

President's Message

We're Baaaack!!!

What a great Spring Conference we just had in Richmond!

Thank you to Julie and her team for all the great work to make it happen and the tech support from DC Events to make the virtual experience amazing as well.

A personal 'Thank you!' to Dr. Michelle Rose for being an amazing host in my absence.

Attendees raved about the speakers in Richmond, which were also live-streamed to virtual attendees. And of course there is still OnDemand content available through May 23.

The campaign to increase awareness of and participation with Virginia ChiroPAC was kicked off at this meeting. This is the Political Action Committee for all things Chiropractic in Virginia. Most of our ability to practice is determined by Richmond. The stronger our presence with legislators, the better our chances for advancing initiatives as well as defending our current level of practice. Many members do not realize the importance of ChiroPAC and unknowingly take for granted our ability to practice. Although that can be flattering to those on watch, it is not ideal. Most members also did not know that the UVCA legally is not allowed to mix funds with ChiroPAC; therefore, dues paid for UVCA membership do not fund ChiroPAC for legislative initiatives at all! ChiroPAC is only funded by individuals. Prior to the conference, that equated to only about 50 contributors out of 700 members. We do realize this is more a dynamic of misunderstanding versus not caring. I am taking the time now to explain this and ask for your participation. There is no more important investment you could make in your practice than supporting legislative efforts. Our goal is to get to 150 EZ Pay Contributors by June 30, 2021.

Please act now. Go to <https://www.virginiachiropractic.org/page/35> to contribute!



Christopher R. Perron, DC
 President, UVCA



**Special Elections
 Support Board
 Efficiency**
 Results on Page 11

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Supporting Supplier News



UVCA members enjoy a 10% discount off indispensable practice tools like the 2021 ChiroCode Deskbook, ICD-10-CM Coding Manual for 2021 and convenient coding "cheat sheets." See page 11 for the discount code and link to product information. If you've used these resources before, you know you need them. Now you can save money and help the Association make a little money, too!



New CT services in Arlington, VA! To serve your patients better, Insight Imaging has added CT services to their center in Northern Virginia. In addition to MRI services, some of the new CT exams available are cardiac calcium scoring, low-dose lung screening and sinus CT. Bone density (QCT) will be available in June. 2786 S. Arlington Mill Dr., Arlington, VA 22206. MRI: Mon.-Fri.: 7 a.m. – 11 p.m.; Sat.: 8 a.m.–4 p.m. CT: Mon.–Fri.: 8 a.m. – 5 p.m. To schedule a patient, call 703-591-8020 or email NVOrders@insighthealth.com. More at myInsightImaging.com.



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Module 1: April 24-25, 2021, Hilton at Short Pump, Richmond, VA

“Best Practices for Managing Lower Back Pain” by Tim Bertelsman, DC, CCSP, FACO

Module 2: June 26-27, 2021, Live Webinar

“Differential Diagnosis of Neuromusculoskeletal Conditions” by James Demetrious, DC, FACO

Module 3: November 13+, 2021, Live Webinar Hybrid

“Pain Management of Chronic & Neuropathic Conditions: Integration of Lasers, E-stim & Ultrasound” by Nelson Marquina, PhD, DC

Module 4: March 5-6, 2022, Live Webinar

“Whiplash Associated Disorders: The Pathway from Acute to Chronic Pain” by James Lehman, DC, FACO & “Evaluation & Management of Foot & Ankle Conditions” by Ed Glaser, DPM

Module 5: May 14-15, 2022, The Omni Homestead, Hot Springs, VA

“Mastering the Assessment & Management of Shoulder & Upper Extremity Problems” by Brandon Steele, DC, FACO -- **PLUS ALL SPRING CONVENTION BENEFITS**

**BIDDING CLOSES
MAY 4TH!**



<https://bit.ly/3srUVIs>

Score some great deals for yourself, fantastic resources for your practice, or that special gift... Get some friendly competition going with your colleagues, and have fun -- all while supporting public relations initiatives in Virginia. Proceeds from the annual auction help fund the UVCA's group membership in the Foundation for Chiropractic Progress and other projects to help spread the positive message of chiropractic.

Click, Shop, Buy, & Smile!

UVCA Donates \$5000 to the Future of Chiropractic Strategic Plan Project

At its April 29th board meeting, the UVCA Board of Directors Anunimously voted to contribute \$5,000 to the Future of Chiropractic project. It will consider additional contributions annually over the course of the project.

As reported previously, the Future of Chiropractic Forum was held in November of 2019 with stakeholders from across the country. Representatives from state association leadership (including UVCA's president, vice president, past president, and executive director), colleges, national organizations, corporate partners, individual practitioners, and more joined together to share their viewpoints through a facilitated discussion focused on what the future of chiropractic looks like in the next 50 years with a goal of identifying a specific effort that a diverse group of individuals and organizations could support. It was concluded that chiropractic needed a comprehensive and inclusive profession-wide strategic plan. ChiroCongress agreed to take the lead on this effort on behalf of the profession and its Board of Directors seated a task force that includes UVCA's past president and ChiroCongress' 1st Vice President, Dr. Tom Wetzen.

Phase I, ending in March 2021, gathered significant and relevant data, leading to the discovery and confirmation of commonly shared priorities for the future state of the profession. Phase II focuses on the development of the plan. To learn more about this important project, sign up for weekly updates, and find out how you can get involved, visit <https://chirocongress.org/future-of-chiropractic-strategic-plan/>.

UVCA Members, Vendors, & Staff Raise \$6455 to Grant A Child's Wish

Jaelynn's Wish for a Bedroom Makeover

Jaelynn, who was diagnosed with cystic fibrosis, wished to have a room redo in her favorite colors: white, black and mauve. The UVCA PR Committee decided to help, as part of our Spring "As You Wish" convention program. We needed to raise at least \$5,000 to grant Jaelynn's wish -- and thanks to you, we exceed that goal by nearly \$1500!

Mark-A-Wish Greater Virginia worked with her to design her perfect room and recently celebrated her granted wish on April 13 at her Midlothian, Virginia home. A special guest even came to her outdoor wish celebration: Jaelynn's physician who has been treating her since birth. As Jaelynn's doctor walked up the driveway, she exclaimed, "I wouldn't have missed your wish day for anything!" Jaelynn's new bedroom includes a beautiful new vanity, dresser, bed, and sophisticated décor that she hand-picked. Jaelynn's room will be an oasis for her as she continues her battle with cystic fibrosis, giving her a relaxing place to retreat no matter what the day holds.

We understand that contributors aren't looking for recognition, but we'd like to thank the following for making Jaelynn's wish come true.

Scott Banks, DC
Jeff Borenstein, DC
David Brents, DC
Julie Connolly, FICC
Camille D'Amato, DC
David Dolberg, DC
Brian Dolmat, DC
Stephen Eggleston, DC
Makda Getachew, DC

Tess Graf, DC
Jay Greenstein, DC
Brian Jensen, DC
Carmen Johanning, DC
Shawn Keegan, DC
Demetrious Kydonieus, DC
Melissa Luce
Katrina Mayes, DC
Don McAllister



Our supporting suppliers pitched in BIG-TIME, too, raising over \$2500 between just 6 companies!!

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Chirocenters Management Corporation
Chiro1Source
Computer Troubleshooters
Laser Biotech International
Professional Co-op Services**

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Chris Perron, DC
Drs. Brian & Jennifer Prax
Sam Spillman, DC
Susan Santjer, DC
Christine Stewart, DC
Steve Trauben, DC
Chris Ubert, DC
Chris Virusky, DC
Plus 8 Anonymous Contributors

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UVCA Launches Exciting New Affinity Programs for UVCA Members

Affinity programs provide association members with cost savings and/or product/service enhancements, increasing the value of membership. In many cases these programs also include a contribution to the association, helping to reduce its dependency on dues income. The UVCA does not consider affinity program proposals until it has first-hand experience with the organizations and solid feedback from the profession.

The UVCA Board of Directors recently unanimously approved the following new programs, as announced at the April 24th General Membership Meeting. We hope you find them of interest and benefit!



ChiroUp is an evidence-based, online subscription service that provides chiropractic offices with multiple resources. These include, but are not limited to, best practice protocols, patient education videos, outcome tracking, business management tools, and other resources. Founded by Drs. Tim Bertelsman and Brandon Steele, Chiro-Up's advisory board is comprised of well-respected doctors such as Drs. Tom Hyde, Stephen Perle, Scott Bautch, Jeff Tucker, and others you know and trust. Dr. Bertelsman has taught at UVCA conventions and conducted webinars for its members, always to rave reviews.

UVCA members receive a free 14-day trial subscription, followed by a \$50 discount for the first 6 months of paid subscription. The UVCA receives a contribution for each new subscription, which starts at \$149 per month. Visit <https://chiroup.com/> for further insights. To sign up or ask questions, contact Becki Wollenburg, phone 844-462-4476 x702; email becki@chiroup.com.



Gold Star Medical Business Services provides chiropractic office administration needs. Whether you are looking for help with billing, consulting, staff training, compliance, or all of the above, Gold Star can help. Founded by Lisa Maciejewski-West, CMC, CMCA-EM, CMOM, CMIS, CPCO, the company's mission is "Giving Doctors the Freedom to be Doctors." Lisa has conducted CA and DC classes at UVCA conventions and is scheduled for the association's Fall 2021 and Spring 2022 conventions.

UVCA members are invited to a free 30-minute phone consult with Lisa or one of her team specialists. Members also receive a discount on billing company, billing consulting, and staff training fees. In addition, Gold Star will help the association provide members with top notch information via webinars, teaching at conventions, writing articles and blogs, and making a contribution to the UVCA. Visit <https://www.goldstarmedical.net/> to learn more. Questions? Call Lisa Maciejewski-West at 866-942-5655 or email info@goldstarmedical.net

No one company is going to fit the needs of all chiropractic offices. That's why Lisa has reached out to other UVCA billing company members and consultants to identify the best ways to complement what they do. Watch for a panel discussion featuring Lisa of Gold Star, UVCA member services specialist Becky Walter, and UVCA supporting supplier member Marilyn Porras, Chirocenters Management Corporation, soon.



Personal Injury Training Institute
Working Together for Healing and Justice

Personal Injury Training Institute provides comprehensive certified online PI training for chiropractic doctors and attorneys. The founder, Dr. Jeffrey States, has conducted convention sessions and standalone seminars for the UVCA, as well as has provided a **2 type 1 CEU class as part of the online/on-demand content that Spring Convention registrants have access to until May 23rd.**

PITI is providing big savings on its powerful self-paced personal injury course. It begins with fundamentals of building a PI practice from a chiropractic point of view. It includes basics about PI law and whiplash, as well as further details about Cervical Acceleration/Deceleration injuries and common associated conditions. Crash videos are infused in all PI ONLINE Training Modules, which are important for understanding how occupants are injured in different types of MVCs.

UVCA members receive 24-hour unlimited access to the program for 6 months for \$1599.00. Upon purchase, you will receive DropBox links. Searchable digital PI workbooks and forms are provided for each module. For more information, visit <https://personalinjurytraininginstitute.com/>. To purchase the program at the discounted rate, go https://www.bodzin.net/cashpractice/Page_Index_Blank.php?Page=Gateway&MID=Z5tkpQ&GID=12770943&FID. Questions? Contact Dr. Jeffrey States, phone 801-288-9539 x4 or email pitidr@gmail.com.

2
ONLINE
AUCTION
ITEMS!

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The **Kanvas App** is a highly customizable app that will boost your practice's presence by:

- Attracting new patients via an assessment feature that offers free value to potential patients (light stretches and exercises based on symptoms) and the Refer A Friend feature which allows patients to quickly and easily send clinic information to their friends and family.
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- Building community by keeping you practice connected with patients and giving them instant access to the clinic. Patients never need to leave the provider's app.

Developed by Jay Greenstein, DC and his team at Kaizenovate, this is the first app that is wholly practice-branded and patient-specific. UVCA members receive hefty discounts on both the initial development costs (\$999 instead of \$2500) and ongoing monthly fee (\$149 instead of \$399). The UVCA will also receive a contribution. To learn more or to order, go to <https://app.kaizenovate.com/cc-order-form>. Questions? Contact Jena Slaski, MS Ed, ATC, Director of Research and Innovation: phone 240-552-9887, email jslaski@kaizenovate.com.

ONLINE
AUCTION
ITEM!

Other UVCA Member Affinity Programs Include:

- **ChiroHealthUSA:** Safe, legal discounting for patients
- **Computer Troubleshooters:** On-site and remote IT services
- **Infinedi:** Electronic claims services
- **Medova:** Group and now individual health insurance
- **Foot Levelers:** Custom orthotics
- **Quartermaster Tax Management Services:** Tax and financial
- **Assistants for Chiropractic Excellence (ACE):** CA training
- **ChiroCode:** Coding and documentation resources
- **ChiroCredit.com:** Online CEUs and staff training
- **Dry Needling Institute:** Dry needling certification

Virginia's First Chiropractors

By Tessa D. Foley

In the winter of 1906-07 two new Palmer graduates traveled from Davenport and began practice in the Commonwealth of Virginia.¹ In the spring of 1906, Drs. Robert L. Coiner and Andrew R. Ely had entered the Palmer School of Chiropractic (PSC) and graduated with six others in December of that year.¹⁻³ Coiner and Ely, from Waynesboro, Va., and Gordon, Wisc., respectively, entered the profession during a turbulent time for the Palmers.² D.D. Palmer, founder of the PSC, and his son B.J. Palmer both served as instructors until March of 1906. Soon after Coiner and Ely's enrollment, D.D. Palmer stood trial for practicing medicine without a license. Ultimately, at the end of his trial in late March, D.D. Palmer was found guilty and served 23 days in the Scott County jail. After paying his fine of \$350, the elder Palmer sold his interest in the school to his son in May and moved to Oklahoma.⁴ B.J. Palmer continued as the president of the school until his death in 1961.

During their time at the PSC, Coiner and Ely had as classmates several other important figures in chiropractic history. John Howard, the founder of the National School of Chiropractic graduated from the PSC in the summer of 1906.² Other notable students in Coiner and Ely's December 1906 graduating class included Shegetaro Morikubo and M.P. Brown, M.D.³ The La Crosse, Wisconsin trial of Morikubo is one of the most influential events in the development of the profession. Similar to D.D. Palmer, Morikubo was arrested for practicing medicine without a license. Unlike D.D. Palmer, however, Morikubo won his case in a landmark decision. His court victory in August 1907 first established a precedent to differentiate between the practices of chiropractic and osteopathy.⁵ As new graduates who were enthusiastic about their chosen profession, Coiner and Ely likely followed the legal exploits of their classmate Morikubo in Wisconsin. M.P. Brown was a medical doctor who remained at the PSC after graduation as editor of the Palmer publication *The Chiropractor*. Moreover, Brown's medical license served as an important protection against opposition claims of unlicensed practice at the PSC for many years.⁶

Coiner's family ties in Virginia likely led to his decision to return there to practice after his time at the PSC. According to a 1903 newspaper report, a Mr. Sam Bell of Waynesboro, Va., traveled to Davenport and was benefited by chiropractic care.⁷ Coiner, who was also from Waynesboro, had a connection to Bell and identified Bell as a factor in his decision to attend the PSC. Furthermore, Coiner stated that being a chiropractor sounded better than being a farmer all his life.² It is unknown why Ely choose to come to Virginia; however, Ely's father had contact with PSC graduate Jesse Darnell, D.C., in Wisconsin. The younger Ely read some of Darnell's chiropractic literature and decided to go to Davenport for care from D.D. Palmer. Upon arriving in Davenport on 26 March 1906, Ely decided to enroll in the PSC.²

While both men graduated at the same time, Coiner was the first chiropractor documented in Virginia. Coiner went home in December of 1906 upon the death of his father and missed the PSC graduation ceremony.³ Therefore, since A.R. Ely

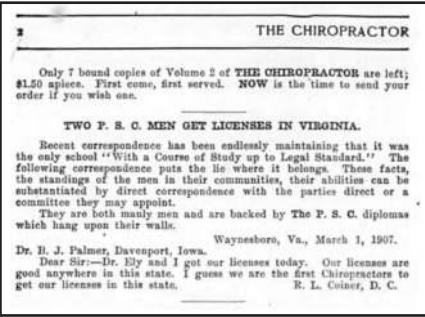


Figure 1. Coiner letter to B.J. dated 1 March 1907, reprinted in the May, 1907 issue of *The Chiropractor*

attended the December PSC graduation program in Davenport prior to locating to Virginia, Coiner became the first to return to Virginia and begin practice. Coiner began to see patients in Waynesboro, Virginia in December 1906 and wrote to B.J. Palmer reporting that in two weeks of practice, he had 22 patients and prospects for more.¹ By January 11, Coiner had adjusted 28 people in a single day and collected \$170 in his first month of practice.⁸

Coiner wrote to B.J. Palmer again on 1 March 1907 to inform Palmer that he and A.R. Ely had each received their "licenses."⁹ These were likely "business licenses" allowing them to operate a business, but that was all that Coiner and Ely thought they needed to practice.

D.D. Palmer continued to have an interest in Richard Ely even after Palmer left Davenport. In a December 1906 letter to John Howard from Medford, Okla., D.D. inquired, "Where is Dick Ely?"¹⁰ Ely corresponded with both B.J. and D.D. Palmer over the next few years. Letters from Ely to B.J. are printed in *The Chiropractor*, and letters to D.D. Palmer appear in his monthly publication *The Chiropractor Adjuster* and his 1910 book, *The Science, Art and Philosophy of Chiropractic*.

Ely settled in Lynchburg and the city directory lists him at 506-508 Church Street in 1908 and 1909; however, he was not listed in 1910.^{11,12} He traveled to Davenport in 1909 to marry Blondine Schroeder on Christmas day 1909.¹³ The couple returned to Lynchburg after the wedding; however, it appears they did not stay in Lynchburg long. Dr. Ely and Blondine must have been in Lynchburg on 12 April 1910, which was when and where

Continued on page 7

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Continued from page 6 the 1910 US Census recorded them. Later in the year they moved to Davenport, Ia., as the 1910 Davenport City Directory lists Ely as a teacher at the new Universal Chiropractic College (UCC).¹⁴ While at UCC, he was involved in some controversy as “the Ely move” was discussed by the Palmer-affiliated Universal Chiropractors Association in 1911.¹⁵ At issue was whether the procedure was a chiropractic maneuver or whether it was osteopathic in origin. Ely is reported later to be teaching at the Rock Island Chiropractic College in 1914.⁷ Ely and his wife returned to Virginia by 1918 and he was listed in Augusta County through 1930. The 1930 U.S. census report identified Ely as an osteopath.¹⁶ Andrew Richard Ely, D.C., died in Colorado on 15 February 1966.

Coiner was not as active in the profession’s activities as Richard Ely. Even so, in 1909, Coiner named his son after United Chiropractic Association (UCA) attorney Fred Hartwell.¹⁷ B.J. Palmer joked that naming Coiner’s infant son Maurice Hartwell Coiner was better than Morris Hartwell Coiner, a reference to Morikubo and UCA attorney Tom Morris. The naming of Coiner’s son provides another indication that the events of La Crosse, Wisc., were closely followed in Virginia. Coiner was involved with Ely’s chiropractic efforts in the first few years, but appears to have abandoned chiropractic and perhaps his identity also soon after. He practiced in the western part of the state in Waynesboro (Augusta County) and Clifton Forge, but was reported for only a few years.

Robert Coiner left the state of Virginia sometime before September of 1918. The circumstances are unknown and questionable. He moved to Sailor Springs, Ill., and established himself as Robert Koyner – osteopath. The pronunciation of the last name Coiner and Koyner would likely be the same, so he potentially could respond to the same name. However, the reasoning for the different spelling and potentially different identity is mysterious. Later in life he was a store clerk.^{18,19}



Figure 2 (Above). Andrew Richard Ely (1878-1966) in the 1906 PSC yearbook



Figure 3 (Right). Robert Luther Coiner (1886 - 1957) in the 1906 PSC yearbook

In what is an odd coincidence, both Ely and Coiner presented themselves as osteopaths in the 1920s. It is unknown why both men from the PSC 1906 class and Virginia’s first two chiropractors would choose to not be identified as chiropractors in the 1920s. Both would have had legal standing in Virginia as chiropractors because of the passing of a 1915 updated medical practice act. An amendment to the bill provided, “Nothing in this Act shall be construed to apply to any person who commenced the practice of chiropractic in this state prior to January 1, 1913.”²⁰

Early Legal Trouble in Virginia

The Appomattox and Buckingham Times from 16 October 1907 reported on a California incident involving Dr. Thomas Storey, D.C.²¹ A patient of Dr. Storey’s had died, and it was *Continued on page 19*

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The Business of Chiropractic: What is it?

By Daniel A. Shaye, DC, CCSP, FIAMA

For all doctors who have been in practice for a while (it's your choice what "a while" means to you), let's help new and newer practitioners launch their future right. Please, let's guide our next generation of chiropractors to excellence, moral service, servant leadership, and many forms of thriving success.

Established doctors need to ask themselves: "What have I learned that younger doctors need to know? What would I do differently if I could go back in time?"

The No. 1 piece of advice? Learn how to run the business of chiropractic.

This means finding a qualified mentor (a process which took me two decades) and learning what business "is." The chiropractic business is in part – but only in part – your clinical skills (key deliverable). If your "ice cream" is mediocre, that won't help you build your ice cream empire. Sure, great marketing can help sell a mediocre product, but a superior product (in chiropractic's case, the service) has a competitive advantage. The advice for new DCs is to develop your clinical skills, throughout your career. Oh, and learn to protect yourself from bad habits or heroic adjusting moves.

If you're injured, you can't serve others and earn a living.

Soft Skills

There are also soft skills, aka "people skills." Without people -- both patients and staff -- you won't have much of a practice.

Interpersonal skills matter. Blair Singer, author of "The ABCS of Building a Business Teams that Wins," writes, "True communication is the response you get." Become a master listener, a student of people. Communication is a two-way process. Learn to actively listen.

Build your systems, but never become a robot. An exquisite "robot" chiropractor (or team member) is not as good as a top-notch communicator who is unconsciously competent at recognizing others and adapting to their learning and emotional styles. Don't be a spineless chiropractor (gross!) who lacks boundaries and






standards, a chameleon who modifies treatment recommendations to make patients "happy" (and forever failing). But do use your ears, and your heart, in addition to your mind and vocal cords. You might be surprised at what you see and hear, and the results to your bottom line (if that matters to you) will astound you.

Business Systems

Don't neglect your business systems. Define those systems, in writing, and be sure everyone on your team understands them. What's your hiring system? Your onboarding and training system? Your new-patient attraction system? Your billing and collection system? How are phone calls handled? What's your patient retention system? How do you explain and handle finances with patients? What's your business model (cash only, PI, insurance, a mix)? How do you develop treatment plans? How do you learn and

Continued on page 9

TOP 15 CYBER THREATS

1  Malware	2  Web-based attacks	3  Phishing	4  Web application attacks	5  Spam
6  DDoS	7  Identify theft	8  Data breach	9  Insider threat	10  Botnets
11  Physical manipulation, damage, theft and loss	12  Information leakage	13  Ransomware	14  Cyberespionage	15  Cryptojacking




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Continued from page 8 grow from mistakes (they happen)? What are your documentation standards? What systems help you minimize audit risks? And many more.

Can you imagine a pilot who wasn't trained to handle adverse weather? Prepare for all weather -- especially weather you know is part of the chiropractic flight path.

Lastly (or maybe it should be firstly), there's company culture. Who are you? What's your vision, your mission, your values, your code of honor? Are they meaningful? Impactful? Part of who you are as an organization? Be sure who you are and what you believe is clear and present throughout your corporate DNA. A snail egg produces a snail, never an oak tree. Build the machinery that produces what it's designed to.

From whence comes my insights? I credit everything I know to my coaching and business development team, as well as to many mentors I've had along the way. I'm grateful to generous and wise authors whose works I've devoured like water in a desert, and perhaps most importantly the "School of Hard Knocks."

Sometimes we need to burn our own hand in a flame (or injure our own wrist or shoulder) to truly understand. It's my hope that you will make fewer mistakes than I have, and when you do make mistakes, celebrate them as learning opportunities.

Dr. Shaye is the clinical director of Performance Chiropractic, LLC in Williamsburg, Virginia. A 1996 salutatorian magna cum laude graduate of Logan College of Chiropractic (now Logan University), he is the third chiropractor in his family.

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Modulating the Nervous System with Nasal Breathing

By James A. Munse, DC, DACNB, MPA

Neurons need three things to survive: oxygen, glucose, and stimulation. Adequate oxygen and glucose supply provides the metabolic underpinning for neuronal function. Consistent neuron stimulation allows for improved connectivity, integration, and overall communication. And alterations to either the amount of oxygen, glucose, or neuronal stimulation will result in neurological disease and dysfunction – in both acute and chronic scenarios. Unfortunately, oxygen supply to the brain is often overlooked and deemphasized in many treatment and rehabilitative regimens. We can offer more to our patients than just merely monitoring vital signs and ordering/evaluating routine blood work. Some of us take it step further by recommending dietary protocols and nutritional supplementation to address suboptimal lab findings – and this is great. But not all of us have the knowledge, interest, time, or style of practice to delve deeply into the metabolic state of our patients. Thus, this article will discuss a quick, simple, and holistic way to

influence the amount of oxygen entering our circulatory system...and this is via nasal breathing. This is relevant for all patients, treatment plans, and conditions – because improved oxygenation enhances and accel-



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Continued from page 9 erates recovery (for both neurological and musculoskeletal conditions). I recommend that you consider the information in this article as applicable to not only your patients, but also for yourself and those close to you.

Symptoms of poor brain circulation and oxygenation include: low brain endurance, poor focus and concentration, cold hands and feet, poor nail health, white nail beds (instead of bright pink), and the need to exercises or drink coffee to improve brain function. Sound familiar? These are common symptoms amongst our patient population (and ourselves). These findings often lead to a prolonged recovery and a sluggish response to our treatment interventions. There are many potential reasons for impaired blood flow to the brain (and thus the body) – which includes chronic stress, anemia, smoking, high or low blood pressure, poor lung and cardiovascular function, and diabetes (just to name a few). How can we improve this? Well...each of these aforementioned causes have their own pathogenesis and treatment regiments – well beyond the scope of this article. Nonetheless, proper breathing mechanics, improved breathing efficiency, and increased oxygenation in the bloodstream can be extremely helpful in each of these scenarios. Sometimes the positive change is steady and gradual, and other times it is rapid. I recently had a patient with severe titubation (quick, bobbing back and forth of the trunk and head) that was immediately stopped with the implementation of deep, diaphragmatic breathing.

The average adult human takes between 14,000-20,000 breaths per day. And typically – we don't consciously "think" about these breaths. They just happen...over and over again. And yet, these breaths have an incredible impact on our physiology. We are not often aware of our breathing until we struggle to breathe – whether this is due to a strenuous workout or respiratory congestion. This is unfortunate because we often miss out on an opportunity to regulate our physical, cognitive, and emotional state with our breath. Research has demonstrated that *Continued on page 11*

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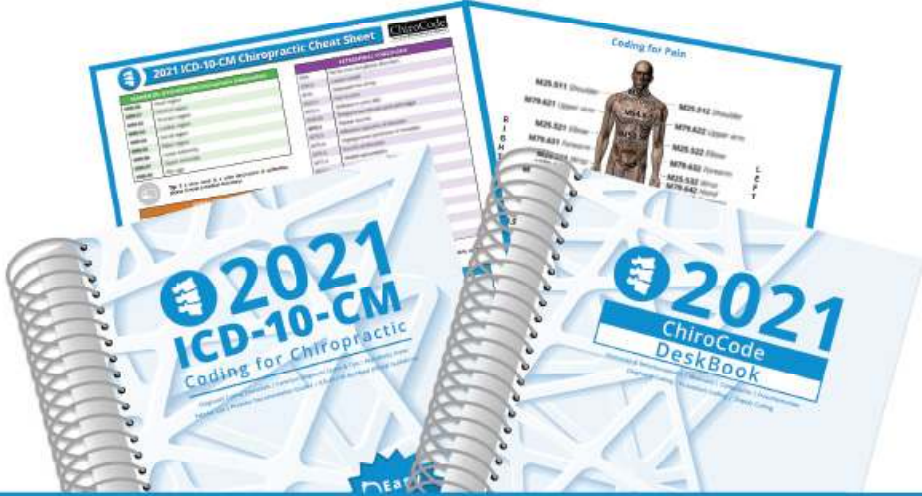
Continued from page 10 efficient breathing can improve sleep, decrease stress, and quell anxiety. As such, I encourage us to become more aware of our breath and use it as a tool to help us feel and perform optimally in all situations.

Our society is extremely revved up. We often learn that many of our patients turn to alcohol and pills to unwind the end of the day. And the quickest way to alter our physical, cognitive, and emotional state is by breathing. This is because of the rapid pH changes that occur in the bloodstream and the resulting oxygenation (we will focus on oxygen in this article). I recommend that you view breathing is a remote control for your nervous system. Research has demonstrated that it is possible to breathe yourself into a parasympathetic state – and this is through focused “nasal breathing.” This pattern of breathing will decrease activity in the amygdala and other brain centers that promote sympathetic activity (resulting in a tense, alert state).

Some individuals find it hard or even impossible to relax – like those with PTSD. A recent study by the University of Wisconsin reported that soldiers performing “yogic breathing” – which is nasal breathing initiated in the diaphragm and pushes the belly out during an inhalation – reported lower anxiety and fewer PTSD symptoms. A nasal breathing protocol to help us unwind and relax has been created by Brian McKenzie, who is the co-founder of the “Art of Breath” organization. This involves laying supine and following this breathing pattern for a duration of 5 minutes: (a) breathe in through the nostrils for 5 seconds, (b) breath hold for 15 seconds, and (c) exhale through the nostrils for 10 seconds (and repeat for 5 minutes). I admit that this is difficult at first and takes practice. I recommend that you simply focus on slow nasal inhalations and even slower nasal exhalations for a couple of minutes – and slowly build up.


Why is nasal breathing advantageous? Due to spending most of our time in the upright position – the greatest concentration of blood resides in the lower lobes of the lungs. Nasal inhalations emphasize our diaphragm, which lowers when we inhale and results in an expansion of our thoracic cavity. Thus, focused diaphragmatic contraction forces air into the lower lung fields and ventilates the air sacs that contain most of the blood. Conversely, mouth breathing encourages short, shallow breaths that primarily ventilate the upper lobes of the lungs and decreases our ability to deliver oxygen. Breathing via the mouth should only be used in times of high exertion for a short duration. Mouth breathing recruits the SCM, scalenes, pectoralis minor, and paraspinal muscles

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to aid in ventilation. Unlike the diaphragm – these muscles are not designed to help us breathe “all day” during “normal times.” As such, these muscles will fatigue and create tightness and soreness at the end of the day. Just think of how many patients have tight SCM, scalene, and pectoralis musculature. Also, research has shown that athletes often start mouth breathing early – well before they “need to.” Mouth breathing will signal to the brain that we are in a sympathetic (or fight or flight) state. This is unsustainable. And as these accessory respiratory muscles fatigue, they communicate to the brain that we need to slow down or stop. Thus, the athlete often slows down and lowers their intensity much earlier than they actually need to.

Nasal breathing is also beneficial because it adds a resistance to ventilation that is about 2x that of the mouth. As such, it slows down the respiratory rate and the size of each breath increases – which actually improves respiratory efficiency. This is because not as much air is wasted to empty/dead space in the conducting zone of the respiratory tree. On average, 150ml of air does not reach the alveoli during each breath. If we breathe fast and shallow through the mouth, then a larger volume of air remains in the dead space. For example, let's say you take 20 breaths in 1 minute (each breath is 500ml). That results in a total of 10 L of air and only 7L of that air reaches the alveoli. Now let's keep the total amount of air the same (10L) to

Continued on page 12

Continued from page 11 account for the same oxygen demands of the body but slow the number of breaths to 10 per minute... now each breath contains 100ml and 8.5L reach the alveoli. The amount of air remaining in the dead space of the conducting zones was cut in half! This improvement in breathing efficiency occurred just by slowing the respiratory rate and nasal breathing forces this to happen. Thus, focused and consistent nasal breathing prevents premature fatigue, enhances endurance, and improves oxygenation.

I recommend that you (and your patients) become consciously aware of your breathing and focus on nasal inhalations when possible. And you can use this as a tool to improve focus and promote calmness during periods of stress. You can even do this when exercising – please understand that it will take a few weeks for your body to adapt to this change if you primary breathe through your mouth and/or have poor carbon dioxide tolerance. I recommend slowing the intensity and duration of your exercise until you can do this comfortably – and then increase the intensity as you improve and you'll be amazed at the benefits. I also want to state that many breathing practices exist – and they can be helpful for a variety of circumstances. I am not downplaying the effectiveness



or benefits of those practices. But I simply suggest nasal breathing when possible as a simple and holistic option to boost oxygenation.

James A. Munse, DC, DACNB, MA of Chantilly Chiropractic Center in Chantilly, Virginia is a Diplomat of the American Chiropractic Neurology Board, which he earned through the Carrick Institute. He is proficient in Full Spine Diversified (Palmer Package), Gonstead, Activator, Thompson, Extremity

Adjusting, Flexion-Distraction, and Functional Neurology diagnosis and rehabilitation. In addition to full-time practice, Dr. Munse serves as an adjunct professor at George Mason University and an assistant coach for the Westfield High School varsity football team. He can be reached at jamunse@gmail.com.

UVCA Supports Board Efficiency

At the April 24th General Membership Meeting, special district director elections were held to implement a bylaws change approved at the Fall 2020 Annual Meeting. The number of district directors was reduced from 10 to 6. Consistent with association best practices, the intent is to decrease the overall size of the board, thereby increasing engagement and making the board more nimble. Congratulations to the following directors for their continuing service.

- District 1: Dr. Christine Stewart
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- District 4: Dr. Eric Carlsen
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A huge thanks to the district directors stepping down at this time: Dr. Michael Ray, Dr. Jennifer Rathmann, Dr. Taylor Myers, and Dr. Carly Swift. We look forward to their continuing participation in other leadership roles.

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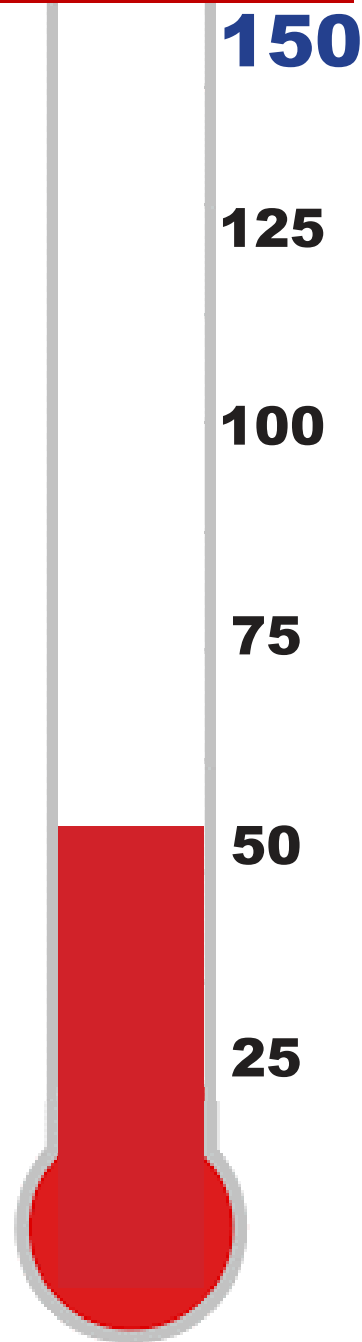
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Chesapeake, Virginia
Phone: 757-697-8445
drbutterfieldchiro@gmail.com
Member Type: First Year DC

Gump, IV, Robert

Moneta, Virginia
Phone: 540-420-2202
Member Type: Student
Diversified; Drop Techniques, Thompson; Extremity Adjusting; Flexion-Distraction – Cox; Full Spine; Gonstead; Instrument Adjusting – Activator; Motion Palpation; Myofascial Release; Palmer Package; Sacro Occipital Technique (SOT)

Keeter, DC, Elizabeth

Keeter Chiropractic
Daleville, Virginia
Phone: 907-841-1495
keeter.chiro@gmail.com
Member Type: First Year DC

Kieselbach, DC, Stephen

The Joint Chiropractic -
Fredericksburg
Fredericksburg, Virginia
Phone: 540-340-9884
Member Type: Fourth Year or More DC

Knight, DC, Christopher

Warsaw, Virginia
Phone: 804-761-7863
knightchiro804@gmail.com
Member Type: Fourth Year or More DC
CBP; Decompression; Diversified; Drop Techniques, Thompson; Drop Techniques – Other; Extremity Adjusting;

Flexion-Distraction – Cox; Full Spine; Gonstead; Instrument Adjusting – Activator; Instrument Adjusting – Impulse; Instrument Adjusting, Other; Low / Non Force Techniques; Motion Palpation; Myofascial Release; Soft Tissue; Webster

Owen, Jonathan

High Ridge, Missouri
Phone: 443-684-0834
Member Type: Student
Active Release Technique (ART); Cold Laser; Diversified; Drop Techniques – Other; Flexion-Distraction – Cox; Kinesiotaping; Logan Basic; Motion Palpation; Myofascial Release; Soft Tissue

Rodriguez Vazquez, DC, Ricardo Alejandro

Chiropractic & Wellness Center LLC
Alexandria, Virginia
Phone: 386-846-6064
drriocardalejandro@gmail.com
Member Type: First Year DC
Decompression; Diversified; Drop Techniques, Thompson; Extremity Adjusting; Flexion-Distraction – Cox; Full Spine; Gonstead; Graston; Instrument Adjusting – Activator; Kinesiotaping; Myofascial Release; Palmer Package; Upper Cervical, Toggle

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Saint Charles, Illinois
Phone: 630-779-3424
Member Type: Student
Acupuncture; Diversified; Drop Techniques, Thompson; Flexion-Distraction – Cox; Instrument Adjusting, Other; Kinesiotaping

Vinick, DC, Thomas

In8 Chiropractic
Chesapeake, Virginia
Phone: 757-482-8445

Tcvinick@gmail.com
Member Type: Fourth Year or More DC
Diversified; Drop Techniques, Thompson; Extremity Adjusting; Instrument Adjusting – Impulse; Myofascial Release

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Continued from page 7 alleged that his mallet and chisel technique, and other chiropractic treatments, were the cause of his patient's death. It seemed odd that a very small town newspaper in Virginia would report the events that took place in San Bernardino, Calif., in 1907. It is unknown if this was simply a random news story picked up by a local newspaper, or if this was possible evidence of the new chiropractic presence in Virginia being noticed and negative propaganda beginning against it.

The first documented legal challenge for the profession in Virginia came in February of 1908. The Daily Advance of Lynchburg reported the story beginning 28 February 1908.²² Ely was called before the Police Court and charged with doing business without a license. Ely produced his state license for Augusta County and Lynchburg City; however, then the allegation changed to whether or not he needed a license from the State Board of Medicine. Ely argued that he prescribed no medication and was only practicing his profession. He did not think he needed a certificate from the State Board. The full case was heard the next week and the Mayor dismissed the case stating the law regulating the practice of medicine gives exclusive jurisdiction in such cases to the Corporation Court.²³ It appears that Ely won his case as he had a business license for the county and city. Ely appears to have employed the strategies that Morikubo, his classmate, used to win his case six months prior in La Crosse.

Chiropractors Slowly Come to Virginia

Gradually, a few other chiropractors began to come to Virginia, and, by 1909, a handful were scattered across the state. Interestingly, the first few chiropractors began to practice mainly in the western and central parts of the state even though much of Virginia's population was in regions such as Hampton Roads and Washington, D.C., suburbs.

- H. E. Hanson, D.C., was reported in Roanoke January 1908.²⁴ Hanson soon moved to Harrisonburg.
- Juanita G. Shaw, D.C., Ph.C., was the first female chiropractor to practice in Virginia. She and John Shaw, D.C., are listed in Goshen and Lynchburg by early fall 1909.^{25,26} She moved to Richmond later in 1909.²⁷ Then, in 1912 she is listed as faculty of the Universal Chiropractic College in Davenport,²⁸ where Richard Ely began teaching in 1910.
- The January 1910 edition of The Chiropractor lists three chiropractors in Virginia: Ely (Lynchburg), Coiner (Clifton Forge) and Shaw (Richmond). J.G. Creasy came to Roanoke by the end of 1910.²⁹

Slowly, even more chiropractors came to Virginia, and they began to organize in an attempt to establish legal standing for the profession as they faced more opposition from the medical community. The profession's beginnings in Virginia can be traced to Robert L. Coiner and then Andrew R. Ely as the first two chiropractors in Virginia.

Notes:

- 1 Coiner, R.L. (1907). Letter to B.J. Palmer. The Chiropractor, 3(1-2).
- 2 How and why I became a student of the P.S.C. (1906). The Chiropractor, 2(9-10).
- 3 Commencement at the P.S.C. (1907). The Chiropractor, 3(1-2).
- 4 Gielow, V. (1981). Old Dad Chiro. Davenport, IA: Bawden Bros.
- 5 Senzon, S. (2020). Shegetaro Morikubo, D.C. The Institute Chiropractic. <https://www.institutechiro.com/gens/first-generation-chiropractors/shegetaro-morikubo/>
- 6 Brown M.D. (2004). Overlooked! Back on record, Martin P. Brown, M.D., D.C. Chiropractic History, 24(2),27- *Continued on page 20*

New Adventure!

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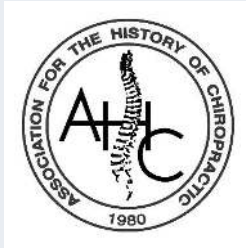
Phone: 804-436-3064

Email: cassellbrenda226@gmail.com



REGISTRATION CARD				
SERIAL NUMBER 1 2608	NAME Robert Luther Koyner			ORDER NUMBER 809a
2 PERMANENT HOME ADDRESS Salem Springs, Clay, Ill.				
Age in Years 37	Date of Birth July 2, 1886			
RACE				
White <input checked="" type="checkbox"/>	Negro	Oriental	Indian	Nonwhite
U. S. CITIZEN				
Native Born <input checked="" type="checkbox"/>	Naturalized	Citizen by Father's Naturalization Before Registrant's Majority	Declarant	Non-declarant
15 If not a citizen of the U. S., of what nation are you a citizen or subject?				
16 PRESENT OCCUPATION Chiropractor		17 EMPLOYER'S NAME Self		
18 PLACE OF EMPLOYMENT OF BUSINESS: Salem Springs, Clay, Ill.				
19 Name Hannah R. Koyner		20 Address Harrisonburg, Augusta, Va.		
I AFFIRM THAT I HAVE VERIFIED ABOVE ANSWERS AND THAT THEY ARE TRUE P. M. C. G. Form No. 1 (Revised)				

Figure 4. Front side of Coiner's (Koyner's) draft registration



**“Those who forget
their past are
doomed
to repeat it.”**

The Association for the History of Chiropractic (AHC) is a non-profit membership organization committed to preserving and disseminating information on the history of the chiropractic profession. The society was founded at Spears Hospital in Denver in 1980 and held its first annual Conference on Chiropractic History at the Smithsonian Institute in 1981. Each year since the AHC has co-sponsored its annual Conference in conjunction with one of the chiropractic colleges.

Twice per year the AHC publishes the scholarly journal, *Chiropractic History*, which is indexed by the National Library of Medicine in Histline. Membership in the AHC includes a subscription to *Chiropractic History*; members also receive the AHC's newsletter.

Fortieth Annual Conference of The Association for the History of Chiropractic will be held June 19-20, 2021 at Palmer College of Chiropractic. Davenport, IA.

Information about membership can be found on the AHC website (historyofchiropractic.org).

Association for the History of Chiropractic
4802 Fairhaven Ct.
Davenport, IA 52807

E-mail inquiries to ahc1895@gmail.com

The AHC is a 501(c)3 organization and donations are tax-deductible.

Continued from page 19

34.
7. Wiese, G. (2007 Nov 13). Letter to Joseph Foley in regard to B.J. Papers held in the Palmer Archives Special Collections.
8 Coiner R.L to PSC. (1907). *The Chiropractor*, 3(3),9.
9 Two PSC men get licenses in Virginia. (1907). *The Chiropractor*, 3(6),2.
10. Palmer, D.D. (1906 Dec 17). Letter to John Howard. National College Collection.
11 Walsh's Lynchburg Virginia City Directory. (1908). Charleston, SC: Walsh Directory Company, 210.
12 Walsh's Lynchburg Virginia City Directory. (1909). Charleston, SC: Walsh Directory Company, 218.
13 Miss Schroeder Bride of Dr. Ely of Virginia. (1909 Dec 30). *Davenport Times*, 6.
14 Davenport City Directory. (1910). Davenport: R.L. Polk & Co., 228.
15 Where is chiropractic? (1911). *The Chiropractor*, 7(4), 94-96.
16 U.S. Census Bureau. (1930). South River, Augusta, Virginia. Microfilm Roll:2435; Page; 7B; Enumeration District 19; Image:890.0.
17 Short items. (1909). *The Chiropractor*, 5(12), 2.
18 U.S. Census Bureau. (1930). Sailor Springs, Clay, Illinois. Microfilm Roll: 2340146; Page: 2A; Enumeration District: 0015.
19 U.S. Census Bureau. (1930). Sailor Springs, Clay, Illinois. Microfilm Roll: m-t0627-00769; Page: 2B; Enumeration District: 13-17.
20 Stoke, J.H. (1970). *The Trail of the Pioneers*. Salem, VA: Valley Press.
21 Treated for pain in the back. (1907 Oct 16). *Appomattox and Buckingham Times*, 6.
22 Straightens backbone only. (1908). *The Chiropractor*, 4(3),14.
23 Troubles of many before the mayor in police court this morning.

- (1908 Mar 4). *Daily Advance*.
24 Hansen, H.E. (1908). Letter to B.J. Palmer. *The Chiropractor*, 3-4(12),19.
25 Virginia. (1909). *The Chiropractor*, 5(12),21.
26 Virginia. (1909). *The Chiropractor*, 5(9-10),192.
27 Shaw, J.G. (1909). Letter to B.J. Palmer. *The Chiropractor*, 5(12),16.
28 Universal Chiropractic College Class of 1912 composite picture. Private collection.
29 UCA directory. (1910). *The Chiropractor*, 6(12),60.



The author, Tessa Foley, is a recent graduate of Virginia Tech where she obtained her Masters degree in Urban and Regional Planning. She also has a Bachelors degree in Historic Preservation from the University of Mary Washington. Ms. Foley can be reached at TessaDFoley@gmail.com.

This article was published in the most recent issue of *Chiropractic History* the journal of the Association for the History of Chiropractic and reprinted with the AHC's permission. The AHC welcomes feedback from Virginia chiropractors and hopes that those interested in reading more chiropractic history will explore its publications. See ad with contact information above.

Continued from page 18

Thriving, Established Chiropractic, Back Rehab & Wellness Practice in Beautiful Coastal Virginia Seeks Experienced, Top-Notch Associate. Our ideal associate is a highly motivated, energetic, positive, friendly & compassionate "people person" with an entrepreneurial spirit, excellent communication, People, leadership & adjusting skills. If you have a minimum of 1-5 years' experience, email your CV to Kerry@CharneyChiropractic.com. [listing#070821a]

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Continued on page 23

Continued from page 21

excellent manual adjustments. Pay: \$50/hr, plus bonus for number of patients treated. Part-time to Full-time. No Insurance. No evening dinners to attract new patients. Contact Dr. Jarod Rehmann - jarodrehmann@gmail.com. [listing#060221a]

Virginia Beach. Associate Doctor wanted. Busy established chiropractic practice seeking skilled, dedicated, energetic chiropractor to come grow w/ our practice. We are a family oriented diversified, instrument, soft tissue practice. Base salary plus bonus based on performance. Full time position available immediately. Future buy in/ ownership opportunity available. Send CV/Resume to LookingforaDC@gmail.com. [listing#052321a]

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Seeking a Temp-Permanent Chiropractor to join an integrative & holistic practice between our Leesburg & Vienna locations. Coverage will be needed from 3/13/2021 to 3/25/2021. This opportunity will be treated as a working interview for a potential long-term position. Please email your CV/Resume to Dr Viet Le at info@acnwellness.com or text/call at 703-729-5600. [listing#052221a]

Are you looking for work life balance?

CHAWC.com is looking for a long-term associate doctor who wants to join a positive, organized, growing practice of 26 yrs where we share life & serve God together in Richmond VA. Work a part time schedule of five half-days a week w/full-time benefits, retirement plan, competitive salary, bonus plan. Send CV & letter of interest to employment@chawc.com. [listing#051721a]

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Continued from page 22

Hampton Roads: Live by the sea! Beach, boating, nautical vibe w/ close proximity to N.C. Outer Banks. Associate or Independent contractor wanted for well established DC-PT family owned & operated practice. No weekends or screenings! Generous compensation! All we ask is that you love chiropractic, want to be around good people & are licensed in Virginia. Please text Dr Schaier at 747-641-0991. [listing#042621b]

Award-winning chiropractic office of 39 yrs seeks new graduate for an associateship position. One of our doctors is retiring & we need an associate to step into an immediately successful role in taking over his patient volume. Reputable, research-based office, voted "Best of Charlottesville" for several yrs. Excellent salary & bonus, w/401k & health insurance. Email CV/resume to drfusco@coxclinic.com. [listing#042621a]

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Great opportunity for experienced (2+ yrs) Chiropractor needed for dynamic multi-specialty practice in Williamsburg. Must be highly motivated & focused on integrated patient care. Competitive salary. Benefits available with FT status include health, dental, life, disability, cont. ed. & generous 401(k). Please send resume to hr@comberpt.com. [listing#041921a]

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Busy practice in Old Town, Alexandria looking for a skilled licensed DC w/ great communication skills, positivity,

& clinical confidence. This practice is a family practice working w/children to elderly & a strong emphasis in pre- & post-maternal health. Competitive salary, IRA, health benefits, year end bonus, & incentive-based bonuses offered. Please contact drshara@justadjustit.com or fax resumes to (703) 683-8777. [listing#040621a]

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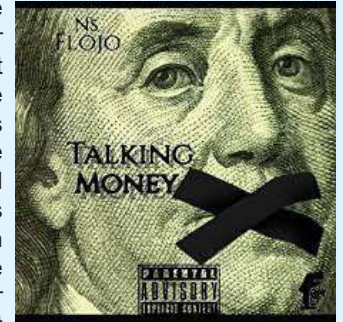
We are looking for an experienced chiropractor who is in good standing w/licensure, has great people skills, & who is proficient at his/her job, to temporarily work at our busy Manassas office due to pregnancy leave, from March - June 2021, varying shifts & days. Interested candidates should send resumes & references to: hatrusman@aol.com. [listing#031521a]

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Kaizo Health, a rapidly growing Chiro, PT & Rehab co is looking for highly skilled, ethical DCs w/exc clinical, interpersonal & comm skills. Competitive salary, bonus *Continued on page 24*

Money Matters – Overcoming the Fear of Talking about Dollars & Cents

We all know the importance of sitting down with our patients to discuss the cost of care, yet it is one of the most under-utilized processes followed in offices across the country. Authors of the Instamed report state, "With the focus shifted to the consumer, both payers and providers will be challenged to overhaul their payment processes or face lost revenue and poor customer retention." Knowing that a Financial Report of Findings (FROF) with our patients is essential to boosting collections and retaining our patients, why are so many offices still not implementing this practice?



For many, it's considered taboo. Miss Manners (Emily Post) herself was quoted as saying, "A very well-bred man intensely dislikes the mention of money, and never speaks of it if he can avoid it." This quote is from the 1920s, however, it is still indicative of how most of us were raised on the subject. As a result, we find it difficult to talk about money with our patients. In most cases, these conversations need to happen with new patients, but we hesitate as we strive to make them feel comfortable in our offices. Taking the right steps to implement a proper FROF in your office will help to ensure long-term success.

Right Person, Right Seat

Years ago, I had an outstanding CA that was involved in direct patient care. I decided to reward her for her exceptional work ethic by promoting her to our office manager position. In two short months, she was one of my least effective team members. Her morale was down, her attitude mirrored that of Eeyore, and her work was shoddy, to say the least. I couldn't understand how my best employee was now my worst employee, and so I sat down with her to have "the talk." I dreaded this conversation in my heart and my head; however, it was during this conversation that I learned how much she missed talking to patients, disliked paperwork, and no longer felt like she was making a difference. In my infinite wisdom, I had rewarded her by giving her a job that made us all miserable. I immediately moved her back to her old position and moved another staff member to the office manager position. Everyone was much happier, and I didn't end up losing one of the best employees I have ever had the pleasure of working with.

Likewise, when determining who will have the financial conversation with your patients, base it on the person with the right personality, not the right job title. This person should be comfortable talking to your patients about money. They should be kind-hearted, patient, and cheerful. Keep in mind that, although you may not know the financial situation of everyone who works in your office, those who have a good personal relationship with money are going to be more comfortable having these conversations with patients.

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Location, Location, Location

Choose a private location to have this conversation in your office. Although we are not discussing the patients' finances directly, we are discussing their financial responsibility for the care they need. Restate the doctor's recommendation for care. Let patients know what insurance will cover. Let them know your actual fees for services that insurance will not cover and be prepared to offer affordable payment options. Asking patients to part with \$1,200 of their hard-earned money may scare them away but letting them know that their care is going to take three months and will cost \$400 per month can open the door to affordability.

Keep it Simple

Give your patients an easy way to pay. Today, most of us, myself included, pay everything online or have it drafted from our accounts. We have moved to a passive way of paying our bills. We don't give much thought to the price of our gym memberships, utility bills, or car payments, because they just get deducted from our bank accounts. We never feel the sting of parting with our money like our patients do when they pay at the end of each visit. Setting up an auto-debit system in your practice allows you to utilize a payment schedule that works with your patients' budgets and builds a steady stream of revenue for your practice. This allows our patients to get treated and leave feeling positive about their experiences, not feeling the dread of having to part with money on their way out the door.

Be committed to opening up the lines of communication when it comes to talking about money with your patients. You might be pleasantly surprised by the results, but you'll never know if you never try. Tony Robbins said it best, "If you do what you've always done, you'll get what you've always gotten." We often tell ourselves "no" or "I can't" when it comes to trying new and different things. Change is hard. Incorporating a new procedure can be tough, but the gratification of seeing collections and patient retention improve far outweighs the discomfort of trying something new.

Dr. Ray Foxworth is a certified Medical Compliance Specialist and President of ChiroHealthUSA. A practicing Chiropractor, he remains "in the trenches" facing challenges with billing, coding, documentation and compliance. He has served as president of the Mississippi Chiropractic Association, former Staff Chiropractor at the G.V. Sonny Montgomery VA Medical Center and is a Fellow of the International College of Chiropractic. You can contact Dr. Foxworth at 1-888-719-9990, info@chirohealthusa.com or visit the ChiroHealthUSA website at www.chirohealthusa.com. Join a free webinar that will explain how a properly crafted DMPO can help you practice with more peace of mind. Go to www.chirohealthusa.com to register today.

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structure, benefits plan inclusive of health, dental, life, long term disability insurance as well as cont ed benefit, 401K match, ownership plan, more. For more info, pls contact Dr Jay Greenstein at drjay@kaizo-health.com.

Ariya Family Chiropractic Centers, Greater Richmond area, looking to make an associate's dream come

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CHESTER PRACTICE FOR SALE (Richmond Suburb) Chiropractic/Acupuncture/PT Grossing \$300,000.00. Low rent & low overhead make this a profit driven practice. Call Dr. Matthew Davis for details, 770-748-6084 DrMatt@PremierPracticeConsultants.com. [listing#072821c]

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SMALL TOWN CHARM - BIG CITY AMENITIES: In a charming Southern town, yet near many metropolitan cities. W/easy access to both mountains & beach, you'll live among streams, forests & lakes. W/multiple techniques used, you'll feel right at home w/your preferred technique(s). Excellent opportunity to own a practice for a doctor whose time has come. Live life BEFORE retirement! Inquire at greatchiropractic@yahoo.com. [listing#042221a]

HELPING SELLERS FIND THE RIGHT BUYERS - Are you ready to retire or sell your practice? Contact our company to help you find an energetic doctor. Send us an email with the basics of your business (location,

yrs in practice, asking price, etc...) & let us help you move onto that next exciting chapter in life! Contact us at successfulpractice@gmail.com. [listing#042021a]

Suffolk Turn-Key for Sale: O'Dea Chiropractic, 30-yr-old practice, downtown, near City Hall. High traffic near city's fire, rescue, ambulance services. Reception, offices w/2 computers, 2 chiro rooms w/Hi/Los, modalities room w/3 tables & stim, X-ray room w/recently certified equipment, storage, 2 bathrooms. Asking 70K, will break up payments. Great price, don't wait too long! Russ or Kevin, 757-617-3357. [listing#031821a]

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Ariya Chiropractic Group is continuing to expand in the Greater Richmond & surrounding areas through practice partnerships. Clinic owners/operators retain 100% ownership but also get the benefits of partnering w/our large group. We help you with the business of chiropractic, staff training/education, documentation, compliance, to see a full list of services- check us out on Facebook. For more info/questions call 804-526-7125 or email ariyachiropractic@yahoo.com. [listing#120721a]

Space Available

Independent Contractor position in the DC suburbs: Looking for IC to rent space in Sterling. Plenty of opportunity to grow a practice, scale down your practice, or share space with a colleague. You will have 24/7 access to your own room plus other shared office space including a lecture room. Please contact Will Sonak at: drwill@lifewellnessnova.com or 703-406-0200 to discuss details. [#062521a]

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Sports-minded Chiropractor wanted to share office space in McLean. Space available Monday, Thursday afternoons, Friday, Saturday. Focus: Sports medicine, Adjusting, experience w/ART/Soft Tissue, Graston, Rehab, Taping. A cash practice w/athletes & active healthy patients as the base, patients invest in their health & performance. Apprenticeship considered. The owner doctor travels for events, other day coverage possible. Email DrAnneSorrentino@gmail.com, include an updated cv. [listing#062221a]

Equipment

FREE framed Chiropractic educational posters. These are great for a new practice. If interested contact Dr. Michelle Kotkin at 540-667-7300 or dr.michelle@kotkinchiropractic.com. [listing#0618a]

X-Ray digital upgrade: VIVIX-S X-Ray cassette; model 17x17 Gadox Fixed detector package. Top of the line unit only 7 months old! Comes w/cassette, monitor, & a computer interface. Company is Medlink imaging. Asking 18k or buyer can also take over the payments. Contact: Russ or Kevin (757) 617-3357. [listing#061121a]

Full X-ray unit w/cassettes & X-ray boxes including 14x36 capability & developer. Selling because we are relocating & have no need for X-ray at our new location. Unit probably 10 yrs+ Old. Asking \$1000 or best offer. Contact : Dr. Kevin Haselhorst at 540 656 2885 or email at milestonechiro@gmail.com. [listing#051821c]

RETIREMENT EQUIP. SALE: 3 Excel Rxmt/ therapy tables -2 recently reupholstered; Lg. 8 pack Stainless Hydrocollator Bath & 6 Pack cover Wall Stainless Drying Rack; 2 ceiling mount Cubitraks w/privacy curtains, 1 Metal Posture Station(unused); Oak 8 Slot Wall Magazine Rack; metal wall storage cabinet; Med. Kenmore Comb. Freezer/Refrig.; wall biohazard container w/glove section, Earthlite Massage table, Small Microwave & more; Contact for prices/pics: ddraudi@cox.net. [listing#051821b]

TONS of equipment, top brands. Spinolators, Chattanooga benches, Vibratory C&L spine unit & platform, scoliosis chair, Lloyd Hi-Lo, X-ray machine/supplies, large view box, Neurophlors, U/S & EMS Units, Hydrocollator unit w/table & extra packs, spine models, spinal screening scales w/unit, many like-new posters, Foot Levelers Thera-ciser unit, much more – just ask! Perfect for new or satellite office! Call Dr. Knapp, 703-206-8063, leave message. [listing#051821a]

NEW/USED EQUIPMENT: 30+ yrs experience; HF Hill & Associates, Inc. Chiropractic showroom is located in Richmond (by appointment). We buy & sell new & used equipment: Lloyd Table Co., Richmar, Hill Labs, Pivotal Health, Chattanooga & more. Adjusting tables, laser, electrotherapy, ultrasounds, & traction tables (decompression & IST). Check out our NEW & USED EQUIPMENT IN STOCK - www.HFHill.net. 1.800.434.4551, ask for Hugh. [listing#080521a]

New Headache Presentation

Since the UVCA is a group member of the Foundation for Chiropractic Progress, you have access to a growing library of professionally created PowerPoint presentations you can use with your patients, in workshops, with employers, etc. For example, one of the Foundation's newest presentations is an updated PowerPoint that celebrates the value of chiropractic care for headache relief.



To discover all your free member benefits, go to: <http://f4cp.com/signup-opt-in/>. No upgrade needed for these presentation materials, marketing roadmaps, doctor listing, and much more.

VCA doctalk to the Rescue

PT Orders

Post on VCA doctalk: Got a call from a patient today informing me his PT told him he shouldn't come see me while he was going to PT. The patient is cash so there are no insurance issues. My understanding is that a PT can't supersede a doctor's orders just as a nurse can't.

Response: You are correct, unless he/she is a DPT. Then it is not a supersede issue, just a difference of opinion.

From a practical standpoint, I would suggest talking to the patient and explaining why you disagree, for the patient's sake. I usually play the nice guy and say "I am sure they are well intended but they simply don't know what we do. In fact, chiropractic and physical therapy are complementary to each other. I work with a lot of PTs and this is a first. I don't want to guess what their reason is but I can tell you that this is why I believe chiropractic is the best course of treatment for you."

Depending on how the conversation goes I will sometimes offer to call other provider and make sure we are all on the same page to best help the patient.

Taking the role of the proactive "leader" is what I have found to work best. We all know that PT will be limited by the level of subluxation present AND that adjustments sustain better when the soft tissue is trained to support the proper alignment. No one has to be the bad guy but someone can be the ignorant one without actually having to use that word.

We have all experienced this with MDs at times -- although less and less. Sometimes it works and sometimes it does not. The patient will go with the one he/she trusts the most. Being transparent and non-defensive can go a long way.

HIPAA & Vaccinations

Post on VCA doctalk: A patient asked whether or not my MTs, staff, and/or I have been vaccinated. Am I violating HIPAA by telling them we have or have not been vaccinated?

Response: You should cover that with policy. If you have in your internal policies that staff can disclose answers to health status questions at their discretion, then it would be up to each individual staff member how to answer. This pandemic situation has presented many challenges. Generally, you would not disclose another staff member's health status, but that's not really a protected situation under HIPAA -- it's just a privacy concern related to employee privacy, unless staff are patients (often the case), then it is HIPAA related. Just as you wouldn't disclose if you have a staff member who is undergoing cancer treatment without their consent, you would not disclose vaccination status.

You can allow your employees to answer for themselves if they wish to do so. You should not disclose for them unless they give you direct, written permission to do so. Some patients will not seek services unless they are assured that staff is vaccinated. It is ok for each individual staff member to disclose that for themselves and it would be ok for you to have a written disclosure policy. If everyone in your office decides that it's permissible to disclose vaccination status, then that solves the issue. If someone opts out, they do and you cannot speak for them. A standard answer of, "That's a private issue for each employee. We established that each person is able to make that decision based on their own medical history and knowledge. You can certainly ask each individual, but we will not require them to disclose that to you."

Usually it's good to be as open as you can with patients and be prepared they may opt out of services based upon your answer.

Unified VCA Education & Events

Differential Diagnosis of Neuromusculoskeletal Conditions - *LIVE WEBINAR*

June 26-27, 2021

By James Demetrious, DC, FACO

Standalone 10-hour seminar OR part of the 50-hour Neuromusculoskeletal Medicine Program through the University of Bridgeport, depending on your goals/needs

Fall Convention - *IN-PERSON*

Back Where We Belong: Together!

October 8-10, 2021

Sheraton Oceanfront, Virginia Beach, VA

Multiple DC and CA tracks, topics, speakers, & functions including:

- Neuro Functionality by Dr. David Fletcher
- Coding & Documentation by Dr. Kevin Sharp
- Especially for New DCs by Dr. Nathan Unruh
- Guidelines & Best Practices for Treating Neck Pain by Dr. Louis Crivelli
- Working With Youth Athletes by Dr. Alan Smith
- Radial Pressure Wave Therapy by Dr. Christopher Proulx
- Effective Cash Practice Strategies by Dr. Alan Smith
- Fundamentals of the Revenue Cycle System by Ms. Brandy Brimhall
- Using Technology to Increase Practice Efficiency by Ms. Lisa Maciejewski
- Radiology for CAs by Dr. Rich Reinhold

Rad Tech Certification Program & ACRRT Exam - *IN-PERSON / VIRTUAL HYBRID*

Consists of:

- October 9-10, Virginia Beach: 13 hours in-person training by Dr. Rich Reinhold (in conjunction with UVCA Fall Convention)
- October 23-24, Virginia Beach: 13 hours in-person training by Dr. Rich Reinhold
- November 6: 6 hours of LIVE VIRTUAL training by Dr. Victor Rizzo - NEW!
- November 13: 6 hours of LIVE VIRTUAL training by Dr. Victor Rizzo - NEW!
- Concurrent/completed before November 6: 12 hours of online/on-demand coursework
- December 4 or 11, Richmond: ACRRT Exam

Dr. Rizzo has helped strengthen Pennsylvania's test scores & we are excited to add him to our training team!

Pain Management of Chronic & Neuropathic Conditions: Integration of Lasers, E-stim & Ultrasound - *VIRTUAL HYBRID*

Consists of:

- November 13, 2021 - 6-hour live webinar
- November 13-20, 2021 -- 4 hours of self-paced online/on-demand content featuring video demonstrations

By Nelson Marquina, PhD, DC

Standalone 10-hour seminar OR part of the 50-hour Neuromusculoskeletal Medicine Program through the University of Bridgeport, depending on your goals/needs

More Online/On-Demand for DCs & CAs:

- CA Training from Assistants for Chiropractic Excellence
- Online CEUs through ChiroCredit.com and EON!
- DOT Testing through TeamCME and NYCC
- Online Rad Tech CEUs through myicourse

For details, updates, pricing & to register, go to www.virginiachiropractic.org & click on Calendar.

See Supplier Member event listings, too!

The Virginia Voice

Spring 2021

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We estimate that 78% of VCA dues are not deductible as a charitable contribution, but may be deductible as ordinary and necessary business expense. The remaining 22% is allocated to lobbying expenses and is not deductible. Further info. should be obtained from your tax advisor.