at the same time, you can stay productive by imposing real-life problems to your employees. This activity requires employees divided into a team.

A problem is given, and each team has to design the most effective solution in the form of a flowchart. This activity is very popular by the name of the back of the napkin where the employees have to draw their solution of the problem on the back of a napkin. However, this activity can be conducted on anything as per the convenience of the employees.

Apart from giving the solution to the given problems, employees can share their ideas with unknown people, and this will also help them in gaining a better community.

Magazine game.

This team-building activity involves the teams of employees that are needed to make their imaginary magazine. This magazine is all about the success of their company or a project. What they have to do if they need to create interesting and attractive headlines and about their imaginary project that went very successful.

As this activity is conducted in the form of teams, it required the individuals to share their ideas and create the best headlines and select the best pictures for their magazines.

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RESTORE GUT HEALTH IN PATIENTS TO IMPROVE JOINTS

By Robert Silverman, DC

Osteoarthritis (OA) and inflammation from an unbalanced gut microbiome result in joint pain and degradation — restore gut health and improve joint pain

Osteoarthritis (OA) is the most common joint disorder in the United States, affecting over 32.5 million U.S. adults. It's the most common musculoskeletal condition seen in any medical practice. The majority of patients are aged 60 or older. Painful knee arthritis, for example, occurs in 10% of men and 13% of women over age 60.¹ How can a plan to restore gut health assist in joint pain and care?

Traditionally, the causes of OA are older age, female gender, being overweight or obese, repetitive use, weak muscles and knee injury. The standard treatment consists of recommending weight loss to relieve loading on the joints and exercise and physical therapy to improve muscle strength. NSAIDs are often prescribed to relieve inflammation and pain, creating an increased risk of gastrointestinal tract injury, including leaky gut syndrome.²

To the causes and treatment of OA, we now need to add the gut microbiome.

Restore gut health for a gut-joint connection

Like metabolic syndrome and obesity, osteoarthritis is characterized by low-level overall inflammation as well as joint inflammation. People with one or more of these conditions usually also show high levels of lipopolysaccharides (LPS) in their blood.

Also known as endotoxin, LPS is released from the outer cell walls of gram-negative bacteria when they are destroyed in the digestive tract. LPS escapes into the bloodstream when the tight junctions of the intestinal wall open due to leaky gut syndrome, causing systemic inflammation through the inflammasome NLRP3 (an inflammasome is a protein complex that triggers the proinflammatory process).

Among other impacts, LPS causes joint pain and cartilage degradation. Recent research suggests that LPS-driven inflammation might be a critical hidden risk factor for OA. In combination with inflammatory mechanisms from metabolic syndrome and obesity, LPS is a double-hit to the body. The resulting inflammatory response targets the joints.³

Inflammation from LPS indicates an unbalanced gut microbiome, with too many harmful bacteria releasing endotoxins. The functional medicine approach of looking at systems is beneficial for fixing gut dysbiosis. Better diet, prebiotics and probiotics, and more physical activity can shift the balance away from the LPS-producing bacteria and back toward a more diverse array of gut bacteria. When LPS-induced inflammation is reduced, joint pain is usually reduced as well.

Gluten intolerance

Antibodies to gluten, a protein found in wheat, rye and barley, are another significant driver of inflammation and OA. Gluten is two proteins bound together: about 30% is glutenin, and about 70% is gliadin.

People with celiac disease (CD) have an autoimmune response to both gliadin and glutenin; the response damages the villi of the small intestine and causes systemic inflammation. The inflammation is the root cause of autoimmune arthritis that often develops in people with celiac disease — they are four times as likely to have arthri-

Continued on page 29

NYCC STUDENT VOLUNTEERS HELP BUILD HOMES WITH HABITAT FOR HUMANITY

Just about every Saturday, New York Chiropractic College student volunteers lend a hand with the latest home being built for a local family through Habitat for Humanity of Seneca County.

Still helping out their neighbors during the global health pandemic, Habitat and NYCC students worked together to follow health guidelines and take extra precautions. For safety measures, most of the work this fall has been outside and volunteers wear masks and make sure to sanitize often.

Sixth-trimester NYCC students are required to do five hours of community service and write a paper to reflect on their time spent volunteering. But for students, it's about so much more than the community service credit they earn at the College. It's about the feeling of helping people in need and giving back to the community they live and learn in.



COMMUNITY SERVICE HOURS LEAD TO YEARS OF LOCAL PARTNERSHIP

NYCC students have been volunteering with Habitat for at least eight years. Recent projects in Seneca Falls had some students spreading gravel for a sidewalk at a home on E. Bayard St, while others helped build a shed on Tyler Ave.

President of Habitat for Humanity of Seneca County Menzo Case said that student volunteers help them stay on time with their projects. "Our experience with NYCC students is that they are

willing to take on any task — demolition, building walls, putting in plumbing, wiring, roofing, you name it! They bring with them a willingness to learn and patience to work with both skilled and unskilled volunteers and family members," Case noted.

Habitat for Humanity of Seneca County partners with people in the community to help build or renovate existing homes to create affordable housing. A global nonprofit housing organization working in local communities across all 50 states in the U.S., Habitat has long been a favorite choice for NYCC students fulfilling their volunteer duties. To learn more about the organization, contact Habitat for Humanity at 315-568-1190 or email volunteer@habitatseneca.org. See more pictures on the Habit of Humanity of Seneca Falls Facebook page.



NEWS FROM NEW YORK CHIROPRACTIC COLLEGE

As of October, NYCC is very pleased that we successfully and safely completed Fall 2020 in-person coursework, and have transitioned our students, as planned, to fully remote for the rest of the term. Our student clerks continue with their clinical rotations through November, and our Winter term is on track to begin on campus again in January. <https://www.nycc.edu/news/collaboration-planning-key-to-nyccs-hands-on-fall-term>

Working in partnership with NYCC, NBCE has created an approved testing plan that is in full compliance with local, state and federal guidance for prevention of the spread of COVID-19, and NYCC's Seneca Falls campus will once again be a testing site for NBCE Part IV examinations. <https://www.nycc.edu/news/nycc-nbce-partner-to-host-on-campus-pt-iv-board-exams>

NYCC's latest newsletter, The Pursuit is available with access available here <https://www.nycc.edu/pursuit/september-2020>

Editors note- Is there anything you would like to read from your alma mater?

If so, we can reach out to them for news releases in the future.

IN MEMORIAM

The NYSCA sadly shares the passing of one of our great leaders. Dr. Abe Nichols passed peacefully on November 16, 2020 following a valiant battle with a brain tumor. Our sympathies go out to his family. Dr. Nichols was a NYSCA member from 1996 to present, serving as District President for many years and on the NYSCA Board from 2014-2016. His kindness, positivity, and passion for health, wellness (particularly running) will always be remembered. This great chiropractor will always be remembered, possibly best by the words of his friend and colleague, Dr. Douglas Taber. "The qualities that made Dr. Nichols a great chiropractor were the same ones that made him a cherished friend. Whether it was with a patient, friend, colleague, or total stranger - Abe always had the inherent ability to connect, listen intently, and introduce a light-hearted word and smile into every conversation. So sad to lose a true healer like Abram at a time when the world needs more like him."



Zinc does not kill viruses, but it helps to prevent viral infections

By David Seaman

Zinc has historically been a popular supplement for supporting immune health. In my view, zinc has been used with a broadly incorrect mindset, such that it is viewed very much like a drug to be taken when one starts to get a cold. In fact, studies do indicate that zinc supplementation should begin within 24 hours of the onset of a cold to reduce its duration.¹ For many, this is the singular view that people have when it comes to zinc supplementation.

With the above in mind, the DeFlame view is to create an anti-inflammatory state within the body so that one does not get a cold or the flu, or will only develop minor symptoms if one does. This same anti-inflammatory state is needed to prevent chronic disease expression, such as prostate cancer. Interestingly, you may have read or heard that oysters are “good” for the prostate and this is because they contain high amounts of zinc, which is beneficial to the prostate gland.²

Men usually find out about the importance of zinc for prostate health when they have prostatic hypertrophy. In this scenario, men start to supplement with zinc after the problem has already developed, which is no different than supplementing with zinc after a cold already starts. My point is that adequate zinc and other nutrients should be consumed in food and supplements to prevent or reduce the manifestations of pro-inflammatory conditions, so that we don't have to play catch up after problems develop.

Concerning viral infections, a study published in 2007 demonstrated that subjects, aged 55 to 87 years, who took 45 mg of zinc per day for 1 year had significantly less infections compared to subjects who received a placebo. Indeed, only one infection developed in just 29% of the zinc-supplemented group, while 88% of subjects taking the placebo developed one to four infections during the year.³ This study

demonstrated the benefits of insuring adequate zinc status for health purposes, in this case preventing viral infections, rather than using zinc in a reactionary fashion when a cold or prostate problem emerges. This study also assessed levels of free radicals and a pro-inflammatory cytokine (tumor necrosis factor), which participate in promoting infection symptoms. After one year of zinc supplementation, both were significantly lower compared to those taking the placebo, which means that the supplemented group was able to better handle viral challenges during the year because they were less inflamed.

The reason why symptoms develop with a viral infection is due to the inflammatory response that occurs when our immune systems fight a virus. When we are properly nourished, which involves an adequate amount of zinc among many other nutrients, the immune system can often

Continued on page 28

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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.

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

* 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.

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Aetna Settles three HIPAA Breaches for \$1,000,000

Aetna has agreed to pay \$1,000,000 to the Office for Civil Rights (OCR) at the U.S. Department of Health and Human Services (HHS) and to adopt a corrective action plan to settle potential violations of the Health Insurance Portability and Accountability Act (HIPAA)

April 27, 2017, Aetna discovered that two web services used to display plan-related documents to health plan members allowed documents to be accessible without login credentials and subsequently were indexed by various internet search engines. Aetna reported that 5,002 individuals were affected by this breach, and the protected health information (PHI) disclosed included names, insurance identification numbers, claim payment amounts, procedures service codes, and dates of service.

July 28, 2017, benefit notices were mailed to members using window envelopes. Shortly after the mailing, Aetna received complaints from members that the words "HIV medication" could be seen through the envelope's window below the member's name and address. Aetna reported that 11,887 individuals were affected by this impermissible disclosure.

September 25, 2017, a research study mailing sent to Aetna plan members contained the name and logo of the atrial fibrillation (irregular heartbeat) research study in which they were participating, on the envelope. Aetna reported that 1,600 individuals were affected by this impermissible disclosure.

OCR's investigation revealed that in addition to the impermissible disclosures, Aetna failed to perform periodic technical and nontechnical evaluations of operational changes affecting the security of their electronic PHI (ePHI); implement procedures to verify the identity of persons or entities seeking access to ePHI;

limit PHI disclosures to the minimum necessary to accomplish the purpose of the use or disclosure; and have in place appropriate administrative, technical, and physical safeguards to protect the privacy of PHI.

What does this mean for you? We will look at all three breaches and see what you can do to protect yourself.

The Breach of April 27, 2017

If you have a website or a web portal that can collect or display patient information and that website is not configured properly you can be at risk of a HIPAA breach. Even if the website is run by a third party, it is your patient information and it is ultimately you who will be responsible for the breach.

What to do?

Look at the contracts you have with your technology providers, make sure that you have Business Associate Agreements (BAA) in place and make sure the BAA's include terms that the Business Associate will be responsible for all costs, fines, and settlements should there be a breach due to a flaw in the security of their technology. Without these agreements in place it will be you that will have all the costs associated with the breach.

The Breach of July 28, 2017

In this case the problem was with the physical mail. Window envelopes allow the contents of the letter to be seen through the envelope. In this case the contents clearly indicated that the patient had HIV. Making this information public is clearly a major issue. The knee jerk reaction would be to not use window envelopes, but this could result in significant workload to make sure that the right piece of paper is going to the right per-

son. Many HIPAA breaches are the result of placing the wrong piece of paper in the wrong envelope and then mailing it to the wrong person. Window envelopes help to prevent that type of breach. So the best way to prevent this type of breach is to make sure that any letter you send out has all of the patient information below the top 1/3 of the page. The way paper is folded into a business envelope with a window, only information on the top 1/3 of the page can be viewed through the window no matter how the envelope or paper may be shifted inside the envelope.

Next time you do a mailing take a couple of documents fold them and view the visible page before putting it into an envelope. If there is any visible personal information beyond the information needed to mail the letter, then you need to re-format the letter before having the letter sent.

If you are using a third part service who sends out letters, invoices, or any other documents on your behalf then once again you need to make sure you have a BAA and the BAA must clearly state that they are responsible for all expenses related to any HIPAA Breach caused by any action or technology of theirs.

The Breach of September 25, 2017

Envelopes were printed that had information on a study that ONLY went to patients in that study. That identified the patients as having Atrial Fibrillation. That is why this situation was a HIPAA breach.

This one is much more straightforward – never put any information that could be considered patient information on the outside of the envelope. In this case the information is related to treatment the patient is having.



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The New York Chiropractic Political Action Committee (NYCPAC) is designed to help elect state legislators who are supportive of Chiropractic issues and positions. Please take a minute to get involved and see what the NYCPAC is focused on accomplishing--Visit NYCPAC.net.

Organized medicine, managed care organizations, and other anti-Chiropractic forces continue to spend hundreds of thousands of dollars each year to elect candidates that do not understand or value the Chiropractic Profession and the research and truths about the efficacy of Chiropractic care.

In order to help fight and educate these outside forces, we need you to please become part of our grassroots advocacy team. All New York Chiropractors, united together, CAN position our Profession to continue to be a viable livelihood and promote the wellbeing of our patients. Please, become part of the solution! We have designed a process to make it easy to donate to the NYCPAC. Don't overlook ANY contribution to the PAC, but please support at the highest level you can. NYCPAC can accept "one time" donations from you or can conveniently set up an **automatic monthly contribution** from your credit or debit card.

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Better habit for better Posture and wellness

Your body doesn't do what you want it to do, rather it used to do what you train it to do. Poor posture habits can get worse with the passage of time. Therefore, it is always essential to condition yourself for better posture and wellness. We understand the fact that changing bad habits is difficult that's why in Dallas Lower Back Pain is still a major problem.

Bad posture is not something most of the people think about, until they experience negative consequences including Dallas lower back pain. To avoid these consequences, it is important to go over a simple action plan in your daily habits to improve your posture and decrease lower back pain Houston.

Importance of maintaining a good posture

Maintaining a better posture is important for your overall health and wellness. Here are the reasons why maintaining a better posture is important:

1. Better posture can help you in keeping your bones and joints in the right alignment. This can decrease abnormal joints wearing that can lead to joint pain and degenerative arthritis.
2. Reduced stress on the ligaments that are holding spinal joints together and can minimize the risks of injuries.
3. More efficient working of muscles that will allow your body to utilize less energy. This will reduce muscle fatigue effectively.
4. Enhanced prevention from muscle overuse disorders and even reduced lower back pain Houston.

Practice better habits to correct your posture and improve wellness

Even though you can get to know the best ways to correct your posture by a quick online search. But understand that knowing the best ways to correct your posture is not enough. It is because besides, a matter of willpower and knowledge, posture correction is a matter of habit. You can't force

yourself to sit or stand upright, rather you have to train yourself.

However, here we have some effective habits that will help you in keeping your posture better. Make sure to practice these in your regular routine to experience more effective results:

Stand tall

This is one of the most basic and highly important habits to correct your posture. More often we don't pay much attention to our standing style but this can make a huge difference in our posture. If you want to stand with a good posture then make sure to stand tall with relaxed shoulders and slightly pulled back. Keep your feet shoulder apart and put your weight on balls of your feet maximum. Tuck in the stomach while keeping the knees slightly bent.

If you have to stand for longer at the same place, then keep shifting your weight from toes to heels.

Sit straight

Paying attention to seating style is also important to maintain a better posture. Practice to sit straight with relaxed shoulders. Prefer to choose the chair of height that can let you keep your foot planted on the floor firmly. Keep your knees level higher from your hips slightly. Sit as the chair back can support your spine. Don't forget to pay attention to your head position for better effects.

Avoid holding one position

It is always important to avoid holding one position for long periods. Whether you are sitting or standing, make sure to move around after some time to prevent muscle tension, fatigue and discomfort. To prevent any problem, get some time to be up, walk around and stretch your body. Repeat this at least for a few minutes per hour.

Continued on page 32

3. Bioethical Considerations: The first ethical principle acknowledges Patient Autonomy—the patient’s right to say no to behavior change. The patient is the final authority. The second ethical principle, Beneficence—helpfulness, reminds us that as providers and generators of health, our skills and abilities must focus on service to the patient. The third principle, Maleficence, *primum non nocere*, is critical when working with patients who must address lifestyle challenges that may be steeped in emotional and psychological issues. It is critical for the clinician to remain vigilant when the patient is experiencing health challenges that require the expertise of another health care professional.
4. Unlike some therapeutic interventions that seek to achieve a terminal goal (e.g., pain mitigation, improved function), the Wellness Consultation is an ongoing process. It acknowledges self-efficacy, empowerment, and health behavior change is a life-long process.

Why is the Wellness Consultation important?

Today, the leading causes of death and disability in the US are non-communicable diseases, (e.g., Heart Disease, Cancer, Diabetes, and Spinal/Non-spinal Arthritis).^{8,9} It is well established that they are in part preventable through individual health behavior choices. As Hawk, Rupert and others state, “it is imperative that all healthcare providers actively support and encourage patients to make positive behavioral changes.”¹⁰

The Doctor of Chiropractic can play a role addressing these health challenges by empowering the patient to embrace health and wellness. By incorporating a Wellness Consultation into the practice, the doctor can expand the traditional encounter’s focus from disease and illness to wellness, from health care to generating health.

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MAXIMUM MEDICAL IMPROVEMENT . . . CONTINUED FROM PAGE 11

2. Straight Leg Raise is defined as pain in the distribution of the L5 or S1 lumbar nerve root that is produced when the ipsilateral hip is flexed from 30 degrees to 70 degrees, while the knee remains in full extension.
3. Femoral stretch test is defined as a pain in the distribution of the L2-L3-L4 nerve root that is produced when the patient is prone, the involved knee is flexed and the hip extended.

Assistive devices (such as canes, crutches, wheelchairs) are not considered in determining medical impairment but may be considered in the assessment of residual functional ability/loss and should be noted. Range of motion is also not considered in determining medical impairment but may be considered in the assessment of residual functional ability/loss and should be noted.

When an injured worker has in your opinion reached MMI and/or you are directed to do a permanency evaluation by either the patients attorney or law judge be sure you are using the most updated C4.3 Form version 5-18, which is 5 pages long (http://www.wcb.ny.gov/content/main/forms/c4_3.pdf). Be sure to only fill out the sections for Non-schedule awards, which means omitting page 3 in its entirety. The current New York State Workers Compensation Board Spinal impairment guidelines can be accessed here, <http://www.wcb.ny.gov/2018-Impairment-Guidelines.pdf>.

As a treating chiropractor when asked to do a permanency evaluation you are limited to the spine. All the tables currently applicable to Chiropractors for the Spine and Pelvis are found in Chapter 11 of the guidelines. To start you must pick the correct table as a starting point, which is dependent on the patients' condition:

1. Table 11.1 Soft Tissue Spine conditions – Non-surgically treated
2. Table 11.2 Surgically Treated Spine Conditions
3. Chapter 11.3 Vertebral fractures
 - a. (a) Stable Compression/Burst Fracture pattern,
 - b. (b) Translation/Rotation fracture pattern (including PCL integrity),
 - c. (c) Distraction Fracture pattern (including PCL integrity)
4. Table S11.4 Radiculopathy Criteria (Most commonly used tables for Spinal injuries),
5. Chapter 11.4 Spinal Cord injuries – Table 11.8 Spinal cord injury,
6. Chapter 11.5 Pelvis – Table 11.10 The Pelvis

Once you have a starting point for the patient's condition the tables act as flow charts directing you where to go next. All the tables work on a point system, and each positive item get assigned a point value. The points are then totaled after completion of all tables and then assigned a letter as the Spinal impairment rating with a letter A being the least severe medical condition. Each body part/spinal region is assigned its own impairment rating: Cervical, Thoracic, Lumbar and Pelvic regions.

So how do you properly bill for completing the C4.3 form? According to the NYS WCB you are supposed to bill code 99243 which is a level 3 E&M code for completion of the C4.3 form. Code 99243 is for an Office consultation for a new or established patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 40 minutes are spent face-to-face with the patient and/or family. The NYS Chiropractic Fee schedule (10/2018) has listed code 99243 which should be used to complete the C4.3 and has a RVU of 16.49. The RVU's should be multiplied by the conversion factor for your region to arrive at the allowed amount for completion.

Properly documenting and filling out a C4.3 will help to advocate for your patient and provide the New York State Workers Compensation Board with the proper information to adjudicate their case appropriately. Additional information can be obtained from the New York State Workers Compensation Board website at <http://www.wcb.ny.gov/> which is the primary reference source for the material presented in this article. Dr Joseph Merckling is a graduate of New York Chiropractic College, current State Director of the NYSCA and former NYSCA past-president for Suffolk county.

ZINC . . . CONTINUED FROM PAGE 21

fight off a virus, and other inflammatory stimuli, without generating an excessive inflammatory response that would otherwise make us feel sick.

Zinc is the key mineral for an antioxidant enzyme called superoxide dismutase, which reduces the superoxide free radical.^{4,5} This is very important because superoxide is a key promoter of free radical generation within cell membranes to promote inflammation.

Free radicals also activate a signaling molecule called nuclear factor-kappa B (NF-kB), which then migrates to the nucleus of the cell to initiate the production of multiple inflammatory chemicals. Here again, zinc is part of the solution because it reduces the activity of NF-kB.⁵ I outlined the superoxide and NF-kB relationship in my new book called *The DeFlame Diet for Immune Health*.⁶

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Dr. Seaman is a chiropractor and has BS and MS degrees in biology/nutrition. He has been writing about chronic inflammation for almost 30 years. He wrote the first published scientific article about how diet can induce inflammation and promote pain.



tis as people without celiac disease. A gluten-free diet reduces not only celiac symptoms but also joint inflammation.⁴

People who are allergic or sensitive only to gliadin — non-celiac gluten sensitivity or NCGS — don't have damage to the villi, but they may have similar digestive symptoms and inflammation that leads to joint pain and osteoarthritis.⁵

Celiac disease is usually seen as genetic, but recent research suggests that gut dysbiosis may have a significant role in the development and possible treatment of both celiac disease and non-celiac gluten sensitivity. Levels of the beneficial *Bifidobacterium* tend to be low in people with CD and with NCGS, for example.⁶

For some people with either condition, raising the level of beneficial bacteria in the gut may improve gluten tolerance, support a strong gut barrier and reduce inflammation. Probiotics alone may not be enough — a study that gave *Bifidobacterium* supplements to volunteers with celiac disease found they didn't help.⁷

While it's possible that probiotics would be more helpful for NCGS, avoiding foods with gluten and improving the gut microbiome through diet may be more effective. A high-fiber, plant-based diet with fermented and prebiotic foods, along with a prebiotic supplement, is a good approach.

Lectins

Osteoarthritis can also be driven by lectins and agglutinins, sugar-binding proteins found in all plant foods. They're especially abundant in beans, peas, lentils, peanuts, nightshade vegetables such as tomatoes, and grains, including wheat, barley, quinoa and rice. Wheat germ agglutinin (WGA) is found in wheat.

In sensitive individuals, lectins and WGA cause digestive upsets, including bloating, vomiting and abdominal pain. The damage can be more severe in some cases. The lectins and WGA may bind to receptor sites on the intestinal mucosal wall and trigger leaky gut syndrome and dysbiosis. They may also be another hidden cause of osteoarthritis.⁸

The lectins enter the bloodstream through open tight junctions and bind to cartilage and connective tissue, causing inflammation that leads to osteoarthritis.

Because lectins are found in almost all plant foods, they can't be eliminated from the diet. The damage can be reduced or eliminated by avoiding high-lectin foods such as red kidney beans and thoroughly cooking all beans and legumes. Sensitive individuals may need to cook other high-lectin foods before eating them.⁹

Restoring the gut microbiome

LPS, gluten and lectins all cause severe disruption to the gut wall and the gut microbiome, causing leaky gut syndrome and dysbiosis. Although the cause is different in each case, the result — systemic inflammation causing joint pain and osteoarthritis — is the same.

Functional medicine excels in tracing inflammation upstream to find root causes, an approach that will often uncover a hidden cause of joint pain and osteoarthritis. If a problem such as gluten intolerance is discovered, dietary changes to eliminate the source are just the first step. Fixing the leaky gut and restoring balance to the gut microbiome are essential.

As the great Dr. Vladimir Janda once said, "He who treats the site of pain is lost." Nothing may exemplify this more than the gut-to-joint connection.

ROB SILVERMAN, DC, DACBN, DCBCN, MS, CCN, CNS, CSCS, CIISN, CKTP, CES, HKC, FAKTR, is a chiropractic doctor, clinical nutritionist, national and international speaker, author of Amazon's #1 bestseller, "Inside-Out Health," and founder and CEO of the Westchester Integrative Health Center. The ACA Sports Council named him "Sports Chiropractor of the Year" in 2015. He is on the advisory board for Functional Medicine University and is a seasoned health and wellness expert on both the speaking circuits and within the media, as well as a frequent health expert contributor on national blogs such as Consumer Health Digest. He has appeared on FOX News Channel, FOX, NBC, CBS, ABC, The Wall Street Journal and NewsMax. His new book, "Superhighway to Health," was published in 2020 and he can be reached at dr-robertsilverman.com.

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Central Nassau County – East Meadow. Available FT. DC retiring after 34 years. Reception room, 3 tx rooms & lg back office. Includes high-low, flexion/distraction tables, ultrasound, high-volt galvanic, CLA insight thermal scanner, electronic muscle tester & G-5's Contact: 516-455-8012 or alan253@optonline.net

Office Space For Rent

Midtown Manhattan- 40th Street between Park and Madison- 10th Floor, clean space

with southern exposure. 3 tx rooms, waiting area, reception and small office/consult room- In-office br as well as common floor br - High Speed Internet- Available MWF to be scheduled and shared with another practitioner. - Turnkey opportunity ideal for new practitioner or practitioner wanting to expand with hours in midtown- Rental to be discussed with those that are interested. Additional Expenses: 30% of Real estate Tax and Utility Assessments . Included: A/ C and Heating, Elevator, Tended Lobby. Contact dr.asinasi@midtownnychiro.com

Office Space For Rent

Chiropractic Office Space to Share in the Heart of NYC - The office is located across the street from Rockefeller Center, NBC, and Fox Studios. 2 treatment rooms, front desk and reception/waiting area. The building has a 24 hour doorman, AC, heat, and Wi-Fi included. Covid protocol as per CDC guidelines followed and enforced. Please call Dr. Bernadette Taraski at 917-282-1298 or email dr.taraski@gmail.com

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Prestigious historical Murray Hill 35th St. Park/Lexington. Gas-lit PRIVATE ENTRANCE OFFICE in a Town house offers ultimate safety Minutes from grand central/ 1 block from subway and buses 3 room suite w/reception area/ furnished or unfurnished with telephone system/high speed internet available/ own electric meter /Fully a/c/heat included. BR w/shower. \$4000 per mth.(no fee)

Equipment for Sale

One Zenith Hi/Lo and one Zenith Drop head piece tables. Both are in good condition. Please make an offer when you call 347-413-3200.

Equipment for Sale

Chiropractic tables: Lloyd drop and Lloyd bench. Leander flexion/distraction. Portable, hinged-chiropractic bench table. Portable, hinged-massage table, with removable head-piece. Two X-Ray view boxes – each 38" high by 16" wide. Stainless steel 3-level wheeled cart. Therapy units: Intellect 170; Medco-Sonlator-Twin, with wheeled cabinet; Portable Amrex model MS 322 muscle stimulator; Portable Amrex Myo-Stim model M312 L.V. muscle stimulator; Numerous T.E.N.S. units and supplies. Over-door traction unit. Two Body Sport vibrators. Articulated spine with hanger/stand. Two stools. S.O.T. blocks, anterior-wedge and board. Various support cushions and pillows. Refrigerator: 34" high, 20" wide, 19" deep. Microwave. Anatomical framed posters. Chiropractic and medical textbooks. Stackable office waiting room chairs. Call David Rogers (631) 553-9805

Equipment for Sale

ATT-300 Roller Massage Table for sale. Excellent condition, \$600 OBO. Please email if interested. drpincus@optonline.net

Equipment for Sale

Lloyd bench table with tilting headpiece - needs to be reupholstered - asking \$150.00 but negotiable Lloyd portable table - needs to be reupholstered - asking \$75.00 but negotiable memo board with full set of small and large letters - asking \$25.00 Large office desk - in excellent condition - asking \$150.00 Everything is negotiable, but all items must be picked up in my office within the next two weeks (not negotiable). Dr. Shary Wagreich, DICCP, DC37 East 28th Street Suite #806 New York, NY 10016 (Between Park Avenue South and Madison Ave.) 212-679-9270 sharywagdc@msn.com Please email me to see pictures

Practice for Sale

40 year practice in South Huntington, NY. Chiropractic tables, therapy units, x-ray view boxes, and various other supplies. Currently in free-standing office. Call David Rogers (631) 553-9805.

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Practice for Sale

North Myrtle Beach—Established 25-year practice: 4 days a week: Digital X-Ray: 2020 profit increase Established in 1995 by Dr. Kevin Walter, The practice was part-time at 4 days a week and 30 hours per week. 4 weeks of vacation per year, minimum. 15k population in the city with a 57 year old median age and an 80k average income. 300k population within a 30-mile radius, plus an additional 14 million tourists yearly. Dedicated office staff with knowledge of insurance billing and regulations. More info available upon request. Email Davidrs843@yahoo.com

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CLASS 4 LASER THERAPY TREATMENTS FOR SYMPTOMS ASSOCIATED WITH PERIPHERAL NEUROPATHY

By Phil Harrington, DC, CMLSO, FASLMS

Neuropathy refers to general diseases or malfunctions of the nerves. Nerves at any location in the body can be damaged from injury or disease. Peripheral neuropathy (PN) affects the nerves that supply the arms and legs and is often classified according to the disease causing it. PN can affect the autonomic nerves, motor nerves and sensory nerves.

Peripheral neuropathy is a general term for a series of disorders that result from damage to the peripheral nervous system. Peripheral neuropathy can affect multiple nerves (polyneuropathy) or single nerves (mononeuropathy). Mononeuropathy is usually damage to a single nerve or nerve group by trauma, injury, local compression, prolonged pressure, or inflammation. Examples include carpal tunnel syndrome and Bell's Palsy.¹

Polyneuropathies are more common, and are caused by diabetes, chemotherapy, toxic chemical exposure, chronic alcoholism, certain medications and more.² This article will focus on lower extremity peripheral neuropathy caused by diabetes and chemotherapy, and how photobiomodulation (PBM, commonly known as laser therapy) with a class 4 therapeutic laser is a safe, non-invasive yet very effective treatment solution.

The number of people with diabetes worldwide is predicted to double between 2000 and 2030, approaching a pandemic level of 366 million people. Diabetic peripheral neuropathy has a lifetime prevalence of approximately 50% and is a

leading cause for disability due to foot ulceration and amputation, gait disturbance, and fall-related injury. Roughly 30% of patients suffer from neuropathic pain.³

The most common cause of PN is diabetes. Patients with diabetes cannot maintain healthy levels of glucose in the blood, which will lead to both short-term and long-term health complications. High blood sugar levels damage the capillary walls; thus, oxygen and nutrients are not delivered to the nerves in the hands and feet. As this continues, other tissues such as muscles and the skin will be affected. This could eventually lead to diabetic ulcers, which are exceedingly difficult to heal.

Chemotherapy-induced peripheral neuropathy (CIPN) is a common side-effect of anti-neoplastic pharmaceuticals. It typically manifests as numbness, paresthesia, pain, and/or burning. Motor dysfunction and/or autonomic dysfunction can also occur. The prevalence of CIPN after chemotherapy is 20–51%, but estimates vary considerably depending on the severity threshold and mechanism of detection. Underreporting of both the prevalence and magnitude of CIPN is likely because sensory symptoms are not always apparent.⁴

There are several scoring tools used to assess and determine the progression of neuropathy. The Modified Total Neuropathy Score (mTNS) is widely recognized as a valid, repeatable assessment. Six different parameters are tested, and a score of zero to four is assigned to each. The parameters

are sensory symptoms, motor symptoms, pin sensitivity, vibration sensitivity, motor strength and deep tendon reflexes. A score of zero is considered normal, and a score of four is given to severe/extreme deficits.

In vitro and in vivo animal experiments show that PBM with infrared laser light can modulate neuropathic pain by altering chronic inflammation, decreasing mechanical allodynia, suppressing conduction velocity and reducing amplitude of action potentials.⁵ Further animal experiments show that PBM-induced anti-nociception comes from the release of central opioids, helping with pain relief in the early stages of treatment. Later stages of PBM treatment appear to be inducing permanent neuroplastic changes that maintain the antinociceptive state, without depending on opioid release in the periphery.⁶

The general mechanisms of action for PBM are numerous, and involve intra- and extracellular effects, as well as effects on the cell membrane.⁷ Some include the following: absorption of laser photons by water molecules to enhance microcirculation, disassociation of inhibitory nitric oxide from the cytochrome-c oxidase enzyme, activation of light-sensitive ion channels and activation of transcription factors.⁸ The primary effects of PBM occur when there is direct photonic absorption by chromophores in the tissues.⁹ Class 4 therapeutic lasers are FDA-cleared prescription medical devices that can deliver photons of red and infrared laser light to the large volume of tissue required for treatment of peripheral neuropathy.

Continued on page 33

Shark tank.

This is another famous activity that is used for great team building. Here the employees are divided, and their main objective is to create an imaginary product that they have to sell to their senior employees or other seniors of the company.

The main thing that they have to do is to create an interesting pitch that helps people in buying decisions. If the employees need any help, they can take help from “The Shark Tank show”. This activity is famous because it not only promotes effective communication between the employees, but it can also help them in their entrepreneurial skills and unconventional thinking. These skills are promoted because this activity includes making things like.

- Brand name for the product.
- Business and marketing plans for the product.
- Slogan of their brands.
- Financial data planning.

Radio play

This activity is not very productive for office tasks, but its outcomes are very productive because it will provide employees with the best opportunity for communication. This is the activity where you divide employees into teams of equal members and each of the team has to perform a voice play.

This voice play activity can take about 1 to 2 hours but when you make teams of people that have never worked together, this will give them a boost of confidence. It will also improve their communication skills.

How to promote these activities.

While these activities are very easy to conduct, the employees tend to lose interest in these activities after some time. Here is how you can promote their activities and keep the employees interested in them.

Declaration of the winner.

After each team building activity is conducted, there must be proper results. This will keep the employees motivated to do better every time. A good thing is to provide little incentives in the form of a gift or anything else from the company. It will also help to keep the employees motivated.

Wall of fame.

Wall of fame is an easy thing to create. It can be made in places like a cafeteria or other places like the meeting room where all the activities are conducted. By placing the name of the previous winners, you can keep your employees interested in it. Giving incentives to the people who stay on the wall of fame for a specific time will also be a great thing.

Regular scheduling.

It is very important to conduct these activities regularly according to their schedule. This is because a regular schedule will keep the employees waiting for the next time.

Conclusion

While these activities seem to be very fun to conduct. These can be very productive at the same time. by conducting them regularly, you can constantly keep polishing the thinking and communication skills of your employees.

Align your spine while sleeping

Believe it or not, your sleeping style also plays a vital role in correcting your posture. When you are sleeping ensure to keep your spine aligned. To do this you can get help from a firm pillow between your both knees while you are lying by side. This will keep your spine from twisting asymmetrically.

Walk with a better posture

Whenever you are walking make sure you are practicing a better posture. Keep your head up and neck straight. Along with this, make sure to avoid looking on the floor for an extended period of time because this can lead you to neck pain. However, while walking practice to step with your foot heel first and then move onto your toe.

Bring some changes in your workplace

Most of the people spend plenty of their time while bending over a desk. Even they rarely get up during their working days. Even though it is a vital fact that getting up and making some movements are not always possible, trying to make some small adjustments in your work environment can add relief with ease.

Consider having a standing desk in your office. These adjustable desks can help you in switching your position from sitting to standing or vice versa with ease. Another easier thing that you can change in your work environment is to step away from the desk or change your position at least every hour.

Embrace the miracle of exercising

Exercises are key to flexibility, stretching, loosening and strengthening your muscles. These are important to keep your muscles in optimal condition and can help in maintaining good posture. There are multiple types of exercises you can practice including child’s pose, shoulder blade squeeze, bridge, planks, wall slides, etc. However, it is highly recommended to choose the one you enjoy. So that practicing that regularly would become easier for you.

Look yourself into a mirror

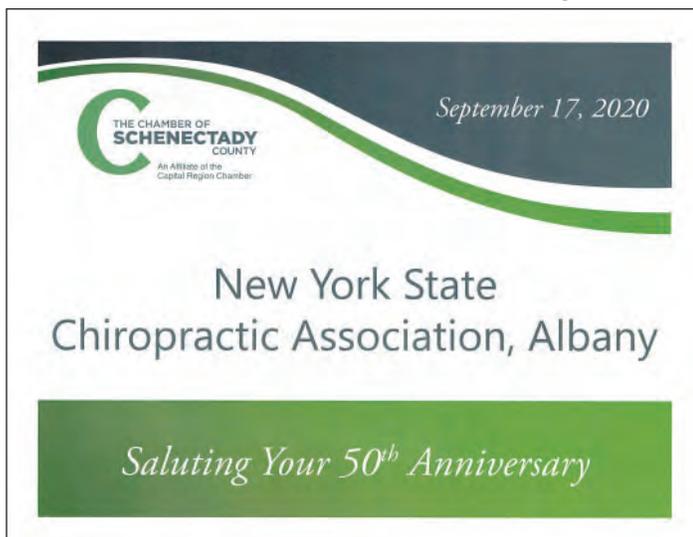
It can be amazing to stand in front of a full-length mirror to correct your posture. Distribute your weight on both of your feet evenly while throwing your shoulders back. See yourself in the mirror and identify whether you are in a proper alignment or not for better practice.

Get benefit from the right tools

If you want to stop your lower back pain while improving your bad posture, then you certainly need help from some right tools. Investing in an Upper Back Posture Corrector can be a thing for you to do. It is because Upper Back Posture Corrector can offer dynamic support to you. Fortunately, Upper Back Posture Corrector can also be used for various recommended posture corrector exercises to get better support and effective results.

Putting some efforts to get an improved posture has huge payoffs including a better solution for Dallas Lower Back Pain. So, invest your efforts in training yourself and improving your posture and wellness with specific habits.

The NYSCA Honored for Years of Participation



The Capital District Chamber of Commerce honors the NYSCA with their 50 years as an association anniversary at their annual Good News luncheon.

F4CP CONTINUED FROM PAGE 8

The second paper, *The Future of Wellness: How Chiropractic is Helping Improve the Lives of Veterans*, highlights the value of chiropractic care for Veterans and is designed for doctors of chiropractic to utilize to educate their patients and communities about the growing utilization of the evidence-based, collaborative and non-pharmacological care doctors of chiropractic deliver within the Veteran population.

[Click here to download the paper](#)



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CLASS 4 LASER THERAPY . . . CONTINUED FROM PAGE 31

One study assessed the safety and efficacy of class 4 laser therapy on pain management, functionality, systemic inflammation, and overall quality of life of patients with diabetic peripheral neuropathy. PBM treatment was delivered to the lumbar region and the plantar surface of the foot, using power levels from 2 to 8 watts. No adverse events were reported during the study period. After the 12-week intervention, pain levels were significantly lower, Timed Up and Go test times (assessing functionality) were significantly improved, and serum levels of IL-6 and MCP-1 were decreased significantly.¹⁰

Another study investigated PBM via class 4 laser therapy for chemotherapy-induced peripheral neuropathy (CIPN). This randomized, double-blinded, sham-controlled, cross-over trial concluded, "Among patients with CIPN, PBM produced significant reduction in neuropathy symptoms." PBM treatment was delivered to the lumbar region and lower extremity, with power settings from 6.75 to 12 watts, using a combination of continuous wave and pulse frequencies up to 20,000Hz. Treatment times were 30 minutes, and there were no adverse events involving active treatment. The modified total neuropathy score (mTNS), a validated tool that assesses six domains of sensory and motor neuropathy, was used as the outcome measure. The study found that, "photobiomodulation is an effective, low-toxicity treatment for CIPN. Nearly 90% of patients experience significant improvement in mTNS scores that begins within weeks of initiating treatment and persists for at least 10 weeks after the conclusion of therapy. The benefits appear to accrue similarly to patients with variable duration and intensity of neuropathy symptoms, as well as to patients with variable chemotherapy exposures."¹¹

In conclusion, peripheral neuropathy is a serious problem regardless of the cause. Chiropractors are in a unique position to safely and effectively treat peripheral neuropathy with PBM delivered from a class 4 therapeutic laser.

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2. <https://www.foundationforpn.org/what-is-peripheral-neuropathy/causes/>
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9. Class IV Therapy Lasers Maximize Primary Biostimulative Effects", Vickers and Harrington; Practical Pain Management, January 2012.



New York State Chiropractic Association

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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):
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Dues

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