

ON THE AGENDA

NYSCA

September 2020

New York State Chiropractic Association



PRESIDENT'S REPORT

Jason Brown, D.C.

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Amorette Smith, DC [Region 4]
Mariangela Penna, DC
[ACA Affiliate Dir.]

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Executive Administrative Assistant -
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SAVE
the
DATE

Oct 17-18, 2020

New York State Chiropractic Association Fall Symposium

via webinar with New York Chiropractic College Postgrad Department
Earn up to 14 CE Credits from the comfort of your own home!
Up to 6 Cat1 credits; Save \$50 off "at the door" prices when you register by 10/07/2020.

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

Joseph Askinasi, DC D-1
Philip Bechard, DC D-15
Christina Bukaty, DC D-17
Robert DeNero, DC D-15
Stephen Handler, DC D-8
Jae Ho Shin, DC D-3
Matthew Smithers, DC D-12
Philip Striano, DC D-8

RETURNING MEMBERS

Luther Hargis, DC D-9
Archer Irby, DC D-2
Joan Jacobs, DC D-3
Denny Julewicz, DC D-5
Wendy Keiser, DC D-3
Jonathan Lesch, DC D-12

NEW LICENTIATES

Dina Al-Hashimi, DC OOS
Jonathan D'Angelo D-3
Heather Heim-Boedecker, DC D-17
Brett Poniros, DC D-8

NEW STUDENTS D'YOUVILLE

Mikhail Atkins
Sayed-Mohammad Banitabaei-Koupaei
Emma Berntheize
Trisha Brazier
Benjamin Brinda
Carla Ciraco
Eric Colon-Gonzalez
Hilary Denison
Giancarlo Frisina

NEW STUDENTS CONT.

Amanda Funicello
Benjamin Gadsby
Alessia Galante
Turner German
Neil Halvorsen
Garrett Hansen
Jessica Janese
Greg Lamb
Alexandra Learmonth
Peter McCarty
Attie McNamara
Megan Meyer
Samantha Michalski
Michael Morley
Shawn Noaman
Alexandra Owczarzak
Steven Packwood
Brian Palmer
Lucas Prosia
Taylor Sharman
Ciara Shorts
Angelica Turner
Harrison Wright

LOGAN

Kara Conroy
Shauna Murphy

NYCC

Neil Halvorshen
Ethan Harrod
Nathaniel Schilling

Palmer

Kerry Ann Wittich

SAVE
the
DATE

April 9-11, 2021

New York State Chiropractic Association Spring Convention

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



PRESIDENT'S REPORT Jason Brown, D.C.

As New York moves forward, all regions are now in Phase 4. Comparatively, New York has turned the corner and our trends are improving. After a tumultuous Spring, this has brought needed relief and stability to our communities.

I hope you are enjoying being back to practice and doing so while being able to provide a full breadth of services. The NYSCA, with herculean efforts from our lobbyist, Amy Kellogg, Esq., advocated for safe reopening of practices. We are pleased to see our members back to work and thank our allies in the profession and other conservative care professions who joined forces to make this a reality.

It has been very interesting to talk to members and hear what they've experienced and changed following this crisis. In general, what we are hearing from members is that they are thrilled to be back to serving their patients and communities. Members have expressed that the slow down has allowed them to look at their practices and make some adjustments to how they were doing things. Some realized that they were working too much or seeing too many patients; others just that office procedures needed updating.

NYSCA Members have reached out to express gratitude for the leadership and communication of the NYSCA during this difficult time. Some members have reached out with other issues, which we have begun working through. On behalf of the NYSCA leadership and staff, it is a pleasure to serve and to see NYSCA members back at practice serving their communities.

The challenges we are facing are not going to disappear overnight. As families and communities prepare for the return to school, whether in person, virtual or a hybrid model, new challenges lay ahead. For some, it will be balancing home schooling and work from home. For others, it will be the continued challenges of sub-par workstations at their home office. For all of us, it will be monitoring for spread as conditions and environments change. We will also have to remain vigilant and continue the high standards the profession has been practicing. Thank you for all you have been doing and all you will do.

The NYSCA has continued to reach out and remind practitioners to use protective equipment and the highest standards possible. We have worked with members on staffing and compliance issues, and it is clear most practices are adjusting and moving in the right direction.

Beyond the daily practice issues, it has come to our attention that recent and upcoming graduates will not be able to take **part IV of the National Board exam** due to COVID-19 restrictions in New York. We have worked with the colleges, NBCE, state agencies, and legislators to address this. Unfortunately, due to some limitations in the language of our current scope of practice, there is not a fix that can be done administratively or regulatory. The only fix is legislative, and while the necessary language to fix this problem exists in the Scope Modernization draft, that does not solve the issue at hand. We are in the process of finding a resolution to this problem as we speak, and we have a clear path to making practice possible for our future colleagues and will continue working on it.

Some Upcoming Items of Interest

The **NYSCA Fall symposium** has gone virtual. We had a great, family friendly venue planned with an indoor water park and 14 CE credits, however, the current environment will not make this possible. For those who need CE or an update on some key issues, please join us online. The symposium will be held Saturday, October 17 and Sunday, October 18. You may attend Saturday, Sunday, or both days. Registration is online at <https://www.nysca.com/2020-fall-symposium>.

The symposium on Sunday features a No-Fault update. This will be followed by a day of Workers' Compensation updates that will also serve as an on-ramp for those who are rejoining the system or trying to get their staff back up to speed.

A reminder that the same **fee schedule increases** that we achieved in Workers Compensation will be coming to No Fault on October 1, 2020. Keep an eye out for upcoming webinars, and Sunday at the virtual convention, for more details and information.

The NYSCA continues to work with insurance carriers to ensure proper payments for services rendered, including telehealth and in-office care. The insurance committee has noted that with less staff, or perhaps more free time, providers have uncovered some billing issues that previously went unnoticed. If you have seen this in your practice, please contact NYSCA's Insurance Committee.

In Case You Missed It

Just as COVID-19 began sweeping New York, we had released some good news. Efforts to highlight the positive role chiropractic care can have on the opioid epidemic had finally been heard and acted upon.

The New York State budget included language to conduct a regional study on conservative care and its impact on the opioid crisis. This was similar to the language in our 'opioid bill' that we advocated for during testimony last November.

Continued on page 26



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NYSOA 11160

NYSCA Joins the Fight In Nationwide Effort

By NYSCA Officers

Recently, the IRS released their opinions that funds received through the Provider Relief Fund General Distributions (all \$50 billion) would be taxable to for-profit entities (see announcement below). As a result, the NYSCA along with the Illinois Chiropractic Society formed a coalition of 36 other state and national associations representing 32 states and sent a letter to congressional leadership including: Speaker Nancy Pelosi, Leader Kevin McCarthy, Chairman Richard Neal. Representative Kevin Brady, Leader Mitch McConnell, Leader Charles Schumer, Chairman Charles Grassley, and Senator Ron Wyden. In that letter, we asked Congress to make the funds non-taxable and to also keep the expenses related to those funds tax deductible.

In addition, although the statute required reporting for entities receiving more than \$150,000, HHS announced the reporting will now be required for those receiving funds as low as \$10,000. That means that beginning in October, if you received \$10,000 or more of funds from the Provider Relief Funds (i.e. HHS moneys), then you will have reporting requirements. Here is more information.

| | | | |
|--|--|---|---|
| July 28, 2020 | Washington, D.C. 20515 The Honorable Richard Neal Chairman, Committee on Ways & Means U.S. House of Representatives Washington, D.C. 20515 | The Honorable Mitch McConnell Majority Leader U.S. Senate Washington, D.C. 20510 | The Honorable Charles Grassley Chairman, Committee on Finance U.S. Senate Washington, D.C. 20510 |
| The Honorable Nancy Pelosi Speaker U.S. House of Representatives Washington, D.C. 20515 | The Honorable Kevin Brady Ranking Member, Committee on Ways & Means U. S. House of Representatives Washington, D.C. 20515 | The Honorable Charles Schumer Minority Leader U.S. Senate Washington, D.C. 20510 | The Honorable Ron Wyden Ranking Member, Committee on Finance U.S. Senate Washington, D.C. 20510 |
| The Honorable Kevin McCarthy Minority Leader U.S. House of Representatives | | | |

Dear Majority Leader McConnell, Speaker Pelosi, Minority Leader Schumer, Minority Leader McCarthy, Chairman Neal, Chairman Grassley, Ranking Member Brady, and Ranking Member Wyden:

The undersigned organizations are state and national chiropractic trade associations representing chiropractic physicians and chiropractors in various states across the nation. As health care providers, many of our members qualified for and received funds through the Public Health and Social Services Emergency Fund (PHSSEF or Provider Relief Fund) intended as financial relief for expenses or lost revenue that occurred as a result of the COVID-19 pandemic. We join in urging Congress to take action to correct the IRS' recently published interpretation that payments from the fund are includable in gross income and that our members must, therefore, pay tax on the payments.

We understand that tax-exempt health care providers, which include some large hospitals and clinics, are not subject to taxation of their PHSSEF funds. Most of our members are either owners or employees of essential small businesses that have remained open under demanding conditions to serve the needs of their patients. These practices serve a particularly important role in the safe treatment of chronic pain during a pandemic when many patients fear going to a hospital, and as a conservative option for patients at risk of Opioid Use Disorder (OUD) during the ongoing opioid crisis. As have other health care providers during this crisis, many of our members' offices have suffered significant financial hardship due to stay-in-place orders, elective health care service restrictions, and other pandemic consequences.

We do not believe Congress intended for these essential small health care businesses to be required to repay a percentage of these funds in federal income taxes, particularly when large, nonprofit hospitals and clinics are exempt. We understand that Congress is currently addressing the issue of taxation of expenses attributable to the Payment Protection Program forgiveness.

We respectfully ask that Congress take similar action regarding PHSSEF relief payments by: 1) clarifying that PHSSEF funds are exempt from federal taxation; and 2) maintaining the tax deductibility of any expenses attributable to the PHSSEF funds. Both of these provisions are necessary to ensure that all qualified health care providers receive the full amount of help that Congress intended.

Sincerely,

Alaska Chiropractic Society
Arkansas Chiropractic Physicians Association
California Chiropractic Association
Carolina Chiropractors
Colorado Chiropractic Association
Congress of Chiropractic State Associations
Connecticut Chiropractic Association
Connecticut Chiropractic Council
Florida Chiropractic Association
Georgia Chiropractic Association
Hawaii State Chiropractic Association
Idaho Association of Chiropractic Physicians

Illinois Chiropractic Society
Indiana State Chiropractic Association
International Chiropractors Association of Indiana
Iowa Chiropractic Society
Kansas Chiropractic Association
Kentucky Association of Chiropractors
Maine Chiropractic Association
Maryland Chiropractic Association
Michigan Association of Chiropractors
Minnesota Chiropractic Association
Nebraska Chiropractic Physicians Association
New York Chiropractic Council
New York State Chiropractic Association

North Carolina Chiropractic Association
North Dakota Chiropractic Association
Ohio State Chiropractic Association
Pennsylvania Chiropractic Association
South Dakota Chiropractors Association
Tennessee Chiropractic Association
Texas Chiropractic Association
Unified Virginia Chiropractic Association
Utah Chiropractic Physicians Association
Vermont Chiropractic Association
Washington State Chiropractic Association
Wisconsin Chiropractic Association



NYSCA Conventions

Continuing Education Opportunities of the Highest Caliber

Save the Date for the New York State Chiropractic Association

2020 Fall Symposium via webinar October 17-18, 2020

It is our pleasure to announce and formally invite you to participate in the NYSCA 2020 Fall Symposium, to be held in a live webinar format. The program will be held over 2 days (October 17-18, 2020) and will offer up to 14 continuing education credits, including up to 6 category 1 credits. The Saturday portion will be from 10am-6pm and will offer 8 credits, and the Sunday portion will be from 10am-4pm and will offer 6 credits. Attendees may register for Saturday only, Sunday only, or for the whole weekend.

Earn up to 14 CE Credits from the comfort of you own home!

Up to 6 Cat1 credits; Save \$50 off "at the door" prices when you register by 10/07/2020

[Register Online](#)

[Visit the Virtual Expo](#)



[Click here](#) to download a copy of the agenda, containing descriptions of the courses outlined below.

Saturday, October 17, 2020

- 10am-12pm— Integrating A Wellness Consultation into Practice (Thomas Ventimiglia DC—Sponsored by NCMIC *†2CE)
- 12pm-4pm— Evidence-Informed Assessment and Management of Musculoskeletal Disorders (Bryan Bond, DC, MS, Ph.D. —Sponsored by NCMIC *†4CE)
- 4pm-6pm— The Gut-Brain Axis in Health and Disease (Robert G. Silverman, DC, DACBN, DCBCN —Sponsored by Nutri-Dyn *2CE)

Sunday, October 18, 2020

- 10am-11am— Documentation and Coding for No-Fault as of October 1st (George Rulli DC *¶1CE|1Cat1)
- 11am-4pm— Documentation Drives Decision Making: Get Current with the NYS Workers' Comp Requirements (Jason Brown DC, Robert Martin DC, Joseph Merckling DC, & George Rulli DC *¶5CE|5Cat1)

*CE Pending in select states. †Course applies towards requirements for NCMIC's Risk Management Discount. Full-Time DCs can earn a 5% discount on 3 years of malpractice insurance by completing 8 hours of continuing education (CE) seminars. (2.5% discount for part-time DCs.) ¶ CE Credit for select courses available for NY licensees only. Please review the event FAQs on the NYSCA Symposium page:

The NYCC Postgraduate Department 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. You are encouraged, therefore, to contact the NYCC Postgraduate Department to confirm program details before attending sessions. NYCC is not responsible for expenses and/or consequential damages suffered by registrants of altered programs.

License Renewal: Appropriate applications relating to credit hours for license renewal in selected states have been executed for this program. For information regarding these applications, please contact the NYCC Postgraduate Department at 1-800-434-3955, ext. 3551. We are committed to providing you with the highest quality continuing education opportunities, not only allowing you to meet your licensing requirements, but also to better yourself both professionally and personally.

Get 'Active and Adaptive' During NCHM 2020, Support H.R. 3654



CONGRESS AND H.R. 3654: MODERNIZING AMERICA'S MEDICAL INFRASTRUCTURE

National Chiropractic Health Month

Many people are still practicing lifestyle changes to reduce their potential exposure to the novel coronavirus, including avoiding crowded public spaces, by working from home, forgoing air travel for car trips, avoiding gyms and exercise classes, and more. As a result, people are moving less, feeling less fit and, in some cases, experiencing pain. This October during National Chiropractic Health Month (NCHM) 2020, the American Chiropractic Association (ACA) and chiropractors nationwide will focus on helping people become more "Active and Adaptive" by highlighting tips and strategies to help the public adapt to their new lifestyles in healthy ways.

NCHM is a nationwide observance held each October, helping to raise public awareness of the benefits of chiropractic care and its natural, whole-person, patient-centered and drug-free approach to health and wellness. NCHM strives to educate consumers about the benefits of chiropractic services and to help them reach optimal levels of health and wellness. This year, chiropractors will do so by encouraging the public to adjust to the challenges of staying fit and pain free within a smaller lifestyle footprint by becoming more mindful of movement and posture.

The NCHM 2020 toolkit, including patient handouts, sample social media posts and graphics, a sample proclamation and instructions, a sample press release and more will be available at acatoday.org/NCHM. The home of NCHM for patients and the public will be ACA's consumer site, HandsDownBetter.org.

The Chiropractic Medicare Coverage Modernization Act (H.R. 3654)

ACA continues to build support for the Chiropractic Medicare Coverage Modernization Act, or H.R. 3654. H.R. 3654 would allow beneficiaries to access all Medicare-covered benefits allowable under a chiropractor's state licensure – including manual manipulation of the spine and extremities, evaluation and management services, diagnostic imaging and utilization of other non-drug approaches – which have been an important strategy in national efforts to stem the epidemic of prescription opioid overuse and abuse.

Currently, manual manipulation of the spine is the only Medicare-covered service performed by a doctor of chiropractic. This ACA-championed, bipartisan legislation would not add any new services under Medicare, but would simply allow patients to choose a chiropractor when they wish to do so.

H.R. 3654 currently has more than 80 cosponsors in the U.S. House of Representatives. Visit HR3654.org to contact your Members of Congress and learn how you and your patients can help get this important legislation passed and signed into law.



Looking back... to help us go forward



By Dr. Peter G. Gorman

I was thinking the other day of when I graduated from NYCC, April 1980. So excited to be a Doctor of Chiropractic, ready to tackle healthcare and solve problems that could never be solved before. I believed it back then as I believe it now. The well trained Doctor of Chiropractic is the best suited and most prepared healthcare physician in the world.

The well trained chiropractor can do what nobody else can do, and when limited has the expertise to make the precise referral. I was very fortunate at school. I met Dr. Jack Beige who taught us how to deliver the infamous chiropractic adjustment. That ability to help others the way no one else could was now in my repertoire. Thank you Captain Jack, for giving me a lifetime of ability that has helped many over the last 40 years.

While in school I also I met Donald Guts-stein, D.C., clinic director and mentor with an attitude. The attitude was "Come on guys, we know all that they do plus we can give an adjustment." Thank you Dr. G, for

giving us the confidence to go one on one at the New York Medical College debate. If I must say so, we did a pretty good job while we were there. Also, thank you for showing me what I needed to do to finally be able to throw a bottle of Dom Perignon into a pot of sauerkraut for the best kielbasa dinner you ever had.

At school I met fellow student, the incomparable Frank Cartica. Never have I met a more prepared student/intern/doctor in any profession. His life was cut short but the impression and legend he left will always live in my heart. I'll always remember the day we were in clinic and Frank put a towel over a honeydew melon that we had bought. When Dr. Langilotti entered the room, Frank yelled out "Quiet, we are about to open the outer cranium!" I thought Langilotti was going to faint until he found out it was Cartica's way of slicing a melon. If anyone amongst us could open an outer cranium, it would have been Frank Cartica; the best damn clinician I ever saw.

While in practice I have had the opportunity to meet and make friends with Dr. Russ Ebbets, the finest Chiropractic Sports Physician in the country. If you can ever catch Russ not walking on the Appalachian trail, you should sit with him for a few minutes; it would be good to learn the biomotor skills and the phases of stress-adaptation theory from both Selye and Yakovlev. While with Russ, talk performance and don't let anyone ever convince you differently than what Russ has to say.

While in practice I met Hank Kamin M.D. whose dedication to his patients, over the last 50 years, has not only shown me what you have to do to be called "Doctor" but to actually be a Doctor. An elder man with a sheer genius to diagnose, coming out in the middle of the night during a snowstorm with his black medical bag and making his way to your house is not science fiction; it's Dr. K's way of doing it.

Six years ago, I met and presently work with Mike Merzenich, Ph.D., Kavli Prize

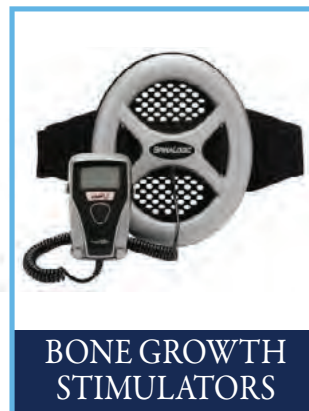
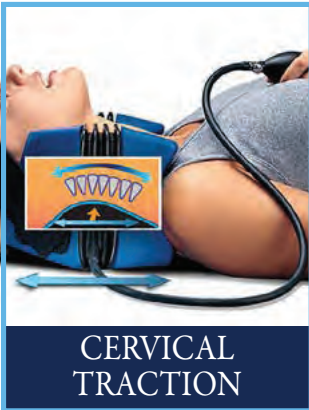
Continued on page 15

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NYCC PLANS SAFE SUMMER, FALL RETURN TO CAMPUS



New York Chiropractic College (NYCC) has invited Doctor of Chiropractic students to return to campus this summer for a phased re-opening of College facilities, and has also announced an adjusted schedule in preparation for an in-person Fall 2020 term.

New York State is now permitting medical colleges to once again offer in-person coursework. This provides NYCC the opportunity to resume the intensive hands-on instruction its Doctor of Chiropractic program requires. As such, the College will welcome Chiropractic students to return to campus in phases, beginning at the end of June.

The College has also adjusted its academic calendars to proactively plan for many experts' projection of a probable "second wave" of COVID-19 cases later in the year. Returning students will begin the Fall trimester early, starting in August, with new incoming students joining them in September. This will allow face-to-face instruction to be completed and transition to remote learning by mid-to-late fall.

As well, holding the health and safety of the entire College community as the highest of priorities, NYCC has worked closely with public health experts and

professionals across the College to create the NYCC Campus Safety Reopening Plan.

Actions the College is taking as part of this blueprint to guide a safe return campus include:

- increasing cleaning of high-traffic areas and high-touch surfaces,
- expanding learning times and spaces, such as using large open spaces as new, physically-distanced technique labs,
- implementing physical distancing and the wearing of face coverings in learning spaces, offices, and common areas,
- limiting non-essential gatherings and meetings, and
- instituting screening and health checks for all those who enter campus

As the College's reopening plan has been taking shape, President Dr. Michael Mestan has been updating the College community via email and through virtual town hall meetings. In his most recent communication, Dr. Mestan called on every member of the College to work together for the successful return to campus. He also stated that the plan will continue to evolve as the understanding of the pandemic also evolves.

Chiropractic Care In New York Workers' Compensation Claims Alex C. Dell, Esq.

As part of its comprehensive reform of the Workers' Compensation Law (WCL) in 2007, the legislature amended the WCL in a number of significant ways. One of them was through the implementation of the Medical Treatment Guidelines (MTGs or Guidelines), which took effect in December 2010 and will be a decade old later this year. While the validity of the MTGs was initially challenged, the Court of Appeals held in *Matter of Kigin v. State of N.Y. Worker's Compensation Bd.*, 24 NY3d 459 (2014) that the MTGs were properly and lawfully implemented by the Workers' Compensation Board (WCB), meaning that while the MTGs may periodically be supplemented and amended, they are here to stay.

Chiropractors in New York who treat Workers' Compensation patients need to be particularly familiar with the Mid and Low Back Injury Medical Treatment Guidelines (Third Edition, September 15, 2014) and Neck Injury Medical Treatment Guidelines (Third Edition, September 15, 2014).

The guiding principle of the MTGs is that treatment that is within the Guidelines does not require a variance (i.e., advance permission to treat), whereas treatment that is not within the Guidelines requires the treating provider to submit a variance prior to commencement of the treatment. A provider treating outside of the Guidelines without first seeking a variance runs the risk that the Board will deem the bills for treatment not payable by the carrier.

For patients with back or neck injuries, manipulation is recommended by the MTGs for acute pain when tied to objective measures of improvement. The Guidelines indicate that the time to pg 10 R col pp 4 line 4 - produce initial effect for all types of manipulative treatment is one (1) to six (6) treatments. Treatment may continue up to three (3) times per week for the first four (4) weeks as indicated by the severity and desired effect, followed by up to two (2) treatments per week for the next

Continued on page 24



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.

| Sept'20 | | | | Oct'20 | | | |
|--|--------------|----------------|---|---|--------------|----------------|--|
| <i>The NYCC Alumni Weekend will be held virtually, September 18-20, 2020</i> | | | | <i>The NYSCA Fall Symposium will be held October 17-18 via webinar!</i> | | | |
| Weds | 9/2 | 1pm | NYSCA Webinar | Thurs | 10/8 | 7pm | D15 Rochester Meeting |
| Mon | 9/7 | All Day | Labor Day—Admin Office Closed | Mon | 10/12 | 7pm | D16 Southern Tier Meeting |
| Tues | 9/8 | 12:30pm | D14 Rockland Meeting | Tues | 10/13 | 12:30pm | D14 Rockland Meeting |
| Tues | 9/8 | 8pm | D3 Queens Meeting | Tues | 10/13 | 8pm | D3 Queens Meeting |
| Weds | 9/9 | 7pm | D17 Buffalo Meeting | Weds | 10/14 | 7pm | D17 Buffalo Meeting |
| Weds | 9/9 | 8pm | D2/5 Brooklyn/Staten Island Meeting | Weds | 10/14 | 8pm | D2/5 Brooklyn/Staten Island Meeting |
| Thurs | 9/10 | 7pm | D15 Rochester Meeting | Sat | 10/17 | 10am | NYSCA 2020 Fall Symposium |
| Mon | 9/14 | 7pm | D16 Southern Tier Meeting | Sun | 10/18 | 10am | NYSCA 2020 Fall Symposium |
| Tues | 9/15 | 8pm | D6 Nassau Meeting | Tues | 10/20 | 8pm | D6 Nassau Meeting |
| Tues | 9/15 | 7:30pm | D9 Hudson Valley Meeting | Tues | 10/20 | 7:30pm | D9 Hudson Valley Meeting |
| Weds | 9/16 | 7pm | D12 Syracuse Meeting | Weds | 10/21 | All Day | World Spine Day |
| Weds | 9/16 | 8:30pm | D7 Suffolk Meeting | Weds | 10/21 | 7pm | D12 Syracuse Meeting |
| Fri | 9/18 | All Day | CHIROPRACTIC FOUNDER'S DAY | Weds | 10/21 | 8:30pm | D7 Suffolk Meeting |
| Fri | 9/18 | All Day | NYCC Alumni Weekend | | | | |
| Sat | 9/19 | All Day | NYCC Alumni Weekend | | | | |
| Sun | 9/20 | All Day | NYCC Alumni Weekend | | | | |
| Nov'20 | | | | Dec'20 | | | |
| Weds | 11/4 | 1pm | NYSCA Webinar | Tues | 12/8 | 12:30pm | D14 Rockland Meeting |
| Mon | 11/9 | 7pm | D16 Southern Tier Meeting | Tues | 12/8 | 8pm | D3 Queens Meeting |
| Tues | 11/10 | 12:30pm | D14 Rockland Meeting | Weds | 12/9 | 7pm | D17 Buffalo Meeting |
| Tues | 11/10 | 8pm | D3 Queens Meeting | Weds | 12/9 | 8pm | D2/5 Brooklyn/Staten Island Meeting |
| Weds | 11/11 | 7pm | D17 Buffalo Meeting | Thurs | 12/10 | 7pm | D15 Rochester Meeting |
| Weds | 11/11 | 8pm | D2/5 Brooklyn/Staten Island Meeting | Mon | 12/14 | 7pm | D16 Southern Tier Meeting |
| Thurs | 11/12 | 7pm | D15 Rochester Meeting | Tues | 12/15 | 8pm | D6 Nassau Meeting |
| Tues | 11/17 | 8pm | D6 Nassau Meeting | Tues | 12/15 | 7:30pm | D9 Hudson Valley Meeting |
| Tues | 11/17 | 7:30pm | D9 Hudson Valley Meeting | Weds | 12/16 | 7pm | D12 Syracuse Meeting |
| Weds | 11/18 | 7pm | D12 Syracuse Meeting | Weds | 12/16 | 8:30pm | D7 Suffolk Meeting |
| Weds | 11/18 | 8:30pm | D7 Suffolk Meeting | Weds | 12/16 | 1pm | NYSCA Webinar |
| Thurs | 11/26 | All Day | Thanksgiving—Admin Office Closed | Tues | 12/24 | All Day | Christmas Eve—Admin Office Closed |
| Friday | 11/27 | All Day | Black Friday—Admin Office Closed | Weds | 12/25 | All Day | Christmas Day—Admin Office Closed |

Is Your Data Protected?



In our digital age, new opportunities also bring new threats. One of our vendors shared this with us -Editor

Have you encrypted your laptops? No? You should probably start thinking about getting those devices encrypted. Lifespan ACE had to pay over 1 million dollars to settle an encrypted laptop breach (hhs.gov). An employee's laptop that contained ePHI was stolen from their car. The information on that laptop included patient names, medical record numbers, demographic information and medication information on over 20,000 patients. For the full report at the HHS website see the link below

The University of Rochester Medical Center paid over \$3 million for a similar breach. They lost an un-encrypted flash drive and had an un-encrypted laptop stolen. In both cases, OCR investigations revealed failure to "utilize device and media controls" and failure to encrypt devices despite having indicated lack of encryption to pose a risk. For more details on this breach on fine see the link below

The OCR Director has said "Because theft and loss are constant threats, failing to encrypt mobile devices needlessly puts patient health information at risk. When covered entities are warned of their deficiencies, but fail to fix the problem, they will be held fully responsible for their neglect."

What does this mean for your office?

Recognize that your mobile devices (laptops, cellphones, flash drives and other mobile devices) are easily lost, misplaced, or stolen. Any of these events can be considered a HIPAA incident. We need to:

1. Track these devices.

All devices you use to access or store ePHI must be listed in your HIPAA Risk Analysis. Your office should know who is responsible for the device.

2. Encrypt these devices

If your devices are encrypted, the information stored in their drives is protected and it is not a HIPAA breach. Both Lifespan and U of R Medical Center had identified that they should be encrypting their drives and their lack of encryption led to a HIPAA breach and large settlement. The Director of the OCR puts the onus on your office to encrypt these drives.

I hear some of you thinking, "I don't have patient information on my laptop. I just use it to access my cloud software." Here's the Catch-42, if you don't have your laptop, how can you prove that you do not have ePHI on the device. A patient's name is considered identifiable patient information. Without the device in hand, it is impossible to prove that you don't have a single patient's name hidden in an old word document.

3. Again. Encrypt the drives.

Is your HIPAA Security Risk Analysis up to date? Have you recently changed how you backup your data, updates computers or added new backup devices? These changes MUST be reflected in your Risk Analysis and Risk Mitigation Plan. We regularly reach out to our clients to make sure you are up to date. If you have not spoken to us in the past few months please call and let us help you avoid the types of fines that Lifespan and the University of Rochester received. Call us at 631 403 6687 today.

<https://www.hhs.gov/about/news/2020/07/27/lifespan-pays-1040000-ocr-settle-unencrypted-stolen-laptop-breach.html?language=es>
<https://www.hhs.gov/about/news/2019/11/05/failure-to-encrypt-mobile-devices-leads-to-3-million-dollar-hipaa-settlement.html>

COVID-19 and the Wonderful World of Federal Student Loans

By Anthony “Tony” Ferra

In these trying and uncertain times of 2020, COVID-19, election year and things we never thought would be seen in our lifetime; adapting to a new flow is key. Especially when it comes to the largest debt many of us have, Federal Student Loans.

In March of this year with the pandemic, the CARES Act was introduced by Congress to assist with all facets of life. One major part of this was placing an Automatic Administrative Forbearance on all Direct Loans for borrowers that have Federal Student Loan Debt. This is the current \$0 payment and 0% interest through September 30th, 2020 and all payments that would have been made during this time, count towards overall loan forgiveness with Income Driven Repayment Plans. However, if you are part of the 27% of borrowers that have Federal Family Edu-

cation Loans (FFEL), you didn't receive this benefit.

With all changes made to Student Loan Reform in the recent years, anything beneficial only applies to the new loan type, Direct Loans. This includes the new programs that came out in 2008 and 2014, which you would only be eligible with Direct Loans, not FFEL. There are many benefits to borrowers to consolidate your loans to Direct Loans with the Department of Education and Federal Loan Servicers which can save you thousands overall.

This brings up the next topic, Loan Servicers, to which big changes are coming. Currently, there are 12 different banks contracted through the Department of Education that oversee servicing the 49 Million borrowers with Federal Student Loan Debt. In June 2020, Secretary of Educa-

tion; Betsy DeVos, assigned new contracts to only 5 banks, 3 of which are brand new to the program, for better oversight, transparency and management of the \$1.71 TRILLION in debt that we currently have. This means that by December 2021 most borrowers will have a new company managing their repayment programs.

Due to existing complexities, all the recent changes, and in regards to the current crisis, not to mention the significant financial implications, I would highly recommend using a 3rd party professional organization, like my company Student-LoanTutor.com, to know your options and help with the Income Driven Repayment (IDR) certifications. You do not want to be at the mercy of often improperly trained and overworked employees that may not even have your best interests in mind as they work for the bank!

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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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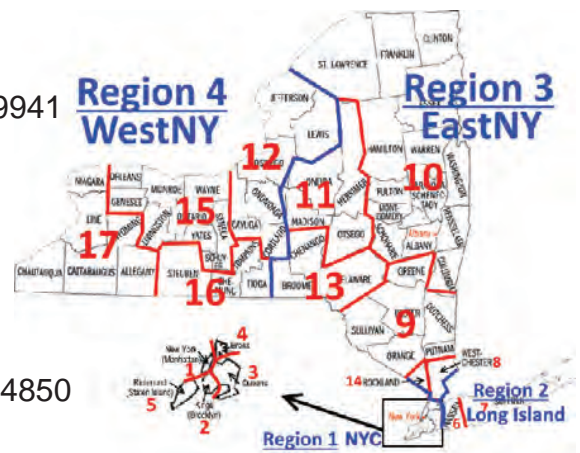
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Harlan Health Products PPE Experience

by Harlan Pyes, President, Harlan Health Products, Inc.

It was early March when Covid -19 had just reared its ugly head in New York and New Jersey, as well as so many areas around our country. It was a time of scary unknowns. How serious will it be? How will people avoid this virus? How will those infected physically react? What will the outcomes of care be? So many questions, so few answers.

Personally, I ordered 4 boxes of face masks online (which I finally received after almost 6 weeks!). I wanted to have masks so we would be able to continue to go on the road and serve our clients. Then the shutdown, for all except essential workers. Many of our clients remained open to see emergent cases only. Practices that were used to treating 40, 50, and 60 patients per day were now treating 4 or 5 patients. They needed to conduct what was left of their practices safely, and with newly required protocols to prevent the spread of Covid-19. The only thing that was apparent was that things would be very different for at least the near future. How long that was going to be was a mystery, and remains a mystery even today.

We knew we had to get involved with supplying PPE to our customers in an effort to help them get back to practicing as quickly and safely as possible. After all, as Chiropractic practices came to a screeching halt, so did the business of Harlan Health Products. We decided we would start supplying products that we never really dealt with very much. It was a new and strange experience for us, but we had to make an effort to help our customers get back to practice safely. It wasn't by design, but our strong sense of obligation to the community we had grown with over the years that helped us charge forward into the world of PPE.

We worked diligently to acquire the products that were needed. Frankly, we didn't even know what was needed at the beginning of this crisis, but we learned quickly. We also learned a lot about the issue of the medical supply chain in U.S. and its worrisome shortcomings. Supply availability was on a day-to-day basis, certainly not the way one would like to conduct business.

We acquired masks, hand sanitizers, disinfectant cleaners, face shields, non-contact thermometers, pulse oximeters, and more. We even added a PPE section to our website, www.HarlanHealth.com. Our first emailed notification to our customers was sent out at 9 a.m. on a Friday morning. By 11a.m., we received over 60 orders for PPE. It was just crazy, but the "thank you" we received for making these products available made the effort all worthwhile.

Harlan Health Products, Inc. was founded on the principle that we have "all the products you need, and the personal service you deserve." This will always be at our core, whether to assist you with your equipment, supplies, or even help you practice more safely, as we navigate this current pandemic.

Note: Harlan Health Products has been a dedicated supporter of the NYSCA Harlan Pyes can be contacted at 1-800-345-1124, email Harlan@HarlanHealth.com, or visit www.HarlanHealth.com.

LOOKING BACK...CONTINUED FROM PAGE 8

recipient (the Nobel Prize in neuroscience). Thank you Uncle Mike for showing me that the body is plastic and the brain is neuroplastic. With proper training, the impossibilities of today can be the great successes of tomorrow. There's no greater feeling than to be a part of the "miracle" of a person walking again who was told they would never do so. The cognitive platform Dr. Merzenich has created, BrainHQ.com, is the number one cognitive training platform in the world and should be understood and respected by all.

About six or seven years ago, while at a NYSCA Convention, my neck was bothering me so much that I said to Jack Beige, "I have to do something about this". I asked Jack if there was any way of meeting that elder man who sits in the front row. That elder man was Seymour Goldstein; with over 50 years in practice, a resume that never stopped and a gift in his hands that's impossible to replicate. Dr. Beige went over to Dr. Goldstein and the next thing you know, we were headed towards a couch to lie down. Dr. Goldstein said "What's going on young man?" and I said "I have five herniations in my cervical spine with bizarre pain acting up causing numbness in my left hand". "Okay..." was his response, "lay down". I lay on my back and was touched by the softest hands I ever felt in my life. I always thought Tony Oliva, American League batting champion, had the softest hands, but these hands were different. Dr. Goldstein's hands were not only soft but you could feel the confidence when he placed them on your neck. You could feel the comfort, and you could relax knowing that a man of amazing ability was touching your spine. In the moment Dr. Goldstein adjusted my neck, and I was in a startled phase. I knew something happened; I just couldn't comprehend all of it in those first few moments. In that second mo-

Continued on page 21



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Advance Beneficiary Notice of Noncoverage Update

An Advance Beneficiary Notice of Noncoverage (ABN) is a written notice that a DC must give to a Medicare patient before CMT services are provided when the doctor believes that the services will likely be denied by Medicare.

ABN Changes Mandatory use of updated form on 8/31/2020 (* see editor's note below): The ABN is a formal information collection subject to approval by the Executive Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (PRA). As part of this process, the notice is subject to public comment and re-approval every 3 years. With the latest PRA submission, a change has been made to the ABN. In accordance with Title 18 of the Social Security Act, guidelines for Dual Eligible beneficiaries have been added to the ABN form instructions. Completing the Notice ABNs may be downloaded from the CMS website at: <http://www.cms.gov/Medicare/Medicare-General-Information/BNI/ABN.html> . Instructions for comp

Key Points

- When notifying the beneficiary, you must use the ABN developed by CMS (CMS-R-131), version 6/2023 this new form will be mandatory on 8/31/2020*
- Blanket ABNs are not permissible
- The ABN is date-of-service specific, meaning that you can't just have one signed every once in a while and be on target—you have to have a reasonable expectation that that particular visit is not payable. Once an ABN has been signed for the purpose of indicating maintenance therapy, that ABN is valid for that series of maintenance treatment, until there is an exacerbation or any provision of active care, for up to one year. Once there is an exacerbation or new active treatment, any maintenance care following would require a newly delivered ABN.
- The proper delivery of an ABN is very formalized and detail-specific.
- Changes for the new ABN for those patients who are dual eligible Medicare/Medicaid:

* Special guidance for people who are dually enrolled in both Medicare and Medicaid, also known as dually eligible individuals (has a Qualified Medicare Beneficiary (QMB) Program and/or Medicaid coverage) ONLY:

Dually Eligible beneficiaries must be instructed to check Option Box 1 on the ABN in order for a claim to be submitted for Medicare adjudication. Strike through Option Box 1 as provided below:

☐ OPTION 1. I want the (D) listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but I can appeal to Medicare by following the directions on the MSN.

These edits are required because the provider cannot bill the dual eligible beneficiary when the ABN is furnished. Providers must refrain from billing the beneficiary pending adjudication by both Medicare and Medicaid in light of federal law affecting coverage and billing of dual eligible beneficiaries. If Medicare denies a claim where an ABN was needed in order to transfer financial liability to the beneficiary, the claim may be crossed over to Medicaid or submitted by

the provider for adjudication based on State Medicaid coverage and payment policy. Medicaid will issue a Remittance Advice based on this determination.

Once the claim is adjudicated by both Medicare and Medicaid, providers may only charge the patient in the following circumstances:

- If the beneficiary has QMB coverage without full Medicaid coverage, the ABN could allow the provider to shift financial liability to the beneficiary per Medicare policy.
- If the beneficiary has full Medicaid coverage and Medicaid denies the claim (or will not pay because the provider does not participate in Medicaid), the ABN could allow the provider to shift financial liability to the beneficiary per Medicare policy, subject to any state laws that limit beneficiary liability.

Note: These instructions should only be used when the ABN is used to transfer potential financial liability to the beneficiary and not in voluntary instances. More information on dual eligible beneficiaries may be found at: https://www.cms.gov/Outreach-and-Education/Medicare-Learning-NetworkMLN/MLNProducts/downloads/Medicare_Beneficiaries_Dual_Eligibles_At_a_Glance.pdf

*Special guidance for non-participating suppliers and providers (those who don't accept Medicare assignment)

ONLY: Strike the last sentence in the Option 1 paragraph with a single line so that it appears like this: If Medicare does pay, you will refund any payments I made to you, less copays or deductibles. This single line strike can be included on ABNs printed specifically for issuance when unassigned items and services are furnished. Alternatively, the line can be hand-penned on an already printed ABN. The sentence must be stricken and can't be entirely concealed or deleted. There is no CMS requirement for suppliers or the beneficiary to place initials next to the stricken sentence or date the annotations when the notifier makes the changes to the ABN before issuing the notice to the beneficiary.

When this sentence is stricken, the supplier should include the following CMS approved unassigned claim statement in the (H) Additional Information section: "This supplier doesn't accept payment from Medicare for the item(s) listed in the table above. If I checked Option 1 above, I am responsible for paying the supplier's charge for the item(s) directly to the supplier. If Medicare does pay, Medicare will pay me the Medicare-approved amount for the item(s), and this payment to me may be less than the supplier's charge."

This statement can be included on ABNs printed for unassigned items and services, or it can be handwritten in a legible 10 point or larger font.

An ABN with the Option 1 sentence stricken must contain the CMS-approved unassigned claim statement as written above to be considered valid notice. Similarly, when the unassigned claim statement is included in the "Additional Information" section, the last sentence in Option 1 should be stricken.

*The NYSCA has been notified that mandatory implementation of the new ABN form has been delayed until January 1st, 2021



Achilles Tendon and Calf Injuries One in the Same

By Dr. Adam Rodnick

One of the biggest recent sports stories involved Kevin Durant of the Golden State Warriors. In Game 5 of the NBA Championships in Toronto, Canada, Kevin went down with an Achilles tendon injury.¹ The interesting situation here is that Durant had also been nursing a calf injury for the previous few weeks that actually kept him out of the first four (4) games of the NBA Championship. It was hard watching him fall to the ground clutching his right Achilles and calf area with his hands. He limped off the court assisted.

As people looked for answers to what had happened, Bob Meyers, the President of the Warriors spoke at a press conference after the game. He stated “The initial injury was a calf injury. This is not a calf injury.” Myers said, “I’m not a doctor, I don’t know how those are related or not, but it’s a different injury.”²

This is an opportunity to discuss the general public’s lack of knowledge of the lower extremity anatomy, biomechanics, movement patterns and how they are all related. One of the most frustrating things for me in active practice, is how little education our patients are given about their own bodies, including the feet, ankles, legs and knees. It’s time to break down the Achilles tendon and calf relationship as almost all health care providers deal with this area frequently in clinical practice.

The calf is often referred to as “Sura” which is the Latin word. It is the back portion or posterior compartment of the leg. The two largest muscles (the gastrocnemius and soleus) are known together as the calf muscles and they both attach to the calcaneus bone via the Achilles tendon.³

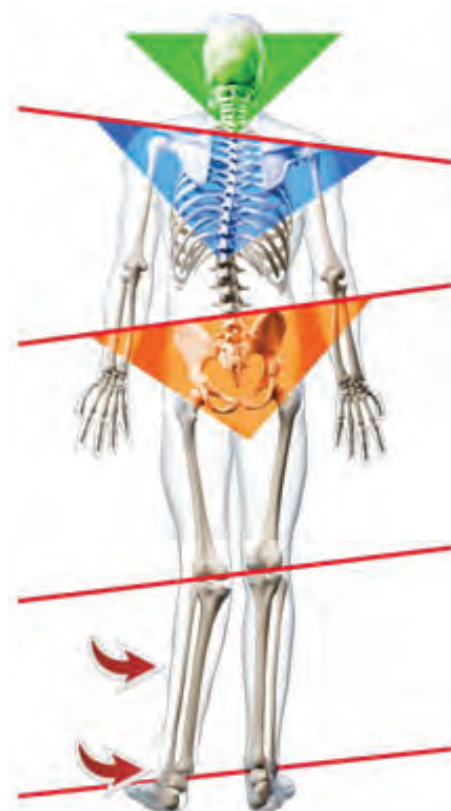


Understanding the anatomy of the calf is pretty simple so let’s complicate things a bit. If you recall, we all have three (3) functional arches on the bottom of each foot. The medial longitudinal arch, the lateral longitudinal arch and the transverse (metatarsal) arch.

These three arches form the plantar vault and it is the basis for stability for the human foot. The arches are formed by the plantar fascia and the bone to bone ligaments (like the spring ligament). When the arches are working well, the foot is allowed to move fluidly into regular pronation, regular supination and proper weight bearing during standing and the gait cycle.

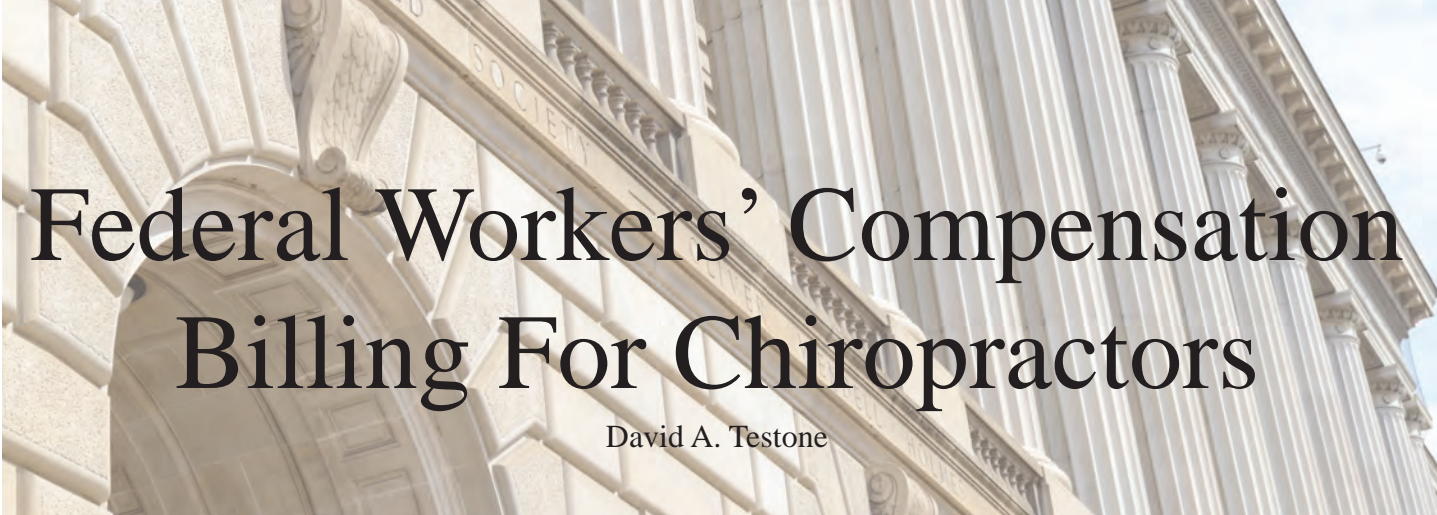
Up to 99% of the population displays excessive pronation, where their arches flatten out too much and fall towards the

ground.⁴ Because this phenomenon happens so frequently in the patients who come to us for care, it is easy to see daily. When the feet are over pronating, the three (3) arches drop more than they should. As the foot falls to the ground, the tibia bone must inwardly rotate as a compensatory mechanism. The inward rotation of the tibia then causes the femur to rotate inwards (medially) as well.



The excessive pronation has now set up a biomechanical situation where the dropping of the arches and inward rotation of both the tibia and femur bones stresses the inner ankles and knees. As one of the con-

Continued on page 27



Federal Workers' Compensation Billing For Chiropractors

David A. Testone

On April 27, 2020 the U.S. Department of Labor changed the administrator of its Workers' Compensation Program from Conduent to CNSI. Legacy providers who were previously assigned a nine-digit Provider ID were sent a Welcome Letter and a Security Letter from CNSI in order to register on CNSI'S new website. The Security Letter included instructions for the chiropractor to create a password. To access CNSI's new website, the chiropractor will then enter his or her email address which will generate a screen to enter his or her chosen password. The Provider Portal will then appear.

Chiropractors should not be intimidated by the Department of Labor's criteria for the treating and billing for patients with Federal Workers' Compensation claims. In fact if the proper billing protocol is followed, chiropractors should enthusiastically welcome these patients.

Every job-related injury should be reported as soon as possible to the injured worker's supervisor. Before the injured worker seeks medical treatment, the worker must ask his or her supervisor to authorize medical treatment by use of form CA-16. The worker's supervisor completes Part A of the CA- 16 form and the worker's attending physician completes Part B of the CA-16 form. The completed form CA-16 and the form OWCP-1500/ HCFA 1500 are then forwarded to the U.S. Department of Labor, Office of Workers' Compensation Programs.

After the initial medical treatment for the injury is received, the worker and his or her supervisor must file written notice of the injury by completing form CA-1. The completed form CA-1 is sent to the U.S. Department of Labor, Office of Workers'

Compensation Programs. Upon receipt of the completed form CA-1, the Department of Labor, Office of Workers' Compensation Programs will then assign a case file number to the worker.

The patient should present to the chiropractor the correspondence he or she has received from the U.S. Department of Labor after submission of the completed CA-1 form. This correspondence will include the patient's case file number and the date of injury the Department of Labor recognizes. The chiropractor must see the aforementioned correspondence prior to treating the patient so that the chiropractor can ascertain from the Department of Labor the approved diagnosis(es) and procedure code(s) for the case. Without this information, bill submissions will, in all probability, result in denials.

Under the heading of "Claimant" in the Online Services section of the Provider Portal, the chiropractor can verify the approved diagnosis(es) and procedure code(s) for the case. Once the approved diagnosis(es) and procedure code(s) are obtained, the chiropractor must be sure to check which procedure (s) require pre-authorization. Previously the pre-authorization for a procedure code required a script from the treating physician. Now a chiropractor can submit a plan of treatment for a patient without contacting that patient's primary care physician. The chiropractor must include the number of units and number of days requested in the plan of treatment. It is possible to obtain authorization of treatment retroactively as well as for a significant period in the future.

After the authorization for treatment is approved and received, the chiropractor must be certain to utilize the appropriate

fee schedule in order to receive the maximum allowable payment. The

appropriate fee schedule is found under the Resources Section of the Home Screen of the OWCP Medical Bill Processing Portal. The Department of Labor's fee schedule is different from the Medicare fee schedule. For example, an office visit in New York (area 01) is billed at \$83.37 per the Medicare fee schedule and an office visit in New York (area 99) is billed at \$69.70 whereas that same office visit for a Federal Workers' Compensation patient is billed at \$115.93.

Under the Online Services section of the OWCP Provider Portal, the chiropractor will be able to create new bills from saved templates, research previously submitted bills, resubmit previously denied bills by including supporting documentation and adjust previously submitted bills which had not utilized the proper fee schedule. Besides allowing new bill submissions for a period of up to one calendar year instead of one fiscal year as required by Medicare, chiropractors can adjust previously submitted bills for a period of up to seven years. Adjustments to bills may be a result of keying errors or applying the wrong fee schedule.

In conclusion , the submission of bills to the U.S. Department of Labor for patients with Federal Workers' Compensation claims must strictly follow the unique billing protocol established by the U.S. Department of Labor to ensure receipt of the maximum allowable payment for a procedure. It is highly recommended by the U.S. Department of Labor that all correspondence and bills be electronically submitted.

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

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.

DID YOU KNOW YOU'RE A MEMBER OF F4CP?

Foundation for Chiropractic Progress

www.f4cp.com

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If you need assistance setting up your account or utilizing the marketing materials, please contact Membership Director Marta Cerdan, marta@f4cp.com

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ment I realized my neck no longer bothered me. I could turn it to the left and right and that numbness in my left thumb was gone. I said to Dr. Goldstein "what was that?" He said, "That my friend was a chiropractic adjustment." Needless to say, I always thought that I was a pretty good chiropractor with very good ability to deliver the adjustment, but that day I got a spanking from the master himself. Dr. Goldstein passed away recently; I took a moment to shed a tear but, in that moment, I also thanked him for all he did and for all the examples he has left for all of us to follow. I highly recommend everyone go find a chiropractor with over 50 years in practice. Don't just shake their hand but feel their gift by having them palpate your spine. It's a lesson that no seminar or conference or conversation could ever replace. Rest well Seymour, I am grateful for the day we met and I look forward to the day when we can see each other again.

Looking back allows us to know who we are and what we stand for. It's been a little bit crazy to say the least in these COVID times but it also shows us that never before has chiropractic been more necessary. Until there is a solution, there is nothing known that can actually fight the virus except one's own immune system. Make sure you wash your hands, maintain social distancing, wear your mask, change your life and normal activities and respect the needs of others in all that you do. The world needs Chiropractic more now than ever. Looking at our own triad of health, we take care of the physical, chemical and emotional side of each and every patient. We might have to modify our practice and see one person an hour instead of 50 per day; but we must ensure we do all that we can in that time with that patient and be proud that they have a safe and effective place to go to.

During these COVID times the office has been as busy as ever, we've spaced patients out to ensure a safe environment for all those that enter. During these times, I'd like to share a case that was brought to our attention. A professional hockey player brought in his 11 year old son to see if we can help him with his movement on the ice. Upon initial exam, his balance with eyes open was rated 60 seconds both sides; the normal score. When balancing with eyes closed, he could only maintain balance for 3 seconds on his left and right side; a normal score is 30 seconds. This test revealed immediately

that this young athlete had some form of proprioceptive deficit that would have to be dealt with. As we are all well aware, when playing, the hockey player has his eyes on the game; it is his feet through the skate that reads the ice and gives him feedback with each stride he takes. By being weak in proprioception, the patient must spend more time understanding the ground which in effect increases ground contact time; something which is detrimental to all athletes. We then examined the positions of the foot-strike cycle; patient was strong in dorsiflexion, plantar flexion and supination. However, patient had a bilateral pronation weakness more apparent on the left side. To understand the impact of this weakness on his movement cycle, patient's gait was analyzed utilizing an optical instrument on a treadmill. Within one minute we had a validated gait report. The parameters of the gait cycle objectively showed that step length, stance, swing and single support were all within normal parameters of zero to five percent asymmetry. However, load response was 12.9% faster on the left than the right causing a delayed pre-swing on the left of 13.2%. It is obvious that these two deficits, load response and pre swing, would not only affect his fluidity on this ice but would become noticeable when trying to make rotational movements.

Patient was then immediately asked to march in place where his coordination (Balance in motion), at natural rhythm was measured at 29% symmetrical out of a possible 100% when measuring contact and flight time of each leg. When we mentioned this finding to his parent, the parent told us he was impressed as his son has suffered a minimal head injury a year ago that he thought was still affecting his movement. I told him that it was the job of all practitioners to understand balance, timing, coordination and brain speed for all athletes. Patients physical exam was unremarkable except for moderate restriction of external rotation of the left hip. Palpation of the spine revealed subluxations in both the lumbar and cervical regions. Muscle strength was normal, alignment was fairly good, but pronation was weak more on the left and his timing was off. A prescription for fitness was written and treatment commenced. Because of the timing issue and the asymmetries in load response, gait retraining was immediately started. Strengthening for both the pronation weakness and the proprioceptive deficit was commenced. A march in place

test was performed at natural rhythm and biofeedback was used to balance contact time of the left and right foot. During this exercise, patient also sees the flight time of each foot so that adjustments of timing the foot while in the air can be made at the same time. This simple but effective objective performance of marching in place with biofeedback helps to restore balance, timing and coordination to all under vertical demand. To help correct the pelvic angulation, the Brettzel maneuver was employed and to help with coordination at home, the infamous cross-crawl technique was taught. Using a barre bar, pigeon type stretching for both hips was employed. Equalization of movement took place at the second visit after 10 minutes of stretching.

After four simple treatments, patient went from 29% to over 96% in coordination ability. In four gait trainings on the treadmill, the load response and pre-swing differentials reduced from 13% to less than 2%. During this time the patient's overall brain speed of processing improved from 1108ms of recognition ability to 178ms. Patient is well on his way to 32ms of recognition ability, his physiological goal.

Remember, the mind perceives, the body achieves. Any delay in perception results in a delay in physical achievement no matter how well trained the athlete is. A delay in perception, whether during a single task or a dual task, can delay proper body movement and function. If fluid movement is the goal, physical training must commence but cognitive ability must be understood and enhanced as needed. Remember, the art of gait training and neuro-muscular re-education is in the domain of all chiropractic. Accessibility to the world's number one cognitive training platform, BrainHQ, is also in our domain. Finally, to ensure total integration of mind-body and body-mind, full spine Gonstead technique was employed for the removal and correction of all subluxation.

To aide with the proprioceptive deficit, Barefoot Science insoles were used to stimulate the mid-arch. Less than one month into the program, the parent wrote a letter to the office that said, "It is remarkable the changes in my son on the ice in arm swing and stride; knowing that everything was trained at an office and not on the ice.

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A Modernized Website Experience

To better serve our members, the NYSCA is excited to announce that we have upgraded NYSCA.com to a new web platform in mid-June 2019.

Included in this website renovation are enhanced security features that better protect the personal data of our members. There will also be many new features that improve communication and enhance your experience as a NYSCA member, including:

- A faster and more responsive site
- An improved mobile experience
- Simpler navigation
- Better search functionality
- Increased communication from the central office and between members

Website Access – Username and password

When the change goes live, you can expect to receive an email notification, informing you of your username and prompting you to log in and update your password. If you do not have an email address on file with the NYSCA, or you prefer to receive your invoice at a different address, please contact the administrative office at 518-785-6346.

Membership Invoices Update

With this change, the NYSCA will no longer be postal mailing dues invoices. Please expect that 28 days prior to your membership renewal date you will receive an EMAIL with your dues invoice attached. The email will also contain a link which you can follow to renew your membership online, or you may choose to print the invoice and return it with a check payment.

Auto-pay: If you have previously set up your membership for auto-renewal, please remember to sign in and confirm your preferences to continue with this payment option.

Please update your profile in NYSCA's Find-A-Doctor Database

Once this update goes live, we request that you take a moment to log into the members' only section of the NYSCA website (www.nysca.com) & update your profile. On your profile dashboard, you can update your user name, password, personal and practice details – anything that you would like to use to distinguish your practice.

Be sure to list your specialties!

We have had many requests from patients looking for a chiropractor who uses a specific technique or therapy, or who treats a specific condition. Please be sure to update your profile to include this. If your specialty is not listed, please give us a call at the administrative office for assistance.

What information is shared publicly and with patients?

Basic information regarding your practice (doctor name, business address, website address, and phone number) can be viewed on NYSCA's Membership Directory (available online to members only) or in the Find-a-Doctor online searchable database.

I don't want my email address to be available to the public.

No problem. The NYSCA is committed to safeguarding the privacy and confidentiality of information collected from members and other users. It is the NYSCA's intention to do all it reasonably can to make sure your information is kept strictly private and confidential. Therefore your email address will never be publicly available on our website.

Need Assistance?

If you don't have your NYSCA login ID or password, feel free to contact us at 518-785-6346 Monday through Friday between 9:00 am and 5:00 pm EST or by email at manager@nysca.com.

We hope you enjoy the new site and look forward to any comments or suggestions you might have for us!



THE NYSCA IS EXCITED TO ANNOUNCE A NEW BENEFIT FOR NYSCA MEMBERS!

The NYSCA and the law firm of Lewin & Baglio, LLP have partnered in a program to offer all active NYSCA members access to complementary legal advice. Lewin & Baglio, LLP have shown high level of support to the chiropractic community.

Lev Lewin, Esq. is a founding member and partner at the law firm of Lewin & Baglio, LLP. Mr. Lewin has been working in the No-Fault Insurance field for the last fifteen years and has extensive knowledge and trial experience in No-Fault Insurance law and Bodily Injury actions. Mr. Lewin has established himself as one of the most respected attorneys in the legal community.

Michael Baglio, Esq. is one of the founding members and partners of the law firm of Lewin & Baglio, LLP and is considered to be one of the most aggressive, respected and successful trial attorneys and litigators in the business. Besides litigating and prosecuting No-Fault case, Mr. Baglio heads the Marketing and Civil Litigation department. Mr. Baglio has been working in the No-Fault Insurance field for the last eight (8) years and has extensive knowledge and trial experience in No-Fault Insurance law and Bodily Injury actions.

As you may be aware Lewin & Baglio, LLP have been outspoken supporters of the chiropractic profession and of the NYSCA. They willingly sponsor the NYSCA on the state and district levels. The firm of Lewin & Baglio, LLP specializes in No-Fault, Workers' Compensation and Commercial collections needs. They also have focused knowledge in general law and contracts as these apply to healthcare in New York State.

Through the NYSCA, Lewin & Baglio, LLP will be offering each member (who is active and in good-standing) the following:

A monthly 60 min consultation/information inquiry free of charge with respect to No-Fault, Workers Compensation and Commercial Collections, and general law and general contract questions.

NYSCA members will be allowed to detail specific case scenarios and their firm will provide case law backed research. NYSCA members will be informed about their allotted time and have the option for Lewin & Baglio, LLP to continue to handle their case if there are issues that cannot be resolved within the allotted, complimentary monthly hour.

A 6-month trial run of this new program will begin on September 1, 2020.

The NYSCA is proud of this opportunity and greatly appreciates this partnership which will further the NYSCA community resources.

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ANNOUNCING

your **newest** NYSCA
member benefit ...
**The No-Annual-Fee
MilesAway® Business
Credit Card**



The NYSCA is excited to team up with NCMIC to offer your newest NYSCA member benefit:

The NYSCA MilesAway Business Credit Card!

This no-annual-fee Mastercard is the go-to card for D.C.s, with an array of reward options and exceptional benefits. [Learn more now.](#)

It doesn't take long to accumulate reward points, especially when you get **10,000 BONUS POINTS** after first use of your card. Plus, you can take advantage of a 0% introductory APR for 6 months, then a low, ongoing APR of Prime + 9.99%.

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four (4) weeks, at which time reevaluation for evidence of functional improvement should take place. Continued treatment beyond that point depends upon functional improvement. The MTGs indicate that the maximum duration of manipulative treatment is expected to be three (3) months.

Beyond treatment during the acute period following an injury, the MTGs do make provision for a maintenance program of spinal manipulation in certain situations, after the determination of maximum medical improvement (MMI) and when tied to maintenance of functional status. An injured worker found to be a maximum medical improvement is entitled to ongoing maintenance care (See the Board's website under Frequently Asked Questions related to the Medical Treatment Guidelines under the topic of "Ongoing Maintenance Care", Question 10). See also, Matter of SI Group, Inc., 2019 NY Work Comp 1209045. After the determination of an MMI, a maximum of up to ten (10) visits per year are permitted with objectively documented maintenance of functional status, and no variation from that maximum frequency is permitted. Ongoing maintenance care is considered a component of the functional maintenance care recommendations detailed in the separate New York Non-Acute Pain Medical Treatment Guidelines.

Additionally, the Guidelines do provide that further care beyond that which is considered "maximum" may be necessary in cases of re-injury, interrupted continuity of care, exacerbation of symptoms, and in those patients with comorbidities. With particular respect to exacerbations, an injured worker is entitled to chiropractic treatment without the need for the attending chiropractor to seek a variance where the treating chiropractor properly documents the treatment of an exacerbation (See, Subject No. MDO-2012 #1, Treatment of an Exacerbation for Injuries Covered by The Medical Treatment Guidelines). See also, Matter of Kaleida Health, Inc., 2019 NY Work. Comp. 2035278; Matter of Livingston County, 2011 NY Wrk Comp 79905338.

Subject No. MDO-2012 #1 provides information concerning treatment of an exacerbation for injuries covered by the MTGs. An exacerbation is defined by the Board as a temporary worsening of a prior condition for which, following a transient increase in symptoms and signs, and a decrease in function, the person recovers to baseline status. A variance is not required for the initial course of treatment for an exacerbation provided that the care is consistent with the MTGs. Documentation of an exacerbation requires the chiropractor to document when and how the exacerbation occurred, the objective changes from baseline function, the expected type and frequency of treatments anticipated to return the patient to baseline function, and the patient's response to treatment through documented measures of objective functional improvement. See, Matter of Castler v. National Grid, 140 AD3d 1412 (2016).

Upon proper documentation of an exacerbation, the treatment must be within the recommended durational limits of the MTGs and should be focused on restoring the patient's health and function to pre-exacerbation status. Treatment should be focused on restoring functional ability required to meet the patient's daily and work activities and returned to work, and positive patient response is defined primarily as functional gains that can be objectively measured. Functional improvement is documented through the initial evaluation which should document the patient's functional ability pre-exacerbation and the objective functional findings at the time of the exacerbation, followed by a re-evaluation documenting whether the patient has returned to baseline or, if not, what treatment is planned to return the patient to baseline.

The Guidelines specifically provide that prophylactic treatment is not recommended.

The past decade with the MTGs has greatly impacted chiropractic providers of New York Workers' Compensation patients. While injured workers may still receive covered chiropractic care for the initial acute care period following a workplace injury, any exacerbations that occur, and maintenance care following a determination of permanency and maximum medical improvement, the burden on New York's chiropractors to properly document their care and goals of treatment has increased significantly. When issues arise with respect to authorization of chiropractic treatment or the payment of bills for services that have been provided, close coordination with the legal representatives for your Workers' Compensation patients can be the difference between having chiropractic treatment bills covered or denied.



September is a special month for chiropractic!

Take Action During September's Drug-Free Pain Management Awareness Month

Increasing visibility of chiropractic during the pandemic has never been more important. With 50 million chronic pain sufferers and mental health on the decline, informing consumers that drug-free chiropractic care is available to alleviate pain, enhance mind, body and spirit and most importantly, mitigate the opioid crisis, is key to a healthy and happy community.

For four years, the Foundation for Chiropractic Progress has designated September as National Drug-Free Pain Management Awareness Month. And, we need your help to build chiropractic awareness in New York.

The first step is to contact your local legislative body (Board of Supervisor or City Council) requesting a proclamation in your city/town to designate September as Drug-Free Pain Management Awareness Month.

You can customize the sample letter and attach the personalized proclamation below. Send the two documents to your local legislative body – the sooner, the better.

Click the link to download the letter template:
<https://drugfreepaincare.org/wp-content/uploads/2020/05/Custom-Letter-Proclamation-2020.docx>

Click the link to download the proclamation:
<https://drugfreepaincare.org/wp-content/uploads/2020/05/Proclamation-2020.docx>

When you pass the proclamation, please send it to the Foundation's Marketing Director Alexis Lignos at alexis@f4cp.com so that they can showcase it to the profession.

Let's work together to bring heightened awareness about safe, effective, drug-free chiropractic care.

NYSCA Member Privileges

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



Complementary group membership with the Foundation for Chiropractic Progress

Activate your F4CP Account



Significant savings in time and money with Office Depot and other premier suppliers.

Start saving today!



Special pricing on credit card processing, tailored for the chiropractic industry

Request a quote online



20% off MSRP for practice management and coding resources ordered through NYSCA.com

Order online

These NYSCA Sponsors are **trusted business partners** who have supported your organization for many years. Their valuable contributions help the NYSCA achieve its goals in advocating for you and your patients. NYSCA Sponsors also have a **proven track record** in assisting NY chiropractors with reaching their individual practice goals and in staying on the cutting edge of the health and wellness revolution in their communities.

For all they do, we owe it to them to first take a look at their products and services before going elsewhere and to support those who are supporting us. Remember — when doing business with NYSCA Sponsors, you are supporting your professional organization!

Member Benefits

Take full advantage of your NYSCA Member Benefits

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

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

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

View all current NYSCA Member Benefits and Privileges

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

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

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Have you registered for Office Depot discounts yet?

NYSCA members have access to exclusive FREE savings on office essentials, cleaning/breakroom products, copy & print services, technology items, and more! Not signed up yet? It's easy: [Click Here](#)

I Just Received a Records Request, What Should I Do?

By Marty Kotlar, DC, CPCO, CBCS

Question: I just received a letter from an insurance company requesting copies of exams, SOAP notes and financial records on 14 patients. I am concerned...some of my notes are not good and on some dates of service I do not have any notes at all. What should I do?

Answer: I have put together a checklist for you – here you go:

- Check the names of the patients listed in the letter you received from the carrier. Are these patients your patients? I have seen providers receive correspondence from insurance carriers that were not intended for them to receive.
- Pull the patient charts and start to review them. Do the dates of service in your chart notes coincide with the dates of service that the carrier is requesting? Let's assume the answer is yes as we continue with this list.
- After your initial chart review, ask yourself if you'll be able to gather all of the requested information by the request deadline. Typically carrier's request patient charts to be submitted within 30 days of the date on the letter you received. This may not be reasonable. Therefore, call the carrier and request an additional 30 days to submit the requested information.
- If you make this call, you may now have an opportunity to speak to the lead investigator. Do not provide any information to the investigator that can hurt you. Some attorneys may not recommend you speak to the investigator at all. However, I do not see anything wrong with asking the

investigator for an extension. I also do not see anything wrong with asking the investigator why you were chosen for this chart review. Again, do not volunteer information that can link you to any wrongdoing.

- After copying all of the requested information, I typically recommend providing the carrier with a "treatment summary" for every patient. A treatment summary helps the carrier understand your clinical approach. Treatment plans are not required and could be time consuming. If you think your SOAP notes and treatment plans are sufficient, then it's not necessary to create treatment plans.
- Many insurance carriers provide chiropractic "position statements" on their websites. Please make sure to read those position statements from all the carriers that you bill.
- Make sure to learn as much as possible about establishing medical necessity, evaluation and management, CPT-ICD code pairing and patient goal setting.

Some chiropractors attain the services of an attorney as soon as they receive any type of records request from an insurance carrier. I do not see any downside to doing this. There's nothing wrong with speaking to an attorney about your situation.

The most important thing to do is STAY CALM. Just because you receive a records request doesn't mean you did anything wrong. After you submit the requested information, no news is good news. You may never hear from them again.

PRESIDENT'S REPORT CONTINUED FROM PAGE 3

The language required that the Department of Health leads this, and as you can imagine in a time of pandemic, DOH had a lot of pressing priorities on their plate. We appreciate the many members who reached out when they received the good news to recommend their local community for this study. At the right time, we will be working towards making this happen.

Around this same time our lobbyist and legislative committee had just finished conversations advancing Scope Modernization efforts and taking the next steps forward. We were thrilled to have some affirmative responses and actionable advice. Our optimism was paused when the pandemic interrupted life. NYSCA's Legislative Committee looks forward to getting back to addressing this and all the legislative needs of the chiropractic profession.

One of the lessons from this crisis, is that one way to address shortages of essential healthcare providers is to have all who serve in this capacity practicing at the highest level of their training. I look forward to the day when we have a scope that matches our education and training.

Thank you for serving your communities during this difficult time and thank you for being a NYSCA member. The NYSCA Officers and Board of Directors will continue to serve you and the needs of New York's Chiropractic patients.

NEW BENEFIT FOR NYSCA MEMBERS! CONTINUED FROM PAGE 23

We are confident that this valuable resource will provide a much valuable service to our members.

The NYSCA is strong because of our members and it is because of your support that we can provide these valuable services to you.

For more information, please contact our Treasurer, Anthony Palumbo, D.C. at Treasurer@nysca.com

Lewin and Baglio can be contacted by calling their office at 1100 Shames Drive, Suite 100, Westbury, NY 11590. (516) 307-1777 Ext. 18 (Office) (844) 329-6018 (E-Fax)

News You Might Have Missed

Fauci-Temperature Checks are “Safety Theater”

Dr Anthony Fauci comments on surface temperature checks and spraying disinfectant and the Coronavirus

<https://www.forbes.com/sites/lisettevoytko/2020/08/13/fauci-says-coronavirus-temperature-checks-notoriously-inaccurate/#6073529b33f0>

Neck Gaiter Masks Worse Than Nothing At All

The fine mesh of the common neck wrappings being used as face coverings actually increases the aerosolizing of respiratory droplets, increasing the exposure to exhaled breath

https://www.washingtonpost.com/lifestyle/wellness/mask-test-duke-covid/2020/08/10/4f2bb888-db18-11ea-b205-ff838e15a9a6_story.html

Back Pain Increased Working From Home

A recent ACA poll found most DCs report a large increase in back and neck pain working from home. What can we do?

<https://www.pbergo.com/wp-content/uploads/2020/05/WFH-Taking-Its-Toll-On-Our-Backs-WSJ-Article.pdf>

Current Medical Discussion on Treatment of Lyme Disease and Coinfection

Lyme Disease remains a serious, controversial, and evasive threat to the population, especially in the Northeast.

https://edhub.ama-assn.org/jn-learning/audio-player/16887345?utm_source=silverchair_edhub&utm_campaign=activity_alert-edhub&utm_content=weekly_batch&cmp=1&utm_medium=email

Using Social Media to Grow Your Practice and Network

https://edhub.ama-assn.org/acr-lifelong-learning/module/2729286?utm_source=silverchair_edhub&utm_campaign=activity_alert-edhub&utm_content=weekly_batch&cmp=1&utm_medium=email

ACHILLES TENDON CONTINUED FROM PAGE 18

sequences from this, the gastrocnemius and soleus muscles are over-contracting, even at rest. Muscles that are essentially getting overworked are very susceptible to injury and damage. We can see this damage range from a “calf strain” or “pulled leg muscle” all the way through to “Achilles tendonitis”, “Achilles tendon tears” or “complete ruptures”.

It’s not just that the gastrocnemius, soleus and Achilles tendons are located too close to one another. The physical relationship is compromised by the biomechanical fact that excessive foot pronation can and will negatively affect the forces coming up from the heel and ankle into the Achilles tendon and calf. This relationship is what most people don’t understand.

So the question arises: What can I do in my clinic when an Achilles tendon/Calf injury patient presents?

1. Evaluate the lower extremity properly! Have the patient take off their shoes and socks and stand in front of you in anatomical

position. You will clearly see how flat their feet are (Look for the five (5) signs of foot pronation). Often, you will see the tibia and femur bones internally rotating and how tight and hypertonic the calf muscles and Achilles are on one or both sides.

2. Utilize appropriate physiotherapy modalities like Cold Laser, ultrasound, EMS and/or a host of other modalities will help the patient whether they are acute or chronic. Soft tissue techniques (ART, Graston, etc.) are also very useful in helping those muscles and soft tissues improve.

3. Administer Chiropractic adjustments to all 26 foot bones, the tibia, femur and fibula. Since most patients presenting to our clinics are excessive foot pronators, the listings of all these bones are in quite a predictable pattern. It is easy to know what to look for and how to adjust it.

4. Utilize custom, three (3) arch, flexible foot orthotics. Once the plantar fascia stretches past a certain point, the arches fall and the foot will continue to flatten out. Having the right type of orthotics support all three (3) arches giving the foot, and therefore the body, a stable base of support. If one does not support the arches, the over pronation will continue to stress the calf muscles and the Achilles.

5. Ensure the proper foot wear. Athletic, dress and casual shoes must be inspected by you, the Doctor, so you can assess if they work well with the custom orthotics and provide solid support for the patient. Many patients wear shoes that are so bad, they help create the stress to the ankle and knees. Some shoes are so awful they won’t even work with any orthotics.

6. Give home care instructions that can include stretching and strengthening exercises of the calf and foot. Discuss appropriate activities to keep them active but do not aggravate their condition. You may have to take a patient off of their sport short term while you get them stabilized and make sure their feet are supported well.

You may never see a patient of the caliber of athlete that Kevin Durant is. But your patients deserve you treating them like they are a superstar. Please take the time to look at their feet, ascertain their pronation degree and treat them properly. Foot support is key or else the over pronation pattern will continue having a field day with stressing out the ankle, knee and the muscles located in that area. Plus, your adjustments of the ankle and knee will never truly hold unless the three (3) arches are supported properly.

1. Kevin Durant injury update: Warriors star undergoes surgery for ruptured Achilles tendon. <https://www.cbssports.com/nba/news/kevin-durant-injury-update-warriors-star-undergoes-surgery-for-ruptured-achilles-tendon/>
2. Kevin Durant suffered Achilles injury, Warriors GM Bob Myers announces <https://news.yahoo.com/kevin-durant-suffered-achilles-injury-041444288.html>
3. <https://www.webmd.com/fitness-exercise/picture-of-the-calf-muscle#1>
4. 99% of the population overpronates. <https://www.footlevelers.com/overpronation>

Classified Ads

Office Space For Rent

Manhattan, NY - We are a multi disciplinary wellness center with 10 treatment rooms that offers chiropractic care, massage therapy, Chinese medicine and skin care. Many of our practitioners have decades of experience and work together in a collaborative environment. Located in the heart of the Flatiron district NYC, just north of 21st street on Broadway. We have been established since 2009 in a well managed building that has 24/7 access with security 2 rooms with great views on the 12th floor approximately 14 by 9 feet. Rate \$609 per day a week all month. For the website rental page: www.omniwellnessnyc.com/new-page-78 Please feel free to call us to discuss the potential of renting at our office. 516-359-2143

Office Space For Rent

Office space to share/rent within a turn-key 39-year-old Chiropractic practice. Located in Massapequa, Nassau County, NY. on a heavily trafficked road with excellent visibility. Strong patient base with 5 Star satisfaction reviews; Fully equipped office, off-street FREE parking. Wonderful opportunity. Please contact me directly (516) 287-5050 or by email at drm1313@gmail.com

Practice for Sale

Well established (35yrs) turn-key growing Chiropractic practice in desirable Nassau County, NY. Located on heavy traffic avenue with excellent signage visibility. Loyal patient base with 5 Star satisfaction reviews; Low stress/High profitability; Low overhead, Fully equipped office, Excellent off-street FREE parking; Option to share office space. Wonderful opportunity with steady stream of new patients and potential to expand. Please contact Sharon Muchnick, (516) 993-9560 or by email at: muchnickhealth@gmail.com.

Practice for Sale

38 Year Established Chiropractic/Physical Medicine/Pain Management Practice North of NYC In The Beautiful Hudson Valley Solidly established, successful clinic is looking for a dynamic Doctor - MD/DC/DO who wants to expand their business into the Physical Medicine arena. Our clinic has an exceptional location next to a town park and spring-fed lake on a busy highway with high visibility. We're in the town of East Fishkill in the beautiful Hudson Valley of New York just one hour north of NYC. This is a 38 year established Chiropractic, Pain Management, Physical Medicine oriented practice which continues to grow from referrals. We are well respected in the community working regularly with medical and P/T referrals. Our practice was built with dedication and care and we want it to continue growing and serving the community. The property will be leased to you, or may be available for purchase. Owner financing

may be available for a qualified doctor. Please take the video tour below. Please call Joe at 914-475-8555 or email joe@doctorlynne.com. All inquiries will be held confidential. We look forward to working with you and ensuring your success! <http://doctorlynne.com/clinicforsale/>

Practice for Sale

NEW YORK CITY Practice for Sale -- Thriving, manual therapy-oriented chiropractic practice for sale in Midtown Manhattan. Enjoy the best of the Big Apple and unparalleled city life! High-end, hands-on practice incorporating chiropractic, manual therapy, massage therapy steadily collecting an average of \$475k+ per year! Seller willing to stay for smooth transition & financing is in place to purchase this business with as little as \$15,000 down! For more info, see <https://www.strategiccdc.com/20603> or email info@strategiccdc.com.

Practice for Sale

Guilford, NY - Retiring Doc selling his solid 33 year practice. Extremely high patient retention and steady new patient inquiries. Techniques include Thompson, Diversified, Cox, Gonstead, Arthrostim, Kinesio Tape and Extremity work. Great patient referral network including patients, local MDs, PTs and Massage Therapists. Fully equipped 2100 sq. ft. office set for 2 docs with maximum visibility on major thoroughfare in the developing west end of the Capital District. Award winning schools in a diversified but wonderfully safe community. Please contact Please contact greg@chiroequity.com or 908-419-7510 for further details.

Equipment for Sale

I retired and looking to sell the following: Lloyd auto-flexion tables with height adjustment. Large Chattanooga M-2 mobile heating unit. Basic adjusting tables. Massage chair. 1940ish HyLo table (classic). You can call my cell: 718-541-3502 to discuss prices.

Equipment for Sale

FREE!! Bennett X-ray Unit 100/300 MA 125KV. Opportunity for new/recent grad. Dr. retiring. Simply arrange for dismantling and removal. Contact backdocr@aol.com

Equipment for Sale

2 - X-Ray View Boxes - \$40 each USED-Size: 3' X 15 1/2" Pick Up East Setauket, NY. Contact michaelshorney@aol.com

Equipment for Sale

Pre-Owned Chiropractic Zenith-Hilo Treatment Table Good Condition, newly reupholstered. Sturdy Workhorse of a table. Price negotiable. One Table for Sale. Free Local Pickup at Office. \$595 Contact michaelshorney@aol.com

Equipment for Sale

Older working Zenith HiLo (which I acquired used in 1987, so I'd guess it is from the early 70's). Could use recovering, but the electric hydraulics all work. Looking for \$400. I also have a spring powered HiLo which I'd take \$100 for. This needs recovering. Office phone: 518-883-4456

Office email: dradigan@gmail.com

Equipment for Sale

Queens: Free office contents for pickup. I am closing my main office of over 20 years and opening a much smaller home office. I am looking to give away: low Lloyd adjusting bench, light weight portable Lloyd table, 4 high chiropractic benches (great for activator or nutrition work), SAM mechanical posture analyzer, 3 view boxes, Detecto scale, 2 small rolling stools, assorted posters. (See pictures, sizes and previous asking prices on Craigslist but now due to time - they are all free if you mention this ad.) You can call my cell for further info: 646-541-0409.

Associate Wanted

Thriving chiropractic practice on Park Avenue, New York City, is looking for a serious full-time Associate doctor to take a leading role in the practice. The office is in the heart of the Upper East Side, and sees both celebrities and families alike. Doctor has been in practice in NYC for 20 years and will train. Check out our website at gioffrechiropractic.com, and send your resume to drdaryl@getoffyouracid.com. In the subject, write NYC ASSOCIATE, and in body, a short paragraph on why you think this position would be a great fit for you.

Associate Associate Wanted

Full time-part time Chiropractor needed. please call 516-746-3135 and send resume to rjgrosso1@optimum.net.

Associate Wanted

We're seeking a positive, driven, compassionate chiropractor to join our warm, family-oriented team in Ithaca, NY. New and experienced chiropractors welcome and will be quickly incorporated into a thriving office and see patients immediately. All systems as well as experienced, helpful staff are already in place. We will train in all aspects of our business. No weekend hours. Your 2.5 day weekend begins Friday at noon. New and experienced chiropractors welcome to apply. Possible ownership for the right candidate. Competitive salary. Must hold license to practice in NY. Please email your resume and/or questions to ithacachirojob@yahoo.com

Submit your classified ad today!

[View all current classified ads](#)

PAYROLL



IS A PAYROLL SERVICE RIGHT FOR YOU AND YOUR PRACTICE?

Most small businesses (your practice likely included!) continue to handle the day to day tasks of payroll manually using programs such as Quickbooks or other payroll apps, but more businesses are finding that reducing the administrative burden through the use of a payroll service such as Paychex, ADP or Staff Leasing works better for them.

This removes the responsibility of keeping up with tax laws and other regulatory issues that are subject to changes on a frequent basis and alter the data needed to be inputted into your system.

Since keeping up with all the payroll and tax requirements is tricky business, maybe outsourcing is right for you.

Accountant or Doctor?

Our time is our most valuable commodity and even with only a few employees, keeping track of all the necessary items for payroll is time consuming and frustrating. In the case of a busy Chiropractic practice, that may be time better spent caring for patients or taking care of other priorities.

Outsourcing to a payroll service frees up the time spent on accounting to do what we do best in our practices and removes the potential for errors that could prove costly at the end of the tax year.

Where Does the Time Go?

Payroll responsibilities begin when a new person is hired but continue with every pay period, eating up valuable time on a regular basis. Think of the time spent collecting hourly data, calculating payments, preparing tax and accounting reports as well as filling out and distributing checks.

You need to determine if this is time well spent or if you may be better served by a reputable service.

Benefits of a Payroll Service

Using a payroll service obviously frees up your time but there are additional benefits to consider. Among these are the reduction of risk to the employer for payroll errors. Even a simple calculation mistake of omission somewhere can result in costly corrections or even fines. In the event of an audit, about half of audited businesses had errors that resulted in fines in 2016 but a payroll service has all the necessary resources to keep current and keep you in compliance with tax laws and government regulations.

Errors in calculating withholding can cause a burden on both employees and employers when tax time comes along and reconciliation reveals discrepancies. Imagine the reaction of an employee who finds that incorrect calculations result in a large payment come April 15th!

Payroll Protection Program

Many small businesses relied upon the government Payroll Protection Plan to survive the ongoing Covid-19 crisis. In our case, our service provided all the necessary paperwork and accounting to track the use of the funds we received from the PPP.

Is Your Data Secure?

Payroll processing is a complex and time consuming operation that also exposes detailed personal data to hackers. Payroll services typically have layers of protection that protect you from identity theft, embezzlement or tampering with records.

Benefit Administration

In addition to the time savings, relief of regulatory burdens and other advantages, payroll services also serve as a bridge to other benefits. Retirement plans such as 401(k) can be funded routinely through the service.

Health insurance, life insurance, worker's compensation and more can often be accessed through the service provider you choose.

Research Your Needs and Decide

With all the tasks associated with payroll as well as the risks and complications that go along with it, payroll processing can actually cost you more than the cost of a payroll service.

Add in the benefits to which you may avail your employees and yourself, outsourcing may be the right choice for your practice.

EDITOR'S NOTE

On a personal level, I was injured in the course of my employment as a DC when I performed a side posture manipulation on a patient and my shoulder popped, accompanied by a sharp, burning pain. After failing to successfully rehab the shoulder, an MRI disclosed a full thickness tear of the supraspinatus....not good.

Only after contemplating my dilemma did I realize that since I am on the payroll through a service, I am covered by Workman's Compensation, thus alleviating some of the financial burden associated with the impending time out of the office - CMP

Thank you so much, see you soon". Once again, chiropractic identifies and intervenes to address deficits in proprioception, balance, timing, coordination and brain speed; never forgetting the power of the full spine chiropractic adjustment; the playground of all Doctors of Chiropractic. As injuries cause loss of these abilities, the well trained chiropractor restores the ability before they manifest as dysfunction and ultimately injury.

***As I am writing this note, our office has been asked to comment on a 20 year old boy who broke his neck while diving on Martha's Vineyard on August 4th. He was helicoptered to Massachusetts General Hospital, where the gifted surgeons performed an operation on his bilateral burst lamina fracture at C5-C6 which fully compromised his spinal cord. Patient is now stable and we are all thankful to these gifted surgeons. Unfortunately, he was given only a single digit chance of ever walking again. I am proud to know our office was consulted on this case and I can only pray and hope that maybe one day the gift of chiropractic might be able to once again help those in an impossible situation regain some form of normalcy.

Getting away from case studies and patients, I have to make a comment about Dr. Chelsea Keesler, graduate of NYCC and 1.5 years in practice. I don't know what you have been doing at NYCC since I graduated 40 years ago, but the ability of Dr. Keesler has to be a reflection to all of us "older chiropractors" that our future is going to be robust and well-handled by the next generation. Less than two years in practice, Dr. Keesler not only has an ever growing sport science practice but is also in charge of consulting with numerous professional teams including the MLB, NHL and NFL.

On the most recent call, I heard her saying to the team "Yes, I am going to teach you how to evaluate all your athletes at game speed. You play at game speed; therefore, you must assess at game speed". We need to evaluate with acceleration; just like you would a new car. Just like a car you can perform all the function movement screens and get a fairly good idea of their ability; but it is not until you bring the athlete to game speed can you ensure that the athlete is game ready. Dr. Keesler's education and experience have allowed her to think outside the box. I heard her tell this NFL team that the standard way of running the 5-10-5 drill has no bearing on game ability. It just has bragging right for how fast you can get it done. When asked why, Dr. Keesler told the team that when the athlete begins the drill the athlete knows which direction they will run. To better replicate the game, the test has to be performed with a directional beam that would countdown to either a left or right arrow. This would neutralize the athlete in his starting stance, not allowing for any anticipation of aligning the toes of the right foot with the ball of the left foot and prevent opening up the hip early while loading the lead leg, all to cause a quicker time. Not knowing, would neutralize both of these techniques; thus, giving a truer account of the athlete's ability.

Point of the matter is, if Dr. Keesler is a reflection of how well our students are trained at our schools, then each and every one of us should help the young chiropractor in any way possible. I told Dr. Keesler I was so impressed, and I am sure we can allow doctors to come to the office and discuss different needs and ideas; whether they'd be on the therapeutic or business side of practice. I wish everybody the best during these times.

No-Fault Changes Finally Take Effect

For many years, the NYSCA in conjunction with our lobbyist have been working tirelessly to gain Chiropractic parity in reimbursement with other health care providers.

Last year through the hard work of many in our association, we were able to secure a significant increase of the conversion factors for Physical Medicine when treating Workers compensation and motor vehicle injuries.

As many of you are aware Work Comp adopted these changes last year but the no-fault insurance carriers petitioned the Department of Financial Services for a deferral until October 1st 2020 in order to make rate adjustments in response to a perceived increase in costs. This was granted by DFS although the move was opposed by the NYSCA.

The wait is over and effective Oct. 1st, 2020, the new conversion factor for Physical Medicine will be in effect for No-Fault as well.

To provide you with the most accurate information, the NYSCA in conjunction with NYCC will be presenting webinars on September 2nd and again on October 14th.

These webinars will be an overview of conversion factors, RVU values (relative value unit) and the documentation required for each of the most commonly used codes in many of our offices. Here is a brief example of what we will discuss.

Conversion factors for Region 1 and 2 will be 7.69; region 3, 8.79; and region 4, 9.55. Each procedure is given a value based on a number of "units" which is then multiplied by the RVU to determine it's allowable fee.

The New Patient max RVU allowed will be 18 units, re-exams 15 and office visits 12.

Here is an example of how to calculate the fee; spinal manipulation code of 98940 (1 to 2 spinal areas) has an RVU value of 4.57; in region 4 the conversion factor is 9.55.

Using the formula of your area's conversion factor (CF) and the procedures RVU (CFxRVU) you can determine your reimbursement which in this case is $4.57 \times 9.55 = \$43.64$ for the spinal manipulation as a stand alone procedure.

We are not limited to just that fee on a visit as follow up visits are allowed up to 12 units per visit. The example above that gives us 7.43 RVU's still left to bill if you provide the services to justify that level of billing. A provider may add in things like Therapeutic Exercise or other appropriate services, and now, get reimbursed for services previously not possible.

We will do our best to keep our members up to date on what is covered and what is excluded from treatment. Since we are unable to provide all this information in this newsletter we anticipate the webinars will be full.

Please do your best to sign up as soon as you get the e-mail from NYCC for registration.



New York State Chiropractic Association

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



APPLICATION FOR MEMBERSHIP

Contact Information

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

Education Information

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

Personal Information

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

Membership Categories

Dues

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

★ New Member Special ★

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

25% off

☐ Part-time, practicing 20 hours or fewer per week

Discount applicable to Regular Membership only. A certification of working hours, signed by a NYSCA district officer, must be submitted to the administrative office; Cannot be combined with other discounts

50% off

Associate Membership – Include name of sponsoring NYSCA Member: _____

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

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

- | | |
|--|------|
| <input type="checkbox"/> a full-time staff member in residence at a chiropractic or other accredited university, college, school, or institution; or <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 | \$60 |
|--|------|

[†]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: