

ON THE AGENDA

NYS CA

March 2020

New York State Chiropractic Association

PRESIDENT'S REPORT

Jason Brown, D.C.



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WELCOME NEW MEMBERS

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

Matthew Amatulli, DC D-7
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Sam Botham, D'Youville
Gaige Hoot, D'Youville
Hadley Miltner, D'Youville

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Zachary Beddick, NYCC
Allison Doyle, NYCC
Karl Casseus, NYCC
Sophia Ferguson, NYCC
Morgan Moltz, NYCC
Brianna Ryan, NYCC
Sarahfina Wipf, NYCC

Mardochee Augustin,
University of Bridgeport

NYSCA 2020 CONVENTION

Spring Convention &
50th Anniversary Celebration

April 3-5, 2020

Mohegan Sun Casino & Resort
www.MoheganSun.com

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

Standard registration valid through 03/27/20
\$259 members; \$359 non-members.

Late Registration Fee: Additional \$50 per person
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NYSCA

PRESIDENT'S REPORT **Jason Brown, D.C.**

Dear NYSCA Members:

As we move ahead in 2020, I'm pleased to report that the year is off to a great start. It has been wonderful to receive communications from pleased NYSCA members (and non-members) as they review their WC EOB's from this year. The feedback is universally positive! Practitioners are thrilled that we've been able to achieve parity in workers compensation fees and your exemplary patient care warrants these increases. I'd like to again thank the NYSCA Workers Compensation Committee and their counterparts at the Council for diligent, coordinated efforts to bring this goal to a reality.

Chiropractors are the conservative spine care experts. While our expertise does not end here, it is magnificent to have more examples of where our expertise is appreciated and parity is accomplished. As a reminder, the parity that now exists in workers compensation fees will be implemented in No Fault beginning October 1st, 2020. This will be one more step in the direction of parity for chiropractic in New York.

With the recent workers compensation updates and changes in No Fault on the horizon, we're setting our sights on parity in other arenas as well. The NYSCA Insurance Committee is exploring ways to build upon our progress. They have some solid ideas and plans to build upon the exceptional work they've been doing and I look forward to seeing where they can take this. If you have any ideas or specific items that need to be addressed please send your thoughts to: InsuranceCommittee@nysca.com

The NYSCA Committees, along with the House, Board and Officers will be continuing the projects they're working on and will incorporate any input we receive. The NYSCA leadership will be meeting at our Spring Convention, April 3-5, 2020 at Mohegan Sun Casino to continue these efforts. We welcome you to join us.

There is a great education program with 2 tracks and 16 CE credits! Registration and more detailed info is available on the NYS-CA website. www.nysca.com/2020-spring-convention

The new year also brings a new legislative session. While the early parts of session typically focus on the budget, we continue to promote our non-budget items and look for action on these later in the session. This session will be short and fast due to some recent scheduling changes, but we anticipate awareness and good timing leading to notable impact. Our legislative efforts will be unified with the Council as we continue to work jointly through the Joint Legislative Task Force. In Albany, the opioid epidemic remains a hot topic. We are working to advance a bill recommending conservative care prior to opioid prescription. This was reinforced in our testimony last November to the Joint Senate Task Force on Opioids, Addiction, and Overdose Prevention. In addition to our efforts in Albany, we have NYSCA members placed in key place within their communities. They are working toward resolving this issue and gaining recognition for non-drug approaches, including chiropractic, to serve as a first line option instead of addictive prescriptions.

We continue to gain awareness and momentum for Scope Modernization. Efforts to contact your local legislators will be occurring soon. Please keep an eye out and support this initiative. I don't think I need to convince you of the importance of this as you feel it on a daily basis in your practice. Your patients deserve a chiropractor that can practice to the full extent of their clinical education and training. We will keep working until that goal is realized.

Moving outside of New York, the ACA has spearheaded an effort to make essential changes to Medicare coverage for chiropractic. Abipartisan House bill is on track with the two main sponsors being from our great state. HR 3654 is sponsored by Rep. Brian Higgins and Rep. Tom Reed of New York. The NYSCA has signed the open letter to support Medicare Equality. You can further support it by contacting your local representatives and asking them to sign on as a sponsor. More info and resources are available at www.HR3654.org.

As you can see there are reasons to be excited to be a New York Chiropractor. The NYSCA Board has made it a goal to make New York a place where chiropractic can THRIVE. While there is plenty of work remaining to reach this goal, I'm confident we've got things moving in the right direction. To every NYSCA member, I want to say, "Thank You" for

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NYSCA 11160

NYCC Sends Record Number of Students to Washington to Lobby for Expanded Chiropractic Coverage in Medicare



By Bill Lauretti, DC

NYCC Student ACA members and faculty members pose for a group photo in front of the U.S. Capitol Building while attending Engage 2020, ACA's annual advocacy event and educational conference in Washington, DC

I had the honor of accompanying nearly 50 Student American Chiropractic Association (SACA) members from New York Chiropractic College (NYCC) when we attended Engage 2020, the American Chiropractic Association (ACA)'s annual advocacy event and educational conference this Jan. 29-Feb. 1 in Washington, D.C.

The major legislation we lobbied for is Bill Number **H.R. 3654, The Chiropractic Medicare Coverage Modernization Act of 2019**. This proposed legislation would require Medicare to reimburse chiropractors for a full range of healthcare services within our scope of practice, including Evaluation and Management services, Ex-

tremity Manipulation, Therapeutic Procedures and Physical Modalities, in addition to the Spinal Manipulation services currently covered. H.R. 3654 currently has 63 congressional co-sponsors, including 20 co-sponsors added since Engage 2020.

Our students visited 50 congressional offices in one day while on Capitol Hill. The trip is a great opportunity for students to get public speaking and leadership experience and talk about who we are and what we do as chiropractors. This was the largest group of students we took to Washington in the 14 years I've made the trip as

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NYCC students and faculty members visited the office of Rep. Tom Reed (R-N.Y.), who was one of the first co-sponsors of H.R. 3654 and whose congressional district includes the Seneca Falls campus of NYCC



NYSCA Conventions

Continuing Education Opportunities of the Highest Caliber

Save the Date for the New York State Chiropractic Association

2020 Spring Convention & 50th Anniversary Celebration

April 3-5, 2020

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

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

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



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

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

Registration is now open at www.NYSCA.com!

Registration Fee: Early registration valid through 03/27/20—\$259 members; \$359 non-members.

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

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

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

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

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



2020 Spring Convention

April 3-5, 2020 at Mohegan Sun Casino & Resort
1 Mohegan Sun Blvd, Uncasville CT

Earn up to 16 Continuing Education Credits! (up to 9 Cat1) *

Friday, April 3, 2020

2:00pm-4:00pm	Navigating No-Fault Documentation: Accurate Assessments and Rewarding Reports <i>(Lewin, Baglio, Palumbo—Sponsored by Lewin & Baglio)</i>	†*(2CE 2Cat1)
2:00pm-4:00pm	The New Paradigm in Sports Performance <i>(Silverman—Sponsored by Nutri-Dyn)</i>	*(2CE)
4:00pm-6:00pm	Patient Communication: Doctor, Your Words Are Powerful! <i>(Ventimiglia—Sponsored by NCMIC)</i>	†*(2CE 2Cat1)
4:00pm-6:00pm	The Gut-Brain Axis in Health and Disease <i>(Silverman—Sponsored by Nutri-Dyn)</i>	*(2CE)

Saturday, April 4, 2020

8:00am-10:00am	Integrating A Wellness Consultation into Practice <i>(Ventimiglia—Sponsored by NCMIC)</i>	*(2CE)
8:00am-10:00am	Extremity Adjusting Protocols-Lower Extremity <i>(Charrette—Sponsored by Foot Levelers)</i>	*(2CE)
10:00am-12:00pm	Orthopedic and Functional Assessment <i>(Hildebrand—Sponsored by NCMIC)</i>	†*(2CE)
10:00am-12:00pm	Active Care for the Injured Worker: Chiropractic care for early and effective return to work <i>(Block; VanVorst)</i>	*(2CE 1Cat1)
2:00pm-4:00pm	Spine Rehab Procedures <i>(Hildebrand—Sponsored by NCMIC)</i>	†*(2CE)
2:00pm-4:00pm	Extremity Adjusting Protocols-Lower Extremity <i>(Charrette—Sponsored by Foot Levelers)</i>	*(2CE)
4:00pm-6:00pm	Neck to Shoulder Rehab Procedures <i>(Hildebrand—Sponsored by NCMIC)</i>	†*(2CE)
4:00pm-6:00pm	Navigating the NYS Workers' Compensation System <i>(Rulli; Martin)</i>	†*(2CE 2Cat1)

Sunday, April 5, 2020

8:00am-10:00am	Gait and Cognition: Defined, Understood, & Trained - Pt 1 <i>(Gorman)</i>	*(2CE)
8:00am-10:00am	How to Develop Winning Procedures with Documentation, Coding and Audits <i>(Justino—Sponsored by OUM)</i>	‡*(2CE 2Cat1)
10:00am-12:00pm	Gait and Cognition: Defined, Understood, & Trained - Pt 2 <i>(Gorman)</i>	*(2CE)
10:00am-12:00pm	125 Years of Chiropractic Excellence: Chiropractic in the 21st Century <i>(McAllister—Sponsored by F4CP)</i>	*(2CE)

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

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

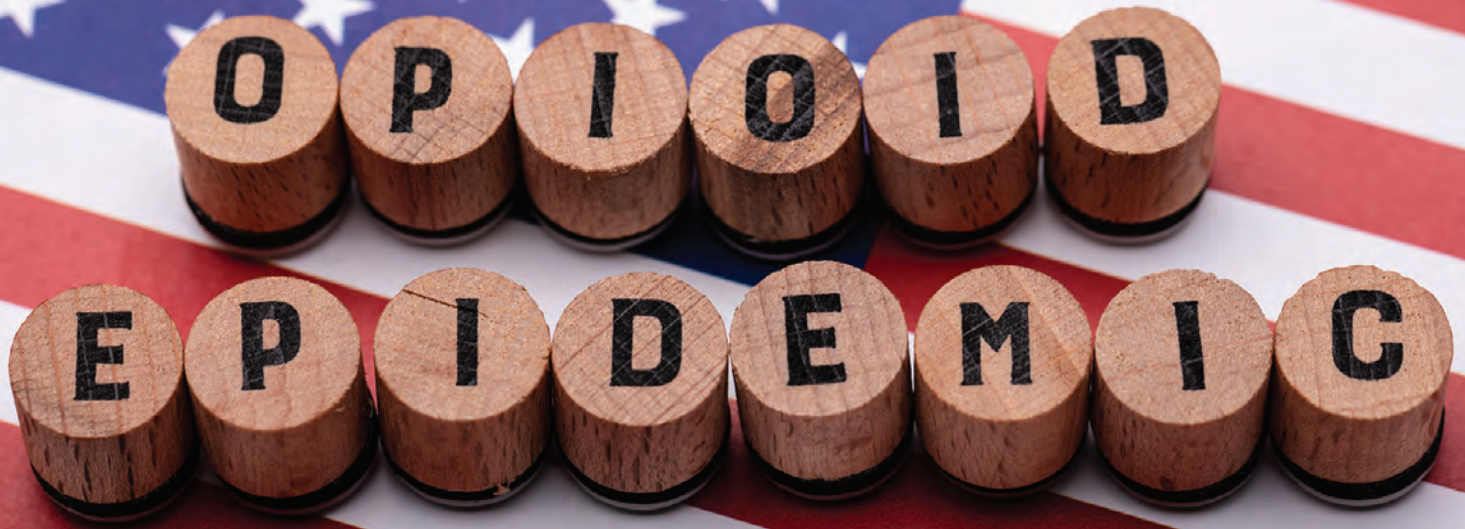
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<input type="checkbox"/> NYSCA Member	<input type="checkbox"/> Council Member	<input type="checkbox"/> ACA Member	<input type="checkbox"/> Non-Affiliated	
<input type="checkbox"/> Chiropractic Assistant <i>(Please complete a separate form for each CA Attending. CAs must attend with a registered DC.)</i>				
	Registration Category	Early <i>By 02/07/20</i>	Standard <i>By 03/27/20</i>	At The Door <i>After 03/27/20</i>
<input type="checkbox"/>	Non-Affiliated DC	\$329	\$359	\$409
<input type="checkbox"/>	NYSCA/Council/ACA Member	\$229	\$259	\$309
<input type="checkbox"/>	1st Year Licentiate Member	\$99	\$129	\$179
<input type="checkbox"/>	CA attending with registered DC	\$99	\$129	\$179
<input type="checkbox"/>	50+ yrs in practice member	\$0	\$0	\$0
<input type="checkbox"/>	DC student (no CE; lunch NOT included)	\$0	\$0	\$0
Saturday Banquet Luncheon Chicken _____ Salmon _____ Vegetarian _____ <i>1 luncheon ticket is included in registration unless otherwise noted.</i>				
<input type="checkbox"/> Not attending luncheon				
<input type="checkbox"/> Add'l luncheon tickets @\$40.00				
<input type="checkbox"/> Children under 10 @\$25.00				
Order Total				\$

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

Registration Deadline: Payment for early registrations must be received by 5:00 pm on 02/07/20. Afterward, standard pricing will apply. At-the-door pricing will apply for all mailed registrations postmarked after 03/20/20 and all online registrations completed after 5:00 pm on 03/27/20.

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



Contact Your U.S. House Member in Support of H.R. 3654: Increased Coverage of Chiropractic Services in Medicare

By Robert C. Jones, DC, Keith S. Overland, DC, and John Falardeau

Medicare's impact and influence on health care has always been significant, and it will only increase as the baby boomer generation continues to age and enter its ranks. With the Chiropractic Medicare Coverage Modernization Act of 2019 (H.R. 3654), introduced on July 9 by Brian Higgins (D-N.Y.) and Tom Reed (R-N.Y.), the chiropractic profession has an opportunity to make its own impact by ensuring for years to come that seniors have access to the full scope of safe and effective chiropractic services allowed under their state law.

The American Chiropractic Association (ACA) is calling on chiropractors and patients nationwide to reach out to their respective members of the U.S. House of Representatives to urge them to support this important legislation. The more co-sponsors, the greater the chance the bill will pass. Simply go to www.HR3654.org and click "Take Action." And don't stop there: Talk to your family and friends—especially seniors in your life—and ask them to do the same.

In the Opioid Epidemic's Wake, Seniors Need Chiropractic's Non-drug Approach

H.R. 3654 would be a landmark shift for Medicare beneficiaries, who for almost 50 years have been covered for only one chiropractic service—manual manipulation of the spine. It would also mark a significant boost for doctors of chiropractic, whose physician status would finally be fully acknowledged with the alignment of their coverage with that of other physicians in Medicare.

While it increases access and coverage for seniors, the bill does not add any new services to Medicare (nor does it remove any current services covered under Medicare). It simply enables beneficiaries to choose from which qualified provider they prefer to receive their covered services.

H.R. 3654 would also alleviate logistical and financial obstacles to care for Medicare beneficiaries. Seniors who require

services beyond manual manipulation of the spine have had to pay their chiropractors out of pocket...or find another type of provider and make a separate appointment to get the care they need. In many of these cases, the chiropractors are qualified and licensed by their states to provide the additional services, but because of the antiquated Medicare statute governing the profession, they are prohibited from doing more for their Medicare patients.

Things might never have changed...but the opioid epidemic and the need for better and safer forms of pain management have created an urgent need for reform. Like younger people, America's seniors have been touched by the opioid crisis. In fact, between 1993 and 2012, hospitalizations for opioid overuse increased fivefold among Americans age 45 to 85 and older, according to the Agency for Healthcare Research and Quality. In a 2018 hearing on the opioid crisis, Sen. Robert Casey Jr. (Pa.), ranking Democrat of the Senate Special Committee on Aging, noted that,

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THE IMPORTANCE OF A GOOD BACKUP PROGRAM

You have information stored on your computer systems both in your practice and at home. If those computers were to fail, be destroyed or worse be stolen, you could lose important data. Without a good backup system in place, you are not able to recover from such a loss.

There are many ways to backup information. You can use a cloud-based backup provider, a web-based drive such as Dropbox, Google Drive or One Drive. You can back up your data to local devices such as removable hard drives and thumb drives. No matter which method you use, when you are backing up data that needs to be private, the backup needs to be encrypted, redundant, offsite and reliable.

Encryption used to be a difficult and expensive process, now it is easy and affordable. Many Electronic Health Records programs automatically encrypt the backups for you. If this is the case, you need to ask your vendor what type of encryption is used. 128-bit encryption is not enough and is too easily broken. You want to have

at minimum 256-bit encryption. It is best if the encryption is compliant with National Institute of Standards and Technology Special Publication 800 (NIST SP-800) or Federal Information Processing Standard 140-2 (FIPS 140-2). An internet search on the key phrase *256-bit encryption software* will yield some excellent results on software that is affordable and easy to use.

When reading about encryption there are two general types of encryption you need to be aware of. Encryption for **Data at Rest** and encryption for **Data in Motion**.

- Data at Rest is data that is stored on a hard drive or other device and is present there even when the device is turned off. Your computer and software can access the data at rest and make it available for use.

- Data in Motion is data that has been moved from your hard disk into the RAM (memory) and is currently being used by the programs on your computer – for example a word processing document

you are in the process of editing. Data in motion also refers to data that is being transmitted from one computer to another. When you send data in an email or as an attachment, that is data in motion.

When a backup device with patient information is lost, misplaced, or stolen; it is considered a HIPAA Breach unless the backup device is encrypted with a method that meets the federal standards. If you look at a listing of large HIPAA breaches at https://ocrportal.hhs.gov/ocr/breach/breach_report.jsf you will see that many breaches are due to :

- Theft or loss of Desktop Computers
- Theft or loss of Laptop Computers
- Theft or loss of Network Servers
- Theft or loss of Other Devices

For each of these cases, the device that was stolen or lost was NOT encrypted, and the organization had to deal with addressing the breach, which is a stressful and expensive process.

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Avoid the First Opioid Prescription With Access To Conservative Chiropractic Care

An estimated 21%-29% of patients prescribed opioids for chronic pain misuse them.

Vowles KE, McEntee ML, Julnes PS, Frohe T, Ney JP, van der Goes DN. Rates of opioid misuse, abuse, and addiction in chronic pain: a systematic review and data synthesis. Pain. 2015;156(4):569-576

Recent studies demonstrate that initial visits to chiropractors, physical therapists or acupuncturists, compared with PCPs, are associated with substantially decreased early and long-term use of opioids.



Doctors of chiropractic (DCs) are trained to diagnose, evaluate and provide non-pharmaceutical care and rehabilitation to individuals suffering from acute, subacute and chronic pain, low back and neck pain, headaches, neuro-musculoskeletal conditions and other related syndromes.

Image credit: The American Chiropractic Association (ACA)

An estimated 1 out of 5 patients with non-cancer pain or pain-related diagnoses are prescribed opioids in office-based settings.[1] Opiate prescriptions are common for musculoskeletal complaints; with one of the most common being low back pain. [1]

[1] Daubresse M, Chang H, Yu Y, Viswanathan S, et al. Ambulatory diagnosis and treatment of nonmalignant pain in the United States, 2000 – 2010. Medical Care 2013; 51(10): 870-878. <http://dx.doi.org/10.1097/MLR.0b013e3182a95d86>

How Can Chiropractic Help the Opioid Epidemic?

A large population study found that prescription of opioids was common among patients with back pain;

61% of back pain patients received at least one opioid prescription.[2]

[2] Deyo R, Smith D, Johnson E, Donovan M, Tillotson C, Yang X, Petrik A, Dobscha S. Journal of the American Board of Family Medicine. Nov-Dec 2011 vol. 24 no. 6 717-727 <http://www.jabfm.org/content/24/6/717.full>

Reduction in Use



For patients that received chiropractic services, their likelihood of filling a prescription for opioids was 55% lower and the average annual per-person charges for opioid prescription fills were 78% lower for recipients of chiropractic services as compared to non-recipients.

[3]

[3] Whedon J., Toler A, Goehl JM, Kazal LA: The Journal of Alternative and Complementary Medicine. Jun 2018. 552-556.

Controlling Costs



“healthcare plans that formally incorporate chiropractic typically realize a 2 to 1 return for every dollar spent.”[4]

In a study published in The Journal of Manipulative and Physiological Therapeutics, the researchers found that “paid costs for episodes of care initiated with a DC were almost 40% less than episodes initiated with an MD. Even after risk adjusting each patient’s costs, we found that episodes of care initiated with a DC are 20% less expensive than episodes initiated with an MD.”[5]

[4] Feldman V, Return on investment analysis of Optum offerings — assumes Network/UM/Claims services; Optum Book of Business Analytics 2013. Analysis as of December 8, 2014.

[5] Lilledahl, R. L., Finch, M. D., Axene, D. V., & Goertz, C. M. (2010). Cost of care for common back pain conditions initiated with chiropractic doctor vs medical doctor/doctor of osteopathy as first physician: experience of one Tennessee-based general health insurer. Journal of Manipulative and Physiological Therapeutics, 33(9), 640–643. <https://doi.org/10.1016/j.jmpt.2010.08.018>

Reducing Dependence

Reducing dependence on opioids requires addressing the patient’s pain control needs and the initial injury. Chiropractic care is a non-pharmacologic method of addressing and managing acute musculoskeletal pain and chronic pain through the use of spinal manipulation and other modalities including exercise, lifestyle modification, and diet.

Co-management with chiropractic care can be an effective part of opioid tapering.



NYSCA Webinar Series

Earn continuing education credits from the comfort of your office

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

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

Wednesday, March 4, 2020 1:00pm-2:00pm (1CE)

Medicare for Chiropractors: The Rules of the Game

Course Instructor: Louis Lupinacci, DC, NYSCA Past President

Overview of the Medicare system— Participation status and PECOS, NGS; What is covered. The LCDs (local coverage determinations) for documentation—documenting the initial visit; documenting subsequent visits. How to execute a proper ABN. What does the future hold for chiropractic in Medicare. [REGISTER ONLINE](#)

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

Modernization & Your Practice:

Proposed Updates to the NYS Chiropractic Scope

Course Instructor: Mariangela Penna DC

The Scope modernization bill was introduced to the NYS Legislature and has been referred to the Higher Education Committee as of Summer 2017. This presentation will cover a history of the 1963 Scope Bill and a review of the current NY Chiropractic Scope of Practice. We will discuss current trends in healthcare and reimbursement, along with how the current scope and the proposed modernized scope affects participation and integration into some of these systems. We will conclude with questions and comments from participants and stakeholders.

[REGISTER ONLINE](#)

Wednesday, May 27, 2020 1:00pm-2:00pm (No CE)

Utilizing Laboratory Tests when Managing Musculoskeletal Pain and Inflammation

Course Instructor: Angelo Ippolito DC, NYSCA Region 1 Director

This course will provide a review of the role laboratory testing plays in the evaluation and management of patients presenting with musculoskeletal pain in general, and back pain specifically. Appropriate lab tests for musculoskeletal pain including back pain: a) Vitamin D testing and how Vitamin D deficiency correlates to both back pain and inflammation; b) C-Reactive Protein as a biomarker for chronic systemic low-grade inflammation; c) Fasting Glucose, Fasting Triglycerides, and HDL as biomarkers for Metabolic Syndrome and the correlation between Metabolic Syndrome and musculoskeletal pain; d) Appropriate lab testing to rule out spondyloarthropathies: RA Factor, ANA, ASO, HLA-B27, and Uric Acid.

Online registration coming soon.

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



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2019 Marketing & PR Annual Report To F4CP Members

As a member of NYSCA, you are granted complimentary membership with the Foundation for Chiropractic Progress (F4CP) -- a not-for-profit organization dedicated to raising public awareness about the benefits of chiropractic care through secured media placements for the profession, national advertisements and bringing chiropractic to new heights.

Through NYSCA's enrollment in F4CP Group Membership, you receive membership benefits such as:

- A basic listing in the F4CP Find-A-Doctor Directory: www.f4cp.org/findadoctor
- Free listings in the American Academy of Spine Physicians, WebMD and Vitals.com Doctor Directories
- Monthly Newsletter & exclusive F4CP special alerts
- Access to live, educational webinars for DCs and CAs
- Print advertisements
- Positioning papers to help advocate for your practice
- Free non-CE version Athletic TIPSTM Certification Eligibility & 20% discount on CE version

Thanks to the support of NYSCA and many other State Associations, Chiropractic Colleges, Corporate Sponsors and individual contributors, 2019 has

been a year of tremendous positive momentum for chiropractic care, the doctors who deliver it and our organization, which has grown from 8,000 members in 2015 to more than 28,000 members as of this writing.

Throughout the past year, in the media and in newly published research, chiropractic care continues to be highlighted as a safe and effective drug-free pain management approach that also helps patients avoid the dangers of opioids.

The F4CP supported chiropractic progress in 2019 by continuing to be a prominent voice advocating for chiropractic care and staunchly defending it when it is misrepresented in the media.

The goals of our 2019 marketing and PR program were to:


- Educate the public about the health and well-being benefits of chiropractic care through positive press
- Raise awareness of doctor of chiropractic (DC) education and credentials
- Elevate the profile and credibility of DCs in the provider, payer, employer, sports communities and beyond



For more than a decade, the F4CP has been knocking on doors in the media with little to no avail, and now, not only are we being answered, but journalists are seeking our insight and commentary about safe, effective and drug-free chiropractic care.

We hope you will utilize the material that is available to you as an F4CP Group Member to help us accelerate this momentum into 2020 so we can continue our important mission of educating the public, changing healthcare policies and helping more patients access the important, life-changing care that you deliver.


To download the full report, click here.



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NYSCA Calendar of Events

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

Mar'20				April'20			
<i>Hotel reservation cutoff—3/19/20 Registration cutoff—3/27/20 NYSCA Officer & Director Nominations Begin March 1st</i>				<i>Elections Reminder: Completed "Intent to Run" forms must be received by April 1</i>			
Mon	3/2	7pm	D16 Southern Tier Meeting	Weds	4/1	1pm	NYSCA Webinar
Weds	3/4	1pm	NYSCA Webinar	Fri	4/3	2pm	NYSCA 2020 Spring Convention
Thurs	3/5	6:30pm	D10 Albany Meeting	Weds	4/8	7pm	D17 Buffalo Meeting
Tues	3/10	12:30pm	D14 Rockland Meeting	Weds	4/8	8pm	D2/5 Brooklyn/Staten Island Meeting
Tues	3/10	8pm	D3 Queens Meeting	Thurs	4/9	7pm	D15 Rochester Meeting
Tues	3/10	8pm	D6 Nassau Meeting	Mon	4/13	7pm	D16 Southern Tier Meeting
Weds	3/11	7pm	D17 Buffalo Meeting	Tues	4/14	12:30pm	D14 Rockland Meeting
Weds	3/11	8pm	D2/5 Brooklyn/Staten Island Meeting	Tues	4/14	8pm	D3 Queens Meeting
Thurs	3/12	7pm	D15 Rochester Meeting	Tues	4/14	8pm	D6 Nassau Meeting
Tues	3/17	7:30pm	D9 Hudson Valley Meeting	Weds	4/15	7pm	D12 Syracuse Meeting
Weds	3/18	7pm	D12 Syracuse Meeting	Weds	4/15	8:30pm	D7 Suffolk Meeting
Weds	3/18	8:30pm	D7 Suffolk Meeting	Tues	4/21	7:30pm	D9 Hudson Valley Meeting
May'20				June'20			
<i>Elections Reminder: Voting opens 5/1; District officers elected at district meetings</i>				<i>Elections Reminder: Elected statewide and local candidates take office 6/1</i>			
Mon	5/11	7pm	D16 Southern Tier Meeting	Mon	6/8	7pm	D16 Southern Tier Meeting
Tues	5/12	12:30pm	D14 Rockland Meeting	Tues	6/9	12:30pm	D14 Rockland Meeting
Tues	5/12	8pm	D3 Queens Meeting	Tues	6/9	8pm	D3 Queens Meeting
Tues	5/12	8pm	D6 Nassau Meeting	Tues	6/9	8pm	D6 Nassau Meeting
Weds	5/13	7pm	D17 Buffalo Meeting	Weds	6/10	7pm	D17 Buffalo Meeting
Weds	5/13	8pm	D2/5 Brooklyn/Staten Island Meeting	Weds	6/10	8pm	D2/5 Brooklyn/Staten Island Meeting
Thurs	5/14	7pm	D15 Rochester Meeting	Thurs	6/11	7pm	D15 Rochester Meeting
Tues	5/19	7:30pm	D9 Hudson Valley Meeting	Tues	6/16	7:30pm	D9 Hudson Valley Meeting
Weds	5/20	7pm	D12 Syracuse Meeting	Weds	6/17	7pm	D12 Syracuse Meeting
Weds	5/20	8:30pm	D7 Suffolk Meeting	Weds	6/17	8:30pm	D7 Suffolk Meeting
Weds	5/27	1pm	NYSCA Webinar				

SAVE

the

DATE

April 3-5, 2020

New York State Chiropractic Association Spring Convention

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

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NYCC's SACA advisor.

For weeks before the trip students collected facts and anecdotes to prepare talking points to present to their representatives. The College provides SACA membership for all D.C. students. Other NYCC representatives who attended Engage 2020 included Associate Professor Dr. Gerald Stevens (who also serves as NYSCA District 17 Treasurer), Dean of Chiropractic Dr. Karen Bobak, Associate Dean of Chiropractic Dr. Wendy Maneri, and Chancellor Dr. Kenneth Padgett.

We currently face a once-in-a-generation opportunity to expand Medicare coverage to reimburse us for the full scope of modern chiropractic practice. Our students are already gearing up for Engage 2021, planned for February 3-6 next year.

Every year students bring our message to Capitol Hill with accuracy and passion. However, we are currently limited by the fact that each student needs to pay between \$200-300 to cover the costs of the trip. My goal next year is to increase the number of students who have the opportunity to make the trip by decreasing the amount of money each student needs to pay out of pocket. But to do that we need the support of practicing chiropractors. I know that most DCs in practice can't take time off from practice to travel to Washington. But with your support, we can do it for you! For a small contribution to NYCC's SACA chapter, we will go to the office of your personal Congressional Representative in your name, and deliver your message that it is finally time for Medicare to reimburse chiropractors for the full range of valuable services we provide to seniors. Contact me at wlauretti@nycc.edu for more information about how you can support us in this unique opportunity to make an investment in the future of your practice and your profession.

For more information about H.R. 3654 go to www.HR3654.org or www.acatoday.org

Dr. Bill Lauretti is a Professor in the Department of Chiropractic Clinical Sciences at New York Chiropractic College and serves as the Vice President of NYSCA District 15.

CONTACT YOUR U.S. HOUSE MEMBER IN SUPPORT OF H.R. 3654
CONTINUED FROM PAGE 8

"In 2016, one in three people with a Medicare prescription drug plan received an opioid prescription. This puts baby boomers and our oldest generation at great risk."

Contact your member of the U.S. House of Representatives today: Urge them to support H.R. 3654 so that we can meet the needs of our senior patients. Our moment of impact, as a profession, is now.

Learn more at www.HR3654.org.

Dr. Robert C. Jones is the president of ACA, Dr. Keith S. Overland is chairman of ACA's Legislative Advisory Board, and John Falardeau is ACA's Senior Vice President of Public Policy and Advocacy.

your continued support, your encouragement, feedback, participation, and for sharing this vision.

New York can be a place of parity, where chiropractic can thrive.

Jason Brown, DC
NYSCA President



NYSCA
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The Gut-Brain Axis in Health and Disease

By Dr. Robert G. Silverman

The matrix of the microbiome, the gut, and the brain—the gut-brain axis—is a new paradigm for understanding health. When the matrix is functioning well, the body and mind function well. When the matrix is out of balance, physical health issues such as arthritis, diabetes, gut issues such as IBS and IBD, food sensitivities, liver problems, inflammation, musculoskeletal disorders, and autoimmune diseases can arise. Mental health suffers, and neurodegenerative disorders can develop.

The Role of the Vagus Nerve

The vagus nerve (tenth cranial nerve) is the longest cranial nerve. In Latin, the word “vagus” means wandering, an appropriate way to describe the path of this nerve. It runs from the brain stem to the transverse colon. Along the way, it innervates the larynx, esophagus, lungs, trachea, heart, and most of the digestive tract. The brain and gut feed-back and feed-forward loops are linked by the vagus nerve.

The long, convoluted pathway means the vagus is the main nerve of the parasympathetic nervous system, often called the rest and digest system. This is the autonomic system that helps the body conserve energy by slowing the heart rate (rest). The vagus nerve modulates digestion through the migrating motor complex and relaxes the ileocecal valve and other sphincter muscles in the gut (digest). The messages the vagus nerve transmits to the brain from the gut microbiome also impact the hypothalamus-pituitary axis, which in turn controls the neuroendocrine system, mood, and the immune response.

Talking ‘bout You

The vagus nerve link is bidirectional. About 80 percent of the messages sent along the vagus superhighway go from the gut to the brain; about 20 percent go in the other direction. What are they talking about?

Signals from the gut microbiome and from the gut itself tell the brain what’s going on down there; signals from the brain tell the gut what changes to make in response. The gut tells the brain about the production, expression, and turnover of neurotransmitters such as serotonin and GABA and growth factors such as BDNF (brain-derived neurotrophic factor). The gut also reports on the production of intestinal barrier chemicals and tight junction integrity, the modulation of enteric sensory afferents, bacterial metabolites, and mucosal immune regulation. The brain responds with messages that tell the gut to alter mucus and biofilm production, motility, intestinal permeability, and immune function.

For example, when vagus afferent nerve fibers within the gut detect inflammatory cytokines and other indicators, such as tumor necrosis factor, created by the gut bacteria, they pass the message to the brain. The brain responds by stimulating the production of anti-inflammatory neurotransmitters that regulate the immune response.

The Role of Gut Bacteria in Brain Health

Recent research confirms the idea that gut health and brain health are tightly linked. Metabolites excreted by gut bacteria are sensed

Continued on page 24

UnitedHealthcare requires 'GP' Always Therapy Modifier effective April 1, 2020

NYSICA Insurance Committee

UnitedHealthcare will require the use of a 'GP' modifier for all billed physical medicine services effective 4/1/20. You may recall that UHC had planned to implement this policy for their Community Based health plans only; however, we have confirmed that United will be requiring the use of the GP modifier for all lines of business (including Optum plans).

Please note that certain clearing houses have begun to implement an educational phase of this policy and are flagging your claims (e.g., Office Ally). The NYSICA has reached out to Office Ally in response to their flagging of UnitedHealthcare claims. According to Office Ally, the claims in your 'claims fix' file will be 'picked up' (reprocessed) within 5 business days. **DO NOT DELETE THESE CLAIMS FROM YOUR CLAIM FIX OR THE CLAIMS WILL NOT BE PICKED.** We have tested this process and can report that the flagged UnitedHealthcare 'GP' claims were picked up by Office Ally without our intervention.

The 'GP' modifier will be required for all United Healthcare claims submitted after 3/31/20.

Rejection note from Office Ally:

REJECTED P4999umAT SmartEdit (umAT) [Pattern 26693] Beginning 4 01 20, therapy charges must be billed with the required modifier GP, GN, or GO. Claims submitted on or after that date must have a required modifier. Please repair now in advance of this deadline.

What do I need to do?

To ensure you are compliant with this billing requirement, incorporate the 'GP' modifier for all physical medicine services rendered to all UnitedHealthcare enrollees. As always, it is your responsibility to ensure you are billing the most appropriate service(s) as defined by each CPT code. You can also review the UnitedHealthcare notice at UHCProvider.com located at:

<https://www.uhcprovider.com/content/dam/provider/docs/public/commplan/payment-policy/MultiState-Updated-Procedure-to-Modifier-Policy-Professional.pdf>

According to the Centers of Medicare and Medicaid Services (CMS), MM10176:

The following "Always Therapy" HCPCS codes require a GN (speech therapy), GO (occupational therapy), or GP physical therapy) modifier, as appropriate. Descriptors for these codes are included as an attachment to CR 10176.

92507 92508 92526 92608 92609 96125 97012 97016 97018 97022 97024 97026 97028 97032 97033 97034 97035 97036 97039 97110 97112 97113 97116 97124 97139 97140 97150 97530 97533 97535 97537 97542 97750 97755 97760 97761 97762 97799 G0281 G0283 G0329

Please note that some of these services are not applicable to the practice of chiropractic in our state; however, the 97*** series of codes (including ultrasound, electrical muscle stimulation, therapeutic exercise, etc) are commonly utilized in the care of our patients. You can read additional information relative to this at:

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM10176.pdf>

If I render and bill for 1-2 regions of CMT and therapeutic exercise, which codes receive the GP modifier?

24. A.		B.	C.	D. PROCEDURES, SERVICES, OR SUPPLIES				
DATE(S) OF SERVICE		Place Of Service	EMG	CPT/HCPCS	MODIFIER			
From:	To:				A	B	C	D
1	Note	Anest Start:	Stop	NDCQual:	∨	NDC Code:	NDC U.Price:	
02 17 2020	02 17 2020	11		98940				
2	Note	Anest Start:	Stop	NDCQual:	∨	NDC Code:	NDC U.Price:	
02 17 2020	02 17 2020	11		97110	GP			

Haven't we already implemented the GP modifier?

Most of you are already utilizing the GP modifier, as these have been required by the Veterans Administration. Medicare also requires the GP modifier for physical medicine codes; however, since Medicare does not cover physical medicine services when rendered by Doctors of Chiropractic, your billed physical medicine services would include both the GP and GY (non-covered service) modifiers.

If you have any questions regarding the above, please feel free to contact the NYSICA Insurance Committee, your local NYSICA district, UnitedHealthcare and/or your claims clearing house to avoid any delays in the processing of your claims.

As always, thank you for your continued support of our profession.

“Taking the Pressure Off the Nerve” by Putting the Pressure on the Mechanoreceptors.

By: Anthony M. Palumbo

The concept of what exactly happens when you elicit a “crack” in a joint is not fully understood and the most prevalent theory is that of cavitation. One thing is certain, as Chiropractors, educating patients that the only thing we “crack” are eggs and jokes is of vital importance.

The experience of having the spine adjusted encompasses as much science as it does philosophy and art. The resultant “popping” or “clicking” sound the adjustment provides may be a pleasant sensory experience for the patient. However, without education based on science this pleasant experience will be lost after one or two visits simply due to lack of knowledge and loss of confidence in the level and quality of care that is being provided. Simply put, making light of the adjustment by allowing it to be dumbed down to “getting cracked” and “taking the pressure off the nerve” is a disservice to the patient and doctor.

As with the concept of joint cavitation, the mechanisms of how exactly manual therapy (in this case joint manipulation) works in regard to providing pain relief, are not fully understood. According to the narrative review published by Vigotsky and Bruhns;

Multiple reviews have also investigated the pain modulating mechanisms of spinal manipulation and agreed that the analgesic origins are neurophysiological in nature, occurring through some type of descending pain modulation circuit. This is due to observed analgesic effects associated with Spinal Manipulative Therapy (SMT), including increased pain tolerance and decreased sensitization. The exact circuit, however, is not fully understood, and it appears that different types of spinal manipulations, namely, the velocity with which and the location at which they are performed, may elicit different neurochemical responses indicative of different descending pain modulation mechanisms.

If we keep up with the published research we see that this neurophysiological response to spinal manipulation is the likely reason for the decrease in pain experienced by the patient.

A component of the neurophysiological response is the descending pain modulation circuit, which is linked to the central nervous system. As far back as 1965, Melzack and Wall were probably the first to explain the potential mechanisms of a central pain modulatory system when they published their research on the gate control theory of pain. This theory in its most rudimentary form outlines that non-noxious input suppresses painful output by inhibiting dorsal root nociceptors. “Gate control” is controlled by touch and/or non-threatening sensory input--putting pressure on the mechanoreceptors. At its foundation, the gate control theory of pain modulation reveals that non-noxious stimuli (such as touch and pressure) inhibit noxious stimuli.

As a refresher, primary mechanoreceptors in the body include;

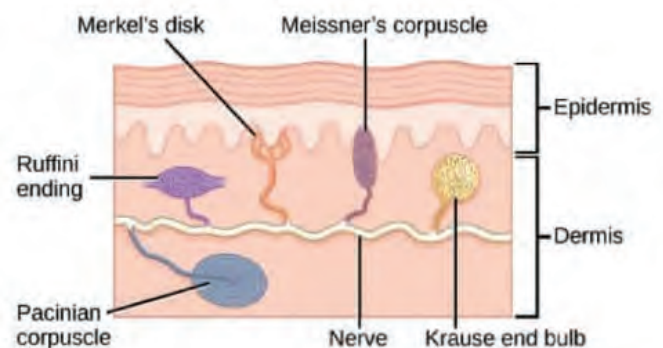
I. Unencapsulated.

- Merkel’s disks which respond to light touch.

II. Encapsulated.

- Meissner’s corpuscles which respond to touch and low-frequency vibration.
- Ruffini endings detect stretch, deformation within joints, and warmth.
- Pacinian corpuscles detect transient pressure and high-frequency vibration.
- Krause end bulbs detect cold.

Continued on page 25





Your Vote, Your Voice

NEW YORK STATE CHIROPRACTIC ASSOCIATION

OFFICERS, BOARD OF DIRECTORS, AND DISTRICT ELECTIONS
Polls open May 1st at 12am | Polls close May 15 at 5pm

Exercise Your Membership Benefits | Affect the future of your profession | Let your voice be heard

NYSCA GOVERNANCE

The NYSCA is governed by a democratically elected Board of Directors and House of Delegates. All governing officials are licensed Chiropractors who volunteer their time and efforts and pay full membership dues. Many of these officials also serve on committees, often more than one, which are tasked with specific projects as needs arise. Further, New York State is divided into seventeen regional 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.

ELIGIBILITY TO VOTE

Any active regular, associate, affiliate in-state, retired, disabled, or life member of the NYSCA of the organization may vote. If you have questions about your eligibility to vote in the NYSCA elections, please contact the Administrative Office at 518-785-6346.

ELECTION TIMELINE

District Officers and Delegates

District elections are held in May of each even-numbered fiscal year at your regularly scheduled local district meetings.

State Officers and Regional Directors

Election of Executive Officers, as well as election of Directors in Region 1 and Region 3, occurs in May of each odd-numbered fiscal year. Election of Directors in Region 2 and Region 4 occurs in May of each even-numbered fiscal year.

Ballots for Board of Director seats / Executive Officer positions are mailed to eligible NYSCA members at the beginning of each May. The nomination process/timeline for Directors and Executive Officers is as follows:

- Nominations begin March 1.
- Completed "Intent to Run" forms must be received via fax or postmarked by April 1.
- In order to vote, you must be an eligible NYSCA member by April 1.
- Voting will open on May 1.
- Completed ballots returned by postal mail must be postmarked by May 15.

- Completed ballots returned by email or fax must be received by 5pm EST on May 15.
- **Duplicate or late ballots will not be counted.**
- Ballots will be counted by May 29, at which time the results will be announced.

Those nominees elected to the office will assume the duties and responsibilities of their office at 12:01 AM on June 1

APPLICATION PROCESS

Please contact your district president if you have questions regarding district elections for your House members or local officers.

For Board of Director or Executive Officer positions: "Intent to Run" form is available in the members-only section of our website by logging into your profile, by clicking on "Leadership", then "Elections". Completed Intents are accepted via online submission, by postal mail, by fax, or by email.

Details regarding eligibility to run for NYSCA office are detailed in the NYSCA Constitution and Bylaws. These are available in the members-only section of our website by clicking on "Leadership", then "By-Laws".

QUALIFICATIONS

District President, District Vice President, and District Delegate

2 Years; no more than 2 consecutive terms

At the time of his or her nomination, a qualified candidate must be:

- Shall be a New York State licensed and registered doctor of chiropractic; and
- Shall have been an active regular, associate, in-state affiliate, or life member in good standing in his or her assigned district for at least one (1) years prior to his or her nomination; and
- Shall have attended at least seventy percent (70%) of his district meetings in the year immediately preceding his nomination.

District Secretary and Treasurer

A Secretary and/or Treasurer may be appointed by district President from among the district members in good standing and

willing to serve, unless objected to by a majority of district members.

Regional Directors

2 Years; no more than 2 consecutive terms

At the time of his or her nomination, a qualified candidate:

- Shall be a New York State licensed and registered doctor of chiropractic; and
- Shall have been an active regular, associate, in-state affiliate, or life member in good standing for a minimum of the immediate past three (3) consecutive years; and
- Shall have attended at least seventy percent (70%) of his district meetings in the year immediately preceding his nomination; and
- Shall be eligible to serve and shall have served as an Officer of the District or as a delegate in the House of Delegates for not less than one full term.

Executive Officers

2 Years; no more than 2 consecutive terms

At the time of his or her nomination, a qualified candidate:

- Shall be a New York State licensed and registered doctor of chiropractic; and
- Shall have been an active regular, associate, in-state affiliate, or life member in good standing for a minimum of the immediate past five (5) consecutive years; and
- Shall have attended at least seventy percent (70%) of his district meetings in the year immediately preceding his nomination; and
- Shall be eligible to serve and shall have served as a Director on the Board of Directors for not less than one full term, having attended no less than 2/3rds of the Board meetings convened during each year of his tenure as a Director.

If you have other questions about the election process, are interested in serving your profession as a member of the Board of Directors, or wish to nominate someone with leadership abilities, please contact the NYSCA president at president@nysca.com.



Conservative Chiropractic Care for Acute and Chronic Pain Management



Doctors of chiropractic (DCs) possess education and expertise to treat patients with acute, subacute, and chronic back, low back and neck pain, headaches, neuro-musculoskeletal conditions and other related syndromes.

Chiropractors can function in private practice or as an integral part of a multidisciplinary care team to help manage pain without drugs or surgery.

While treatment for spine related pain is patient and condition specific, a typical visit to a chiropractor begins with a thorough evaluation that includes:

- History (of the injury and prior treatments as well as co-morbidities and other conditions or complicating factors)
- Physical Examination - Range of Motion, orthopedic tests, neurologic examination
- Outcomes Assessment Tools (pain scales and diagrams, health and disability questionnaires, and psychological profiles)
- Review of red flags and biopsychosocial factors
- If warranted, x-ray and Advanced Imaging (or review of existing imaging) and other diagnostic testing

Treatment individualized for patient need and pain control may include:

- Passive care: spinal joint adjustment/manipulation, joint mobilization and manual therapy, and soft tissue techniques.
- Physical modalities: using light, heat, cold, & electrical modalities
- Active care: rehabilitation/ therapeutic exercises, spinal/core stabilization, home exercise prescription
- Counseling on activities of daily living (ADLs), ergonomics, other lifestyle factors including diet, nutrition and nutraceutical support; self-care management



There is moderate-quality evidence that manipulation and mobilization are likely to reduce pain and improve function for patients with chronic low back pain; manipulation appears to produce a larger effect than mobilization.

Manipulation and mobilization for treating chronic low back pain: a systematic review and meta-analysis. Coulter, Ian. et al. The Spine Journal, Volume 18, Issue 5, 866 - 879.

A 2013 survey by Consumers Reports magazine involving 14,000 subscribers with low back pain, chiropractic care had the largest proportion of “highly satisfied” patients. Among 4,000 respondents who had seen a chiropractor, 59% were highly satisfied compared with 55% who saw a physical therapist and 34% who saw a primary care physician.

Consumer Reports. Relief for your aching back, what worked for our readers <http://www.consumerreports.org/cro/2013/01/relief-for-your-aching-back/index.htm>



A number of non-pharmacologic therapies, specifically including chiropractic can play an important role in managing musculoskeletal pain and chronic pain. Decision makers and Health Care Providers should be knowledgeable about the range of available non-pharmacologic therapies, when they may be helpful and when they should be used as part of a multi-disciplinary approach to pain management.

FDA Education Blueprint for health Care Providers involved in the Management or Support of Patients with Pain, May 2017

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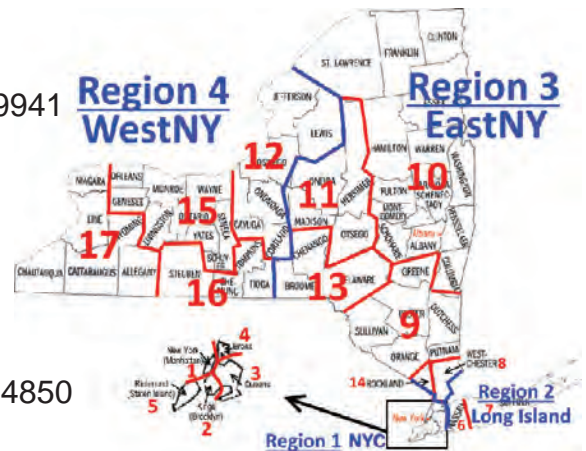
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THE GUT-BRAIN AXIS IN HEALTH AND DISEASE
CONTINUED FROM PAGE 17

by afferent nerve endings in the gut; their level is reported to the brain via the vagus nerve. Bacterial metabolites include some substances that are very similar to brain neurotransmitters such as dopamine. In other words, microbial metabolites can interact with the brain and influence behavior and feelings.

The human gut contains over a thousand bacteria species. Trillions of individual bacterium are in the gut, meaning the human body contains more bacteria just in the gut than cells in the entire body. The gut microbiome weighs in at about three pounds. It contains 20 million bacteria genes; the human body has only about two thousand. And the gut contains far more neurotransmitter chemicals than the brain itself. In fact, about 90 percent of the body's serotonin is produced in the gut by enterochromaffin (EC) cells. The process is highly dependent on the presence of gut bacteria. The bacteria grow and produce metabolites within the gut that stimulate the EC cells to produce serotonin.

Gut bacteria metabolites may also be important in a number of neurodegenerative diseases. In autism, for example, gut microbiota appear to alter the immune system and metabolism. People with autism often have higher intestinal permeability and show a higher antigenic load from gut bacteria. Their gut biome bacteria are less diverse, and Candida is twice as abundant.

People with autism also have higher than usual levels of LPS (lipopolysaccharides, also known as endotoxin) in their blood. LPS is released from the outer cell walls of gram-negative bacteria when they are destroyed. LPS leads to inflammation that carries over from the digestive tract to the bloodstream.

The presence of antibodies against LPS in the blood indicates that the endotoxin has infiltrated the systemic circulation through the intestinal wall—the well-known leaky gut syndrome. LPS elicits a strong immune response that may be closely related to autism symptoms.

Similarly, elevated LPS from intestinal permeability is noted in brain disorders such as Alzheimer's disease, cognitive decline, dementia, and mood disorders.


Damaged Gut Bacteria

When the gut bacteria are damaged or out of balance, the health consequences can be severe. What causes the damage? The chief culprit is the Standard American Diet (SAD), which loads the gut with highly processed foods that are high in chemical additives, sugar, and bad fats and low in fiber. Exposure to the herbicide glyphosate (Roundup), found throughout the modern food system, is another significant cause of damage—this chemical kills beneficial gut bacteria and damages the microvilli. Glyphosate may also break down the blood-brain barrier and allows LPS and other toxins to enter the brain. Other common culprits include antibiotics and other medications, alcohol, toxic environmental chemicals such as glyphosate pesticides, and that all-purpose gut destroyer, stress. Even healthy foods can be to blame if they contain gluten or lactose or are high in lectins (an indigestible protein

Continued on page 27

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A **Redundant** Backup Process gives you a series of backups that allow you to recover from several problems that can happen to your data. To illustrate what can happen it is best to give an example. Patient Mary Smith (fictional patient) visits your office on January 1. At that time, you do something that corrupts the data in Mary's chart, but you are not aware of it. She returns for a follow up visit on March 1 and that is when you discover that her chart has errors due to improper, incomplete or missing information.

- If you are backing up your data every day and over-writing the previous backup, you can not go back to a version of Mary's chart that is not corrupted.
- If you have a backup for Monday, Tuesday, Wednesday, Thursday and Friday and overwrite those once a week once again, you cannot go back to a version of Mary's chart that is not corrupted.

So, what is the best way to backup to best protect your data and allow you to be protected? There are 4 backup strategies that I recommend:

- **Daily Backups.**
Daily backups are done at the end of each day your office is open. (They are labeled by the name for the day for example Monday, Tuesday, Wednesday etc.). They are each overwritten the next week. The Monday backup gets overwritten each Monday; the Tuesday backup gets overwritten each Tuesday
- **Weekly Backups**
Weekly backups are done at the end of each week the first Friday of each month you backup to Weekly Backup #1, the second Friday of each month you backup to Weekly Backup #2 etc. These get overwritten on the appropriate Fridays.
- **Monthly Backups**
Monthly backups are done at the end of each Month (January, February, etc.) These backups will be overwritten by the subsequent occurrence of the month in the following year.
- **Yearly Backups**
Yearly backups are done at the end of each year. Typically, on December 31 or the last day in the year that the office is open. This backup is archived and never over written.

A backup system of this nature will take 5 daily backups, 5 weekly backups (some months have 5 Fridays), and 12 monthly backups. So, there will be 22 backup devices that are used and recycled. Then you have the end of year backup. This type of back policy best protects your practice from data loss.

An **Offsite Backup** is very important. If your backup disks are kept in your office and a disaster strikes such as fire, then your backup devices have just gone up in smoke as well as your computers and primary data. Offsite does not necessary mean you need to back up to the cloud. You can back up to a device and bring it home with you.

How do you know if your backup is **Reliable**? We have all heard horror stories of somebody needing a backup and when they tried to restore the backup the restore failed. How do we know if our backups are reliable? The best way to test the reliability of your backups is to take one of your backup devices and send it to your software vendor and have them test restoring the backup. **DO NOT** test your backup by restoring it to your computers. If the backup is bad and you try to restore the backup you will destroy your primary data leaving you with no primary data and no usable backups. I would recommend doing this at least once every six months. If you are using a cloud-based system, then you would probably want to ask them about how they backup your data and you would want to make sure they can restore your data should something happen to their primary systems.

Please remember you want to backup **ALL** your vital systems including:

- Your electronic medical records
- Your billing records
- Your digital X ray systems
- Any other computerized systems that contain patient information

I have seen many practices that are very good about backing up their medical records and billing systems but forget about their digital x ray systems.

If you are using a cloud-based provider or a web-based drive, you need to ensure a Business Associate Agreement is in place

with the provider. Please remember to obtain this document.

There is an old saying that an ounce of prevention is worth a pound of cure. A good backup system may cost a bit of money, but is nothing compared to the cost of losing your data. If you do not have a good backup system in place, now is the time to start.

“TAKING THE PRESSURE OFF THE NERVE” CONTINUED FROM PAGE 19

There are certainly mechanisms other than touch and pressure by which analgesia is induced by manipulation. These also involve descending modulatory circuits, but include the incitement of numerous pain-modulating neurotransmitters which are released. However, this is a topic for another time.

For further information on the neurophysiological and analgesic effects of SMT, readers are directed to:

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4. Little J. W., Ford A., Symons-Liguori A. M., et al. Endogenous adenosine A3 receptor activation selectively alleviates persistent pain states. *Brain*. 2015;138(1):28–35. doi: 10.1093/brain/awu330.

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2. The Role of Descending Modulation in Manual Therapy and Its Analgesic Implications: A Narrative Review. Vigotsky and Bruhns. Published online 2015 Dec 16. doi: 10.1155/2015/292805
3. Melzack R., Wall P. D. Pain mechanisms: a new theory. *Science*. 1965;150 (3699):971–979. doi: 10.1126/science.150.3699.971.

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found in beans and nightshade plants such as peppers).

The damage is chiefly caused by lipopolysaccharides (LPS) cytolethal distending toxins (CDT). Some harmful gram-negative gut bacteria, such as *E. coli* and *Shigella* species, produce these toxins. Poor diet and all the other gut stressors allow these bacteria to crowd out more beneficial gram-positive bacteria, leading to chronic gut dysbiosis. LPS CDT toxins can penetrate the intestinal barrier, enter the bloodstream, and stimulate the IgG, IgA, and IgM immune responses.

What all this comes down to is: Gut on fire, brain on fire. The loop is initiated by intestinal inflammation. That leads to the production of inflammatory cytokines that cross the blood-brain barrier and activate brain microglia (the brain's immune system), causing inflammatory degeneration. At the same time, macrophages in the intestines are also activated, leading to degeneration in the enteric nervous system. The result? An ongoing cycle of inflammatory neurodegeneration throughout the brain-gut axis. The early symptoms are subtle. There's no pain because the brain has no pain receptors and the inner lining of the gastrointestinal mucosa contains no pain fibers. The symptoms are bloating, followed immediately by brain fog.

SIBO: Small Intestine Bacterial Overgrowth

The small intestine is a harsh environment for bacteria. Some do thrive there, but the bulk of the gut bacteria are found in the colon. Small intestine bacterial overgrowth (SIBO) happens when colon bacteria travel to the small intestine and take hold, or when the bacteria naturally found in the small intestine increase too much. SIBO symptoms include bloating and flatulence, diarrhea or constipation, abdominal pain, nausea, and fatigue.

SIBO can be a complication of conditions such as diabetes, IBS, and concussion, but it can also occur as a result of antibiotic use, proton pump inhibitor (PPI) use, low stomach acid, decreased bile acids, and alcohol use. A low-fiber diet such as SAD slows movement in the small intestine and can lead to SIBO. Just getting older and being female are risk factors.

The excess bacteria in the small intestine can gobble up nutrients before they can be absorbed. In addition, CDTs from the harmful bacteria damage the epithelial layer, causing leaky gut from damaged tight junctions, damage to the blood-brain barrier (BBB), and systemic inflammation.

Restoring the Balance

The gut-brain axis can be knocked out of alignment, but it's also robust. With careful attention, the balance can be restored using the Super 7(R) Action Plan.

Reset. The first action step is to reset the diet, lifestyle, and mindset of patients. The key dietary component is an anti-inflammatory diet, one that is free of GPS: gluten, processed foods, and sugar. The ketogenic diet is ideal for this, because it resets the diet by removing carbohydrates and fueling the brain with ketone bodies instead of glucose. The ketone bodies are key to manufacturing

BDNF and helping to reset brain function. The keto diet may not be appropriate or accessible for all patients, however, A reasonable alternative is a modified Mediterranean diet that is free of GPS and DNA (dairy, nicotine, and artificial sweeteners).

In addition to the basic diet, adding 8 to 10 grams (two teaspoons) of MCT oil from coconut oil is very helpful. MCT oil has been shown to have antimicrobial and antifungal effects that can help restore a better balance of beneficial gut bacteria while also providing the nutrients needed to make butyrate in the colon. ¹

Stress reduction techniques, such as meditation, mindfulness, and yoga are helpful and easily learned. What works best is highly individual, however, and anything that relieves stress safely is helpful.

Regular exercise is equally important (and also helpful for reducing stress). Patients who are inactive should be strongly encouraged to increase their activity level, aiming for 10,000 steps a day. For patients who are already moderately active, encourage increasing the activity level to 15,000 steps a day. In addition, daily resistance training and flexibility exercises should be encouraged.

Remove. Remove foods that are damaging the gut. In addition to removing foods related to individual intolerances and allergies, processed foods, sugar, dairy, and gluten should be removed to allow the gut to heal and inflammation to subside. At the same time, remove unwanted pathogens to restore beneficial gut bacteria. Serum-derived bone immunoglobulins (SBI) help prevent immune activation by binding microbes and toxins, leading to decreased inflammation and less tissue damage.

Berberine HCL activates the enzyme AMPK (AMP-activated protein kinase), sometimes called the body's metabolic master switch. In the gut, it improves tight junction dysfunction, helping to heal the damage of leaky gut syndrome. Berberine is also highly effective for treating dysbiosis and dyslipidemia. It is the first supplement to turn to for the patient with serious imbalance of the gut microbiome. ²

Concentrated aromatic oils such as thyme oil, oregano oil, sage leaf, or lemon balm leaf are natural antibiotics. Allicin (garlic) extract is a natural antifungal.

A thorough liver cleanse is also helpful to remove accumulated toxins.

Replace. People with gut dysbiosis often need to replenish and replace digestive enzymes and stomach acid. Paradoxically, symptoms often attributed to excess stomach acid may actually be caused by low gastric acidity. To improve acidity, titrate betaine HCL with pepsin up to a warming dose. Pancreatic enzymes can be dosed with each meal to improve insufficiency. A comprehensive enzyme complex that includes amylase, papain, trypsin, and lipase helps promote healthy digestive function.

Regenerate. After the diet has been reset and the toxins removed, the damaged intestinal mucosa need help to regenerate and repair the intestinal wall. The amino acid glutamine is key to this process. Overall, glutamine protects muscle tissue and supports immune function during periods of immune and muscular stress. In the gut, it supports the integrity of intestinal mucosal cells and helps restore tight junctions. Other nutrients that may be helpful include omega-3 fatty acids (to improve bacterial diversity, downregulate TLR4, and attenuate the NF-kB pro-inflammatory signaling pathway). Other tools for regenerating the mucosa include curcumin, N-acetyl glucosamine (NAG), ginger, aloe vera, grass-fed collagen peptides, zinc carnosine, MSM, okra powder, glucosamine HCL, branched-chain amino acids, and pro-resolving mediators (PRM).

Re-inoculate. In gut dysbiosis, the bacterial balance is disrupted. Re-inoculating the gut with high-quality prebiotics and probiotics can help restore beneficial bacteria and crowd out harmful bacteria. Fiber is crucial to resetting the microbiome—it is the fertilizer that makes a healthy microbiome flourish.

Fructooligosaccharides (FOS), found in complex soluble fiber, act as prebiotics that nurture the growth of beneficial bacteria in the colon. The FOS inulin is particularly valuable for reaching the distal (left descending) portion of the colon. Supplements of FOS powder containing inulin ensure regular and controlled dosing.³

Probiotics should be chosen for the specific beneficial bacteria in the formulation. Included should be *Bifidobacterium lactis* (decreases LPS translocation), *Lactobacillus salivarius* (improves tight junctions), *L. acidophilus* and *B. lactis* (helps with IBS and bloating), *L. rhamnosus* (improves mood through vagus mediation), and *B. longum* (improves noninfectious chronic, low-grade gut inflammation and vagal integrity).

Reintroduce. When the symptoms of dysbiosis are reduced or gone, foods removed earlier in the process can be gradually reintroduced. Continue to avoid GPS and DNA and fried foods. Continue to avoid foods shown by testing to cause allergic responses.

Retain. Retaining the gains in gut integrity and overall physical and mental health is an ongoing process. Avoiding a poor diet, lack of movement, and stress takes commitment and knowledge. Help your patients by educating them and supporting them as they seek to gain and retain improved health. Going forward, gains can be retained with a daily multivitamin plus phytonutrients, vitamin D with vitamin K, omega-3 fatty acids, a quality probiotic, and green drinks. Follow GPS and DNA. Regular exercise is a must.

The gut-brain axis is complex and, in today's toxic world, easily damaged. A thorough understanding of how the brain and the gut are linked gives practitioners the ability to treat the damage with relative ease by guiding patients through the needed changes to diet and lifestyle. The reward? What every practitioner wants: A patient restored to vigorous physical and mental health.

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South Shore Long Island well established year practice seeks experienced DC. 28 office hours week. Mix of Cox, diversified, SOT blocking, and Pro Adjuster instrument. Owner desires to turn over practice in the very near future. Very competitive salary, bonus, 2 weeks vacation. Email drijg@aol.com, or fax resume to 516-431-7944.

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ASSOCIATE DOCTOR NEEDED IMMEDIATELY: Allied Health & Rehab is looking for a caring and patient centered Doctor to assist with patient care ASAP. We have two thriving practices in the Tallahassee, FL area. Salary \$50,000 to \$70,000 per year plus paid vacation, malpractice, health insurance and 401k. Email your resume to apply@villagehero.com

ASSOCIATE WANTED

Full time associate chiropractor needed to start in mid December 2019. Must have a valid NY chiropractic license in good standing, as well as chiropractic malpractice insurance, partnership growth is possible. NY Worker Compensation is preferred, but may be applied for later. New graduates are welcome. Must be able to adjust manually as well as willing to use activator. Compensation to be discussed upon interview. Please contact Dr. Marina via email at marinagada-borshev@gmail.com.

ASSOCIATE WANTED

Unique opportunity available for an associate at Munroe Chiropractic in Williamsville, New York. We are an established, high volume subluxation based practice in need of a passionate chiropractor to add to our team. We offer a benefit package that includes health and malpractice insurance, automatic patient base, weekly

salary and paid vacation. Visit us at www.munroechiropractic.com. If interested in position then please provide a cover letter with resume to ellen_munroe@aol.com.

ASSOCIATE WANTED

Fantastic Opportunity for new or established doctor to step in and take over an existing patient load at a female owned business in growing Clifton Park, NY. Established business since 2002. The town is affluent and has a sought after school system. People here love alternative forms of health care. We have a fantastic reputation as a practice and are keeping up with the rapidly changing world of health care and insurance. We can offer job security, professional guidance from seasoned doctors and a knowledgeable staff, as well as marketing materials, supplies, methods, etc. Everything you need to treat and expand your patient base in a safe, secure, and professional environment. We have manuals, ChiroTouch, and do everything on the "up and up." You can earn \$100K on a 35 hour work week at a moderate volume. We are a family practice, we do take all forms of insurance, and offer cash plans for maintenance patients. We offer some modalities, but keep the focus on the Subluxation! We do full spine Diversified adjusting, among other types. Start ASAP! Send me your resume and cover letter expressing interest, and I will get back to you within 24 hours guaranteed. Don't miss this opportunity! Contact 518-373-6545 or drsloane@select-carechiropractic.com

ASSOCIATE WANTED

Cohle Performance Chiropractic was formed to help active adults and athletes get back to their favorite activities without having to just rest it or slow down. We are in an exciting phase of growth and we are looking for a real "A Player" who loves to be held accountable for high standards of performance. More details available online in the NYSCA.com classifieds. To apply, email drcohle@cohlechiro.com with a resume and cover letter. Within the cover letter please tell us why you are the PERFECT candidate for the job OR if you are just looking for more information please include your questions within the cover letter.

OFFICE SPACE FOR RENT

Busy established Physical Therapy and Sports Medicine office with available

space for Share. Located Steps from Grand Central Terminal. 10x10 office for exclusive use available every day but Thursday. Great Opportunity for Physician seeking satellite office or Massage Therapist, Chiropractor or Acupuncturist. Includes: Treatment Room (100 square feet) and storage closet Shared waiting room, Full time doorman with 24/7 access, Wireless Internet, Housekeeping services, ADA bathroom and kitchen to share all scenarios considered. Contact ali@therapeuticpt.com

OFFICE SPACE FOR RENT

Unique opportunity for a Chiropractor looking to practice in high end midtown Manhattan Chiropractic office, located at 53rd Street and Madison Avenue. Office space is available for rent Monday to Thursday. Days and hours are negotiable for little or no rent. Contact rsafkoc@yahoo.com

OFFICE SPACE FOR RENT

Midtown East Office Midtown East office available to share. Great location near subway/57th street. Fully equipped with elevation tables, flexion distraction table, decompression table, estim/ultrasound. Also available is rehab exercise area with open mat space, medx neck machine, weights, bands, foam rollers, stability balls, trx trainer, medicine balls, etc. Corner office with windows in every room including the rehab area. Different arrangements possible: One treatment room available full time, two additional rooms available Tuesday/Thursday mornings (7am to 1pm). Also rehab/exercise room available Tuesday/Thursday mornings (shared other times). Front desk and reception area can be shared. All rooms available Saturdays/Sundays. Perfect for another chiropractor, physical therapist, massage therapist, personal trainer, acupuncturist. Rent depends on days/space taken. Includes electric/AC/heat, Poland Spring water cooler, office cleaning. Contact: dr.bochner@att.net 212-688-5770

ABOUT NYSCA CLASSIFIED ADS

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

Submit your classified ad today!

View all current classified ads



New York State Chiropractic Association

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



APPLICATION FOR MEMBERSHIP

Contact Information

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

Education Information

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

Personal Information

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

Membership Categories

Dues

Regular Membership	Full Year or EZPay*
<input type="checkbox"/> 1 st Year Licentiate – up to 2 years from date of licensure	\$120 or \$10/month
<input type="checkbox"/> 2 nd Year Licentiate – up to 3 years from date of licensure	\$240 or \$20/month
<input type="checkbox"/> 3 rd Year Licentiate – up to 4 years from date of licensure	\$360 or \$30/month
<input type="checkbox"/> 4 th Year Licentiate – up to 5 years from date of licensure	\$480 or \$40/month
<input type="checkbox"/> 5 th Year Licentiate – Greater than 5 years from date of licensure	\$600 or \$50/month
★ New Member Special ★	
One-time offer applicable to Regular Membership only when year is PAID IN FULL. Eligibility subject to verification. Subsequent year's dues payable at usual rate. Cannot be combined with other discounts	25% off
<input type="checkbox"/> Part-time, practicing 20 hours or fewer per week Discount applicable to Regular Membership only. A certification of working hours, signed by a NYSCA district officer, must be submitted to the administrative office; Cannot be combined with other discounts	50% off
Associate Membership – Include name of sponsoring NYSCA Member: _____	
<input type="checkbox"/> 1 st Year Licentiate – up to 2 years from date of licensure	\$60 or \$5/month
<input type="checkbox"/> 2 nd Year Licentiate – up to 3 years from date of licensure	\$120 or \$10/month
<input type="checkbox"/> 3 rd Year Licentiate – up to 4 years from date of licensure	\$180 or \$15/month
<input type="checkbox"/> 4 th Year Licentiate – up to 5 years from date of licensure	\$240 or \$20/month
<input type="checkbox"/> 5 th Year Licentiate – Greater than 5 years from date of licensure	\$300 or \$25/month
Affiliate Membership[†] – must be licensed to practice chiropractic in New York	
<input type="checkbox"/> a full-time staff member in residence at a chiropractic or other accredited university, college, school, or institution; or	\$60
<input type="checkbox"/> a full-time employee of any recognized governmental agency; or	
<input type="checkbox"/> a member of the Armed Forces of the United States on active duty; or	
<input type="checkbox"/> not in active chiropractic practice AND is employed full-time as supplier/vendor of chiropractic products and services, or other practice equipment, in service to members of the chiropractic professional field; or	
<input type="checkbox"/> practicing exclusively in a state or jurisdiction other than New York State	

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

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

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

Payment Information

Select One: Pay in full EZPay*

Payment Method



Card Holder:

Card #:

Expiration Date:

Security Code:

Billing Address:

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

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

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

Signature:

For Office Use Only Date Received:
District Assigned: