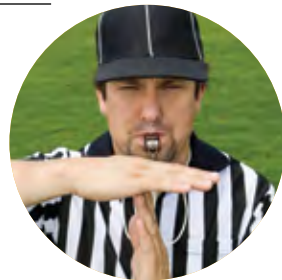


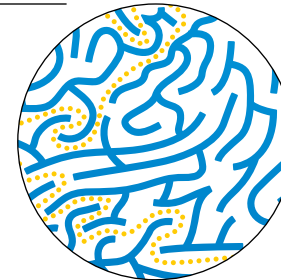
03  
Upper Cervical  
Concepts



08  
Been in Practice  
Ten or More Years?  
You Know this  
Feeling!



18  
Attracting a New  
Generation of  
Quality Patients



July 2012 | Volume 22 No. 2



AMERICAN  
JOURNAL  
OF CLINICAL  
CHIROPRACTIC

ISSN 1076-7320 | Published Quarterly

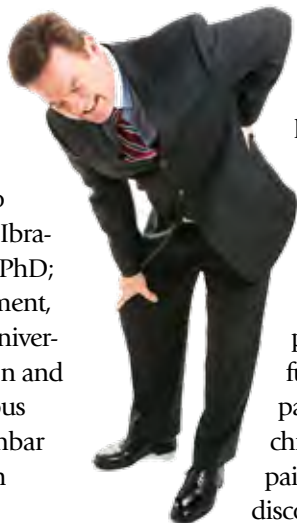
**CONTENTS:**

- 03** Research & Evidence
- 08** Business & Practice Tips
- 12** Editorial & Letters
- 16** BioPhysics Insights
- 18** Doctor Spotlight
- 21** Spine Biomechanics

*Your source of information for Chiropractic BioPhysics®—The Science of Spinal Health*

## CBP® Lumbar Extension Traction Evidenced in Two Recent RCT's

In the last couple of months, two new randomized controlled trials have been published having strong impact on CBP Technique protocols and procedures. These two randomized trials were authored by Ibrahim Moustafa, PhD and Aliaa Diab PhD; both from the Basic Science Department, Faculty of Physical Therapy, Cairo University, in Egypt.<sup>1,2</sup> The two trials built on and expanded the knowledge of a previous non-randomized trial on supine lumbar extension (3-point bending) traction



published by Deed E. Harrison, DC and colleagues.<sup>3</sup>

Moustafa and Alia's trials demonstrated that lumbar extension traction increases the lordosis and improves pain, disability, and nerve function in patients with chronic low back pain<sup>1</sup> and chronic discogenic lumbosacral radiculopathy<sup>2</sup>

and concomitant lumbar hypolordosis. For complete study abstracts see the CBP NonProfit, Inc. research update on page 7 by Dr. Oakley.

**REFERENCES:**

1. Moustafa IM, Diab AA. Rehabilitation for Pain and Lumbar Segmental Motion in Chronic Mechanical Low Back Pain: A Randomized Trial. *Journal of Manipulative and Physiological Therapeutics* Volume 35, Issue 4, Pages 246-253, May 2012.
2. Moustafa IM, Diab AA. Extension traction treatment for patients with discogenic lumbosacral radiculopathy: a randomized controlled trial. *Clin Rehabil* June 8, 2012. Published online before print June 8, 2012.
3. Harrison DE, Harrison DD, Cailliet R, Janik TJ, Holland B. Changes in Sagittal Lumbar Configuration with a New Method of Extension Traction: Non-randomized Clinical Control Trial. *Arch Phys Med Rehab* 2002; 83(11): 1585-1591. **AJCC**

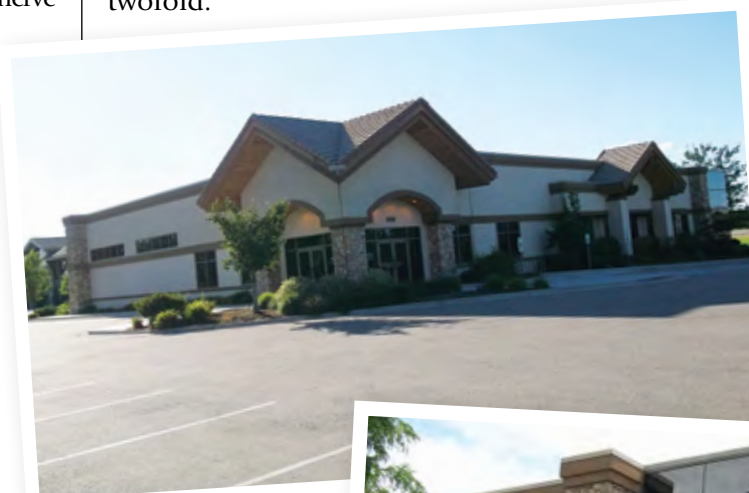
## New Chiropractic BioPhysics® Training Institute and Spinal Health Center will Open in Boise-Eagle, ID

On June 22, Drs. Deed and Shirlene Harrison, of CBP® Seminars, procured an 11,000 sq. ft. class A professional building in down town Eagle, Idaho; just outside of Boise, ID. The purpose of this building is twofold:

aspects of CBP Technique, will come to acquire the knowledge and skills necessary to practice CBP and become CBP Certified Chiropractors. Thus, part of the new facility will be a state of the art 2,000 sq. foot conference room capable of running 2-sessions simultaneously; and

2. To operate a full scale, multi-doctor, CBP patient spine rehabilitation and health center. Currently, the Chiropractors

**See Training Institute on page 25**



1. To operate a Chiropractic BioPhysics (CBP) training facility where Chiropractors around the world, interested in learning all



NON-PROFIT  
U.S. POSTAGE  
**PAID**  
PERMIT NO. 750  
SALT LAKE CITY  
UTAH

# Announcing the New Posture Pump® (Model 1000) Medical Version

Exciting NEWS!

- Verified by Medicare for HCPCS code E0849
- Provides approximately 20% more Expanding Ellipsoidal Decompression (EED®) than our Standard Model 1000 for the more difficult cases
- Decompresses joints and expands disc height
- Decreases disc bulging & subarachnoid indentations (as concluded in 2008 & 2006 IRB Approved MRI Studies)



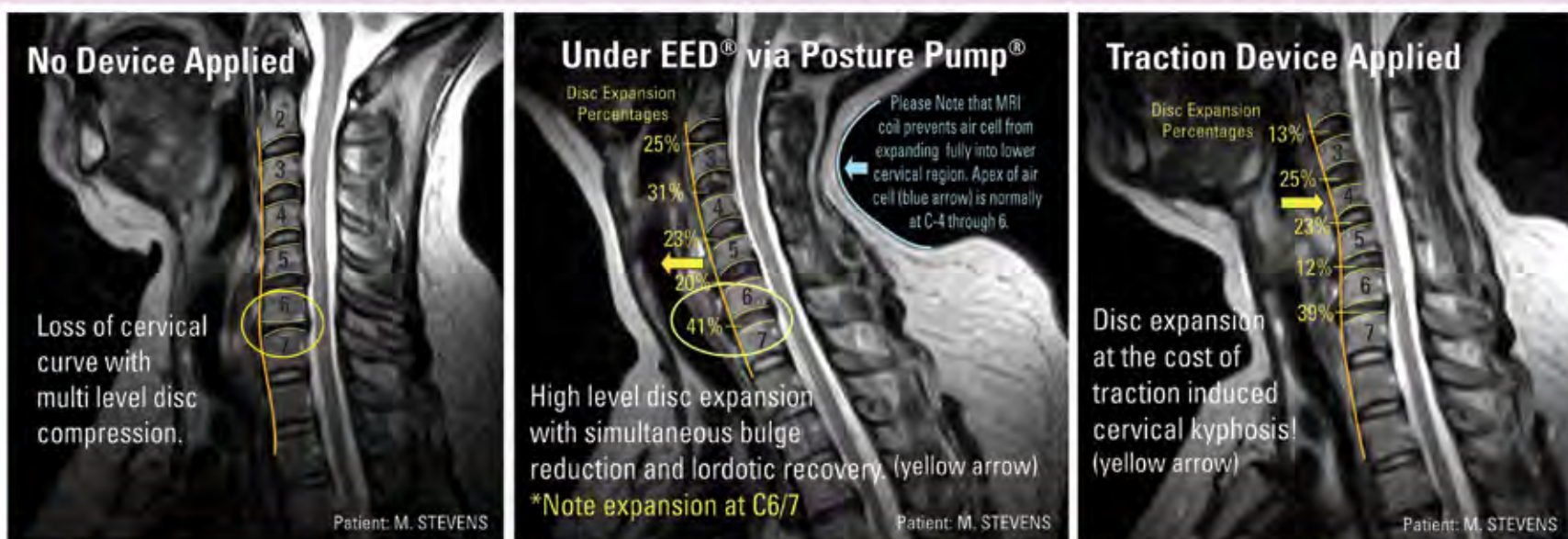
- Shapes & restores the cervical curve
  - Restores ranges of motion and gets to the cause of neck pain and stiffness fast
  - Comes with custom carrying case, patient instructional DVD. Frame color: Titanium Grey
  - Lightweight, portable, easy to operate & travel with
  - Beautifully crafted, made in the USA and built to last
- Call for Pricing 1-800-632-5776**

Over Two Million and Counting have utilized EED® Technology via Posture Pump®



## What doctors are saying about Posture Pump®

"In our neurosurgery practice, we see many patients with neck and back pain and the vast majority of these patients need no surgical therapy. We are constantly looking for better ways to help patients by non-surgical approaches. Most patients who use the Posture Pump® get excellent relief from neck or back pain. The patients feel so much better. I have been a proponent of conventional cervical traction for over 20 years, but the Posture Pump® is far superior to cervical traction." **K. Stuart Lee, M.D., F.A.C.S.; Greenville, NC**



Carefully study the benefits of Expanding Ellipsoidal Decompression (EED®) to the damaged cervical spine vs the consequences of axial linear traction to the cervical lordotic curve. Above MRI's taken from Shealy 2008 IRB Approved MRI Study. Subjects were enrolled for comparative MRI study with a baseline MRI (Neutral) and then during both EED® via Posture Pump® and Axial Linear Traction, in alternating order. (Same subject in all 3 MRI's taken about 20 minutes apart.)

Expanding Ellipsoidal Decompression (EED®) via Posture Pump® is a process in which joints of the lordotic spinal regions (cervical & lumbar) are decompressed and simultaneously aligned in a curved or lordotic configuration. Because Posture Pump® expands and lifts the spine from the posterior joints (not by prying the head from the body as in linear traction), decompression occurs in a ratio conforming to the natural wedged shape of the discs. This phenomenon allows Posture Pump® to separate the anterior, center and posterior of the intervertebral disc better than linear traction while simultaneously improving the natural cervical lordosis rather than removing it!

Call to request copies of 2008 & 2006 IRB Approved MRI studies.

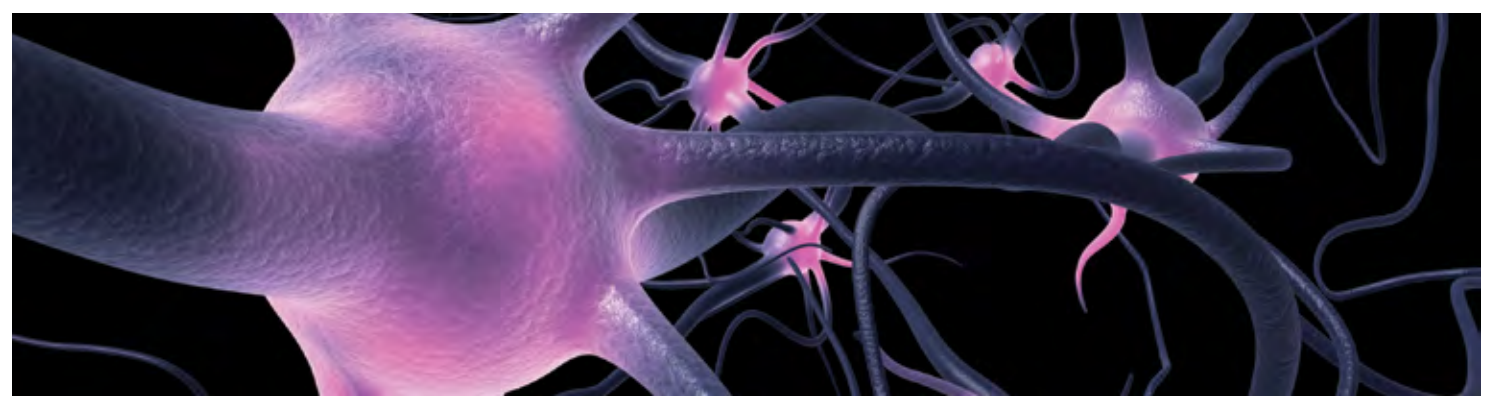
1-800-632-5776 • 714-847-8607 • [www.posturepump.com](http://www.posturepump.com) • email: [sales@posturepump.com](mailto:sales@posturepump.com)

Posture Pro, Inc., 18584 Main Street, Huntington Beach, CA 92648

Please Note: It is nearly impossible to obtain the exact same tissue slice on a Pre versus Post MRI especially if the shape of the object has changed. Therefore Pre/Post MRI comparisons are not perfect and are subject to interpretation. Over two million and counting have utilized EED® technology via Posture Pump®.

Suggested billing codes provided by Posture Pro are intended as suggested and general guidelines only. Posture Pro does not guarantee coverage or reimbursement of any products. You must address all coverage and reimbursement issues including the correctness and accuracy of codes with your individual payers. It is your responsibility to ensure the accuracy and appropriateness of each claim you submit, in accordance with all applicable payer requirements.

Copyright 2011 POSTURE PRO, Inc. U.S. Patent Numbers 5,922,225 • 5,558,776 • 5,713,841 • 5,806,596 • 6,038,595 • 7,063,265,823. Other patents pending. Consult your local chiropractor before beginning any exercise program. Prices and colors subject to change without notice.



## Upper Cervical Concepts

Dan Murphy, DC— Private Practice of Chiropractic; Diplomate American Board of Chiropractic Orthopedist; Faculty Life Chiropractic College West; Vice President ICA 2003-2009; ICA Chiropractor of the Year 2009

**INTRODUCTION**  
A key component to understanding the upper cervical spine is to understand the **Trigeminal-Cervical Nucleus**. In his 1995 article Nikolai Bogduk, MD, PhD1 makes these points:

- The trigeminocervical nucleus is "defined by its afferent fibers."
- The primary afferents to the trigeminocervical nucleus are the trigeminal nerve (Cranial Nerve V) and the

upper three cervical nerves.  
• These sources of afferents (trigeminal nerve and upper cervical) terminate on common second-order (in the trigeminocervical nucleus) neurons that fire to the thalamus.<sup>1</sup>  
The point is that the **trigeminal nerve afferents** and the **upper cervical afferents** are neuro-mechanically linked. **Upper cervical spine afferent** mechanoreceptors arising from the capsules, ligaments, and discs are well documented. Importantly, the sub-occipital muscles are documented to be the most densely innervated (by far) with muscle spindle mechanoreceptors.<sup>2</sup>

**Neuroanatomical Pathways**  
From Raphael Poritsky, Ph.D. Case Western Reserve University, School of Medicine, Department of Anatomy. Cleveland, Ohio W.B. Saunders, 1984.  
*"Our first conscious muscular act is nursing at the breast. The neuronal pathways mediating and stipulated by nursing from the beginnings of our awareness of 'self' as well as the neuronal substratum upon which all future emotional and mental experience is interpreted and recorded. The tactile and oral sensations that accompany this extremely important act, namely pleasure, warmth and security, are conveyed centrally primarily by the trigeminal nerve, the trigeminal sensory nuclei in the brain stem, the trigeminal tracts, the nucleus VPM [ventral*

*posterior medial] in the thalamus and its myriad connections."*  
"Conceivably whether a person is basically happy and content in life, whether he or she is trusting of others human beings, and whether he or she is capable of loving another human being may all depend upon the sufficient stimulation, activation and persistence of these neurons, their connections and

*their neurotransmitters."*  
**The Brain and Behavior**  
From David Clark, PhD (Ohio State University College of Medicine and Nashaat Boutros, MD (Yale University School of Medicine) An Introduction to Behavioral Neuroanatomy Blackwell Science, 1999, pg. 99.  
**See Upper Cervical Concepts on page 26**

### Did You Know? By Dan Murphy DC.

# 59%

In patients suffering from chronic pain subsequent to degenerative spinal disease, 59% can eliminate the need for pain drugs by consuming adequate levels of omega-3 essential fatty acids. (Surgical Neurology, 2006)

4

Removing aspartame and glutamate from the diet for 4 months can eliminate chronic pain symptoms. (Annals of Pharmacology, 2002)

These published facts and hundreds more are available through my Article Review Service, now in its 11th year. Reviews are detailed, thorough, timely and cutting-edge, with KEY POINTS summary and chiropractic practical applications. They are excellent for educating the chiropractor, staff, patients and lecture preparation.

- Each Article Review is in PDF format for easy printing.
- Sign up through my website with a credit card on PayPal.

**What our subscribers say:**

*Dear Dan, I hope you can continue providing this information for many years to come. I have been in practice for 18 years and find these citations to be the most informative, chiropractically relevant information that I have received in my career. I would be willing to pay more for this information to make sure that it keeps coming.*

Again, thank you!

ARTICLE REVIEW SUBSCRIPTION | \$100/year | [www.danmurphydc.com](http://www.danmurphydc.com)

# The Impulsive Adjustment: State-of-the-Art Technology Enables Spine Monitoring Simultaneously During Treatment



Christopher J. Colloca, D.C.  
CEO and Founder of Neuromechanical Innovations  
A ISO 13485 Certified Medical Device manufacturer of the Impulse® family of adjusting instruments, based in Chandler, Arizona.  
Prominent Spine Researcher and Reviewer  
He can be reached at DrC100@aol.com or at www.neuromechanical.com

which may play a significant role in the etiology of musculoskeletal disorders (Nachemson 1985). The ability to quantify in vivo spine segment motion (displacement) and stiffness (force/deformation) in response to forces is thus considered to be of clinical significance in terms of both diagnosis and treatment of spinal disorders. Moreover, knowledge of spine segment motion patterns, forces and stiffness is also of fundamental interest to understanding the postural, time-dependent and dynamic response of the spine, the role of spinal implants in mechanical load sharing, and the response of the extremities (appendicular skeleton) and spine (axial skeleton) to externally applied forces such as chiropractic adjustments (Keller et al. 2002).

The mechanical and physiologic response of the spine to PA forces is dependent upon many factors, including the intensity, direction, duration and frequency of the applied force. Of these factors, the frequency-response and frequency-dependent stiffness character-

istics of the spine to PA dynamic loading is perhaps the least well understood. The dynamic PA frequency-dependent stiffness behavior of the human spine reflects the fact that the spine is a viscoelastic structure, albeit generally more elastic than viscous. Different structures (ligaments, cartilage, bone, tendons, muscle) will exhibit varying degrees of time-dependent and frequency-dependent viscoelastic behavior. Consequently, the overall structural/vibration response

## Structural Frequency Response Functions

The general approach for determining the dynamic response of a man-made or biologic structure consists of simultaneously measuring an excitation or input signal (typically force) and response or output signal (displacement, velocity or acceleration) in the time domain and analyzing them in the frequency domain. Two principal types of frequency response transfer functions can be determined: a ratio of like parameters such as the ratio of the force transmitted to the disturbing force (transmissibility), or a ratio of two

easier to excite and capable of greater mobility and storage of larger amounts of energy, whereas the opposite holds for transmissibility (Kazarian 1972). A variety of mechanical vibration "transfer functions" can be defined for various excitation (input) and response (output) signals (Table 1).

A very fast and efficient method to determine the broadband dynamic

Forces that are relatively large in magnitude, but act for a very short time (much less than the natural period of oscillation), are called impulsive.

Table 1. Dynamic Frequency Response Transfer Functions

Name	Transfer Function
Accelerance	acceleration/force (kg-1)
Effective Mass	force/acceleration (kg)
Mobility	velocity/force (m/Ns)
Impedance	force/velocity (Ns/m)
Compliance	deformation/force (m/N)
Stiffness	force/deformation (N/m)

istics of the spine to PA dynamic loading is perhaps the least well understood. The dynamic PA frequency-dependent stiffness behavior of the human spine reflects the fact that the spine is a viscoelastic structure, albeit generally more elastic than viscous. Different structures (ligaments, cartilage, bone, tendons, muscle) will exhibit varying degrees of time-dependent and frequency-dependent viscoelastic behavior. Consequently, the overall structural/vibration response

dissimilar parameters such as the ratio of the disturbing force to the velocity transmitted (mechanical impedance). Frequency response functions, together with identification of the resonant frequencies associated with the vibration, provide important information concerning the mechanical behavior of the structure. For example, when the spine is dynamically loaded along the PA direction a lower impedance value implies that the intervertebral joints are

mechanical response of a structure is to use transient testing techniques such as impact testing. During impact testing, a hand-held instrument (typically a hammer) with a load cell mounted to it is used to deliver a force impulse to the structure, and the motion response is measured using an accelerometer either mounted to the structure or mounted directly to the instrument (driving-point). It is this technique that we have refined and patented for our unique approach of simultaneously monitoring spinal motions during chiropractic adjustments. In the next issue of the Journal, we will review the benefits of adjusting at the resonant frequency of the spine.

## REFERENCES

1. Colloca, C.J., Keller, T.S., Moore, R.J., Harrison, D.E., & Gunzburg, R. 2009. Validation of a noninvasive dynamic spinal stiffness assessment methodology in an animal model of intervertebral disc degeneration. *Spine* 2009, 34, (18) 1900-05.
2. Kazarian, L.E. 1972. Dynamic response characteristics of the human vertebral column. *Acta Orthop Scand., Suppl* 146, 1-186
3. Keller, T.S., Colloca, C.J., & Beliveau, J.G. 2002. Force-deformation response of the lumbar spine: a sagittal plane model of posteroanterior manipulation and mobilization. *Clin Biomech*, 17, (3) 185-196
4. Nachemson, A. 1985. Lumbar spine instability. A critical update and symposium summary. *Spine*, 10, (3) 290-291 **AJCC**

## INTRODUCTION

Inherent in the definition of chiropractic adjustment is the need to identify abnormal mobility and/or alignment and the introduction of specifically applied forces intended to reduce or correct the dysfunction. Inasmuch, over a decade ago, I placed my research focus into developing technology geared towards the ability to quantify spinal displacements and monitor spinal motion responses during chiropractic adjustments. With this agenda, I assembled an international research team to examine the biomechanical characteristics of various spinal pathologies and their relationship to spinal motion. Born out of this research was a validated non-invasive spinal stiffness assessment methodology that compared our methods to a gold-standard intersegmental motion technique that we published in 2009 in the journal, *Spine* (Colloca et al. 2009). Forces that are relatively large in magnitude, but act for a very short time (much less than the natural period of oscillation), are called impulsive.

## Quantifying Spinal Pathology

Segmental instability and pathology of the spine are believed to produce abnormal patterns of motion and forces,

There's Never Been A Better Time To Save!

# Sizzling Summer Sale!

Easy On You. Easy On Your Patients -  
And Easy On Your Wallet!

Join Over 7,000 Offices That Made The Switch To Impulse!

SCAN NOW FOR INSTANT SAVINGS & FREE GIFT!



DR. CHRISTOPHER J. COLLOCA  
CEO & President, Neuromechanical Innovations  
Home Of The "Intelligent Adjusting Instruments"

There's NEVER Been A Better Time To Be Impulsive!

RESEARCH BASED | TECHNOLOGY DRIVEN | AFFORDABLY PRICED

Expires 07/31/12  
Promo Code: AJCC712

## Introducing - The Trio™

THE PERFECT BLEND FOR PRACTICE SUCCESS

### IMPULSE® ADJUSTING INSTRUMENT



International Plugs Available  
Japan/Taiwan, EU, AUS, UK

Regular Price: \$988.00

#### INCLUDES:

- Impulse® Adjusting Instrument
- Single and Dual Styluses
- Portable Carrying Case
- **UPGRADE 3 YEAR WARRANTY!**

### IMPULSE® SEMINAR IN A BOX



Regular Price: \$499.00

#### INCLUDES:

- Learn the Impulse Adjusting Technique in the comfort of your home or office with our 4 DVD Boxset - "Seminar-in-a-box!"
- Full Spine & Extremities
- Research & Practical Application DVDs also included!

### IMPULSE® TURN-KEY MARKETING



Regular Price: \$499.00

#### INCLUDES:

- Fully Customized Turn-Key Marketing Starter Kit
- PowerPoint Workshop
- Press Release
- Event Poster
- Event Flyers
- Brochures

SAVE OVER

# 50% OFF!

TRIO - ADJUSTING INSTRUMENT,  
TRAINING & TURN-KEY MARKETING!

THE NEUROMECHANICAL DIFFERENCE!

## The Trio™

REGULAR PRICE: \$1,986.00  
Plus get free shipping!

# \$989.00

WWW.IMPULSESEMINARS.COM • (888) 294-4750

Ideal Protein

# WEIGHT LOSS Method

## LOSE AN AVERAGE OF 3 TO 7 POUNDS PER WEEK

- DEVELOPED BY DR TRAN TIEN, CHANH PhD, MD
- EASY 4 PHASE PROTOCOL
- MAINTAIN MUSCLE MASS WHILE BURNING FAT
- SUPPORTS CELLULITE REDUCTION
- COMPREHENSIVE TRAINING AND UNPARALLELED SERVICE AND SUPPORT
- A VARIETY OF INCOMPARABLE GOURMET FLAVOURS

# You DESERVE IT!

CONTACT US! 1.866.314.4447

WWW.IDEALPROTEIN.COM

®/TM/MD/MC MARQUES DE COMMERCE DES LABORATOIRES C.O.P. INC.  
© TOUS DROITS RÉSERVÉS 2007 - TOUS DROITS RÉSERVÉS LABORATOIRES C.O.P.



Paul A. Oakley, M.Sc., DC  
CBP Research & Instructor  
Private Practice New Market,  
Ontario, Canada

Moustafa IM, Diab AA. Extension traction treatment for patients with discogenic lumbosacral radiculopathy: a randomized controlled trial. *Clin Rehabil* June 8, 2012 Published online before print June 8, 2012.

#### ABSTRACT

**Objective:** To investigate the effects of lumbar extension traction in patients with unilateral lumbosacral radiculopathy due to L5-S1 disc herniation.

**Design:** A randomized controlled study with six-month follow-up.

## CBP® NonProfit, Inc. Research Update: Two Randomized Trials Support the Efficacy of CBP Lumbar Extension Traction

**Setting:** University research laboratory.

**Subjects:** Sixty-four patients with confirmed unilateral lumbosacral radiculopathy due to L5-S1 disc herniation and a lumbar lordotic angle less than 39°, randomly assigned to traction or control group.

**Interventions:** The control group ( $n = 32$ ) received hot packs and interferential therapy, whereas the traction group ( $n = 32$ ) received lumbar extension traction in addition to hot packs and interferential therapy.

**Main outcome measures:** Absolute rotatory angle, back and leg pain rating scale, Oswestry Disability Index, Modified Schober test, H-reflex (latency and amplitude) and intervertebral movements were measured for all patients three times (before treatment, after 10 weeks of treatment and at six-

month follow-up).

**Results:** There was a significant difference between the traction group and the control group adjusted to baseline values at 10 weeks post treatment with respect to: absolute rotatory angle ( $P < 0.001$ ), Oswestry Disability Index ( $P = 0.002$ ), back and leg pain ( $P = 0.009$ ,  $P = 0.005$ ), Modified Schober test ( $P = 0.002$ ), latency and amplitude of H-reflex ( $P = 0.01$ ,  $P < 0.001$ ), intervertebral movements ( $P < 0.05$ ). At six-month follow-up there were statistically significant differences between the study and control groups for all the previous variables ( $P < 0.05$ ).

**Conclusion:** The traction group receiving lumbar extension traction in addition to hot packs and interferential therapy had better effects than the control group with regard to pain, disability, H-reflex parameters and segmental intervertebral movements.

The traction group receiving lumbar extension traction in addition to hot packs and interferential therapy had better effects than the control group with regard to pain, disability, H-reflex parameters and segmental intervertebral movements.

Moustafa IM, Diab AA. Rehabilitation for Pain and Lumbar Segmental Motion in Chronic Mechanical Low Back Pain: A Randomized Trial. *Journal of Manipulative and Physiological Therapeutics* Volume 35, Issue 4, Pages 246-253, May 2012.

#### ABSTRACT

**Objective:** The purpose of this study was to investigate the effects of lumbar extension traction with stretching and infrared radiation compared with stretching and infrared radiation alone on the lumbar curve, pain, and intervertebral movements of patients with chronic mechanical low back pain (CMLBP).

**Methods:** This randomized clinical study with 3-month follow-up was completed at the Cairo University research laboratory. Eighty patients (age ranged from 40 to 50 years) with CMLBP and a hypolordotic lumbar spine were randomly assigned to traction or a comparison group. The comparison group ( $n = 40$ ) received stretching exercises and infrared radiation, whereas the traction group ( $n = 40$ ) received lumbar extension traction

in addition to stretching exercises and infrared radiation. The absolute rotatory angle, intervertebral movements, and visual analog scale were measured for all patients at 3 intervals.

**Results:** The results revealed a statistically significant difference between the groups at 2 follow-up time points compared with the baseline values for the translational and sagittal rotational movements of L3-L4, L4-L5, L5-S1, and L2-L3 (post treatment) and absolute rotatory angle ( $P < .01$ ). There were no statistically significant changes in pain ( $P = .1$  and  $.3$ ) and L1-L2 ( $P = .072$  and  $.076$ ) or L2-L3 (at follow-up;  $P = .3$ ), and there was no significant difference between all the previous variables adjusted to the groups' baseline outcome interaction ( $P > .01$ ).

**Conclusion:** Lumbar extension traction with stretching exercises and infrared radiation was superior to stretching exercises and infrared radiation alone for improving the sagittal lumbar curve, pain, and intervertebral movement in CMLBP. **AJCC**

**JUST ONE MORE THING TO ADD TO YOUR TO DO LIST**

WARRIOR COACHING SEMINARS

LEADERSHIP SUMMIT TORONTO, ON NOVEMBER 9 & 10, 2012

- 1-DAY OTTAWA, ON JANUARY, 2013
- 1-DAY CALGARY, AB JANUARY, 2013
- 1-DAY + STUDENT NIGHT ATLANTA, GA FEBRUARY, 2013
- 1-DAY TORONTO, ON MARCH, 2013
- 1-DAY CALGARY, AB MARCH, 2013
- 1-DAY ATLANTA, GA APRIL, 2013
- 2-DAY ATLANTA, GA JUNE, 2013

train HARD. serve BIG. love LARGE. live OUT LOUD.  
WARRIOR COACHING it's what we do.  
TO REGISTER CALL - 1.866.FULL.OUT

EPHESIANS 4  
I urge you to live a life worthy of the calling you have received.



Eric Huntington, DC  
Co-Owner Developer of the Chiropractic  
Business Academy  
drhuntington@chirobizacademy.com

#### INTRODUCTION

Yes, I'm talking about that feeling most get once in practice about ten years. It comes earlier for some, and maybe later for others. But I think we all get it. More about that in a moment.

I think that we are all very fortunate to have chosen chiropractic—or, as some suggest, maybe chiropractic chose you. Either way, if you've been in practice for ten or more years, I hope you have enjoyed being a chiropractor as much or more than I have enjoyed it.

At the same time, being in this profession comes with some challenges. Hopefully you knew that when you signed up for this game. For an easier time you could have become a stock broker, an attorney, or even a medical doctor. Maybe those professionals would argue with me on this point, but I'm pretty sure that the chiropractor has a tougher, but in my opinion, more rewarding path.

The feeling I'm talking about is the one that goes something like this: "I like what I do, but I can't do this forever... and I know that although I've worked hard and been frugal at times, not wasting money I knew I could not afford to waste... I know that I don't have enough to stop working now or any time soon... and I don't really want to do anything else, and for that matter, I'm not sure what else I could do... I'm a chiropractor."

For most, this is a rather disturbing thought. Some probably push it away, out of site, rather than think about it. Unfortunately, doing so does not solve the problem, and actually shortens the

## Been in Practice Ten or More Years? You Know this Feeling!

amount of time you have to handle it!

The simple fact is, not all of us are blessed with a body that will allow us to continue practicing past a certain point. And for others, it's not the physical barrier, but a mental one.

Although things like chiropractic research, or philosophy can be mentally stimulating, the day to day practice of chiropractic for the doctor in practice is rather mundane. The fact is, treating patients is very repetitive and very physical and is only interrupted occasionally by brief moments requiring relatively complex analytical decisions. It's just the nature of the typical chiropractic practice and is more a comment on most jobs than on the profession itself.

Now, combine those facts with being a health care provider outside the mainstream medical and insurance systems. To make matters more difficult, most chiropractors have few business skills, and yet own and operate a private practice. This typically results in many years of "figuring it out" with only a few years of good success and income.

It all adds up to, "I love what I do, and it's been good to this point, and I'd love to continue doing something in chiropractic in some way, but I've got to earn more income or else I will never retire, and my body is going to demand that I 'retire' at some point not to mention, I'd like a real vacation one of these days."

#### DISCUSSION

So... What options does a chiropractor have at this point?

#### Option #1.

Continue treating most or all the patients in the clinic, as well as doing

most other critical jobs of the business. Do this as long as you can.

This is probably the most commonly chosen option. Possibly due to some degree of non-confront on the part of the doctor, "this isn't really happening" or "I won't let this happen" and/or because the doctor does not know what else to do—it's easier to do what you know rather than to figure out a new solution. Unfortunately, this strategy does not win in the long run and wastes valuable time that could be used to create a real viable future.

**Option #2.** Semi-retire. Continue seeing some patients but let the practice shrink over time.

This option is pretty apathetic and is indicative of not knowing what else to do. It's a slow death for the practice, as well as the career and finances of the doctor. Few can afford to do this.

**Option #3.** Bring on an independent contractor to build their own practice in your location. This helps cover the overhead while allowing you to let your own volume drop, giving the body a break and allowing you to take some vacations or have more family time.

This is only slightly better than the second option. It's a slow death with a bit of financial first aid.

**Option #4.** Hire an associate doctor. Now here is a good idea! However, we should be more specific about how to do this because there is probably an infinite number of ways to do this wrong and a limited number of ways to do this right. The key is, hiring staff, including an associate, and growing the practice. This is the most viable long-term option. It helps new grads too!

**Option #5.** Hire an associate in addition to other key staff and build a business that will run without you or with much less of your time.

Many hundreds of CBA clients all over the country are either on their way to building, or have already created *very profitable, staff-run practices. These doctors earn more income and often work less than they ever have in the past.*

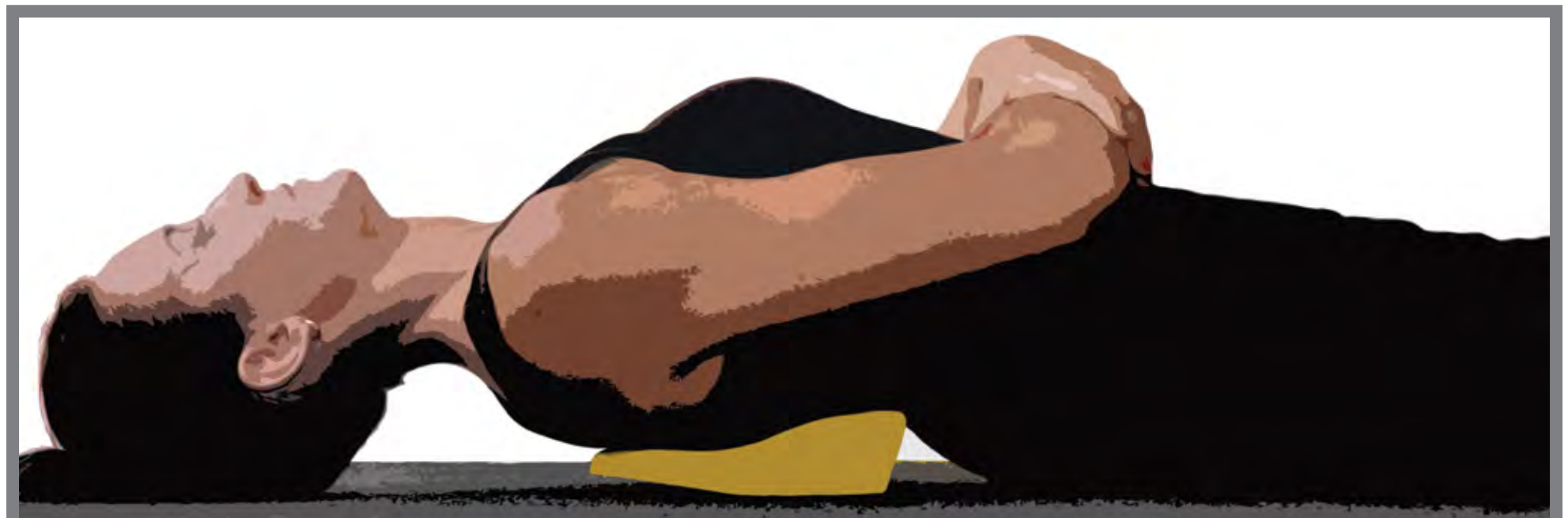
The ability to do this is not natural to most people. The good news is that it is completely within the ability of most chiropractors to learn!

#### SUMMARY

If you would like to learn about the CBA approach to building a highly profitable practice that runs with

**See Ten or More Years on page 22**

- Your body needs a break
- You want more time with your family
- You need more retirement money
- You are tired of adjusting all day
- You are fed up doing it all yourself
- Your ready for staff to do the work.

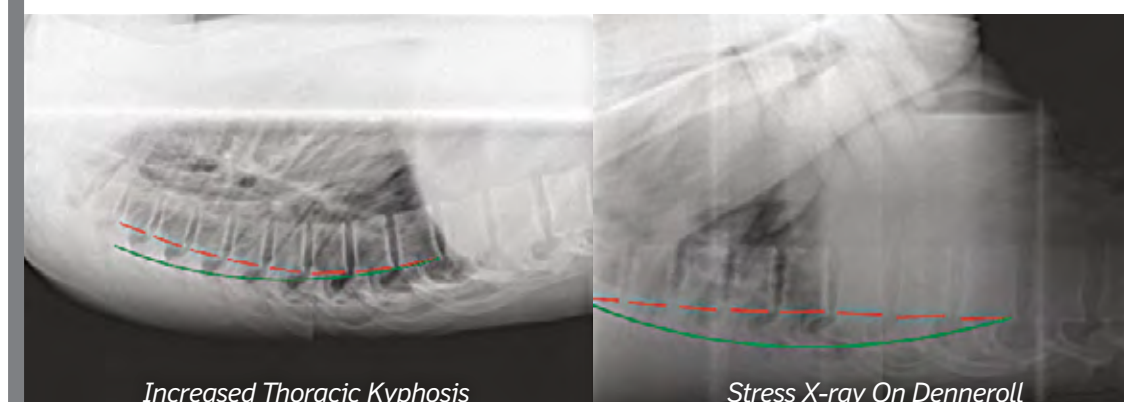


## Correcting thoracic kyphosis is a stretch. The Thoracic Denneroll provides it.



#### THORACIC KYPHOSIS

ABNORMAL (RED LINE) ← NORMAL (GREEN LINE) → INCREASED (RED LINE)



**As you know**, the thoracic segment of the spine should have a natural, ideal shape, or kyphosis, to its curvature. But, thanks to lifting injuries, falls, poor posture, poor ergonomics, and other abuse, abnormal kyphosis is altogether too common.

Which causes pain and suffering, along with added risk of nerve, ligament, and muscle damage, loss of function, and the potential of more serious back injury and poorer health.

The Thoracic Denneroll, developed by chiropractors and endorsed by Chiropractic BioPhysics®, provides a gentle but effective stretch that assists in the correction of abnormal thoracic kyphosis. And that means relief from pain, improved posture, reduced risk of further injury, and improved health.

When indicated in certain cases, the new Thoracic Support Block enhances the effectiveness of treatment. Its unique design helps reduce posterior thoracic cage translation in combination with increased thoracic kyphosis.

Put Denneroll to work for your patients—with cervical, thoracic, and lumbar devices available, you can improve the spine from top to bottom.



1-800-346-5146 | [www.idealspine.biz](http://www.idealspine.biz)

Patent Pending—Thoracic Denneroll: Canadian Application No. 137759, US Application No. 29/377,954



# GOOD FOR YOU

"I'm learning things I've never seen before and it's revolutionizing my practice and life."

—Dr. S. Silverston, Ellicott City, Maryland

# GOOD FOR YOUR PATIENTS

"Elite taught me how to communicate greater value for spinal corrective rehab to patients (while increasing cash collections from \$35K to \$83K)."

—Dr. J. Purcell, Las Vegas, Nevada

# GOOD FOR YOUR PRACTICE

"In 30 days I jumped in collections from \$30K per month to \$65K per month."

—Dr. T. Pickman, Albuquerque, New Mexico



Dr. Fred DiDomenico, founder and lead coach of Elite Coaching

Elite Coaching will help you unlock your potential, both personally and professionally. You can realize your dreams, help your patients achieve optimum health, and improve your profitability in the process.

Your best in you. And, with Elite Coaching, it's in your future. Contact us for a free consultation.

Call 253-851-8353  
EliteCoachingllc.com



CHIROPRACTIC COACHING  
Transform your life



## Elite Chiropractic Coaching—Las Vegas Seminar

Keeping patients for a lifetime.

Don't miss our guest speaker, Dr. Deed Harrison

Thousands of chiropractors have learned from and been inspired by Dr. Deed Harrison. Thousands more have learned from his four textbooks, ninety peer-reviewed publications, and his own reviews for the chiropractic literature.



Caesars Palace  
3570 Las Vegas Blvd  
Las Vegas, NV

August 25th-26th

\$99.00

Register today: Call 253-851-8353 or go to EliteCoachingllc.com



Fred DiDomenico, DC  
Practice Coach and Mentor  
www.elitecoachingllc.com

### INTRODUCTION

I receive calls from doctors all over the country asking me one of the most common questions, "How do I have MORE patients stay for a lifetime?" My answer? "5 Steps."

In Elite Coaching, we have a strong core value that patients should have an optimal spinal structure to attain optimal health. Isn't that the principle of Chiropractic? We also believe each patient and family members should live their WHOLE LIFE with an optimal spine for optimal health. How do we take a patient saying, "Doc, fix my back," to "I want to change the way I live my life for me and my family?" This is a system and this system works. Just ask the docs using it.

First of all, if you want to change the way people act you have to change the way they think. Unfortunately, you are not going to change the way they act and think until you find out how they FEEL, NOT what they THINK. You see, Subluxation is a fact. Facts are processed in the Cerebral cortex. The cortex processes facts, language and rational thinking. There is no decision making in the cortex.

The Limbic brain processes emotion and assigns an emotion to every experience. It does not rationalize, process facts and is TOTALLY responsible for behavior. Hence, the adage, "People buy with emotions and justify with fact." Even a person who buys from facts and information TRUSTS information. Trust is processed in the Limbic brain. Therefore, if you are going to inspire people you MUST speak to their Limbic brain. This requires a different language, the language of emotion.

### Step 1: "Consultation focused on organs:"

In a Consultation we address their pain and we focus on their organs. This is through system of communication discovering how they FEEL about their organ problems. EVERY person has a

## 5 Steps to Creating a Lifetime Patient

feeling about their health problems. When you discover they have high blood pressure and are scared of a heart attack, hypoglycemia and fear diabetes, fatigued and frustrated, and have them SAY, "I don't want to be like this anymore," on Day #1, you have taken a HUGE first step into their emotion. Before they know what they want, they must know what they DON'T want.

The late Dr. Don Harrison and his son, Dr. Deed Harrison teach an overwhelming amount of research in CBP seminars proving subluxated postures lead to disease and early death.

### Step 2: "They have to know this is MINIMALY and health or disease decision, optimally a life or death decision."

The late Dr. Don Harrison and his son, Dr. Deed Harrison teach an overwhelming amount of research in CBP seminars proving subluxated postures lead to disease and early death. How do your patients learn this? Dr. Deed and Elite Coaching have come together to create the, "Regaining Your Youth & Vitality," new patient workshop with a number of these studies. It handles almost every patient objection and is VERY obvious to every patient in the room their posture is affecting every area of their life, including life span. This workshop creates an emotional response (Limbic Brain).

### Step 3: "Have the patient set 20-30 year health/life goals:"

To me, the worst insult is finding myself trying to convince a patient into accepting care for their own good. NO MORE! Have them tell you what THEY want. When they write their 20-30 year life goals they are telling you how to speak to their emotion (Limbic Brain) by knowing their highest priority. Now get them 100% committed to that life and have the patient say they can't live that life if they allow their subluxated posture to progress. NOW they are buying the life they want rather than

your program (Limbic Brain). Then give them the recommendations, the solution to their BIGGEST problem. FYI, "Entrepreneurs solve people's problems for a profit." T. Harv Eker "Secrets of a Millionaire Mind."

### Step 4: "Remind them every 30 days."

Your re-exam reminds them of their original organ problems, their original level of health, shows improvement and sets short term goals on the healing of their organ problems. People forget where they came from and become unappreciative and lose the emotion. They adapt to their new state of health. Remind them and bring out their 30 year goals every 30 days to keep their attention on their vision (Limbic Brain). Next, ask them to repeat their whole corrective and maintenance program into lifetime care every 30 days. Make the transition into lifetime care seamless with your financials.

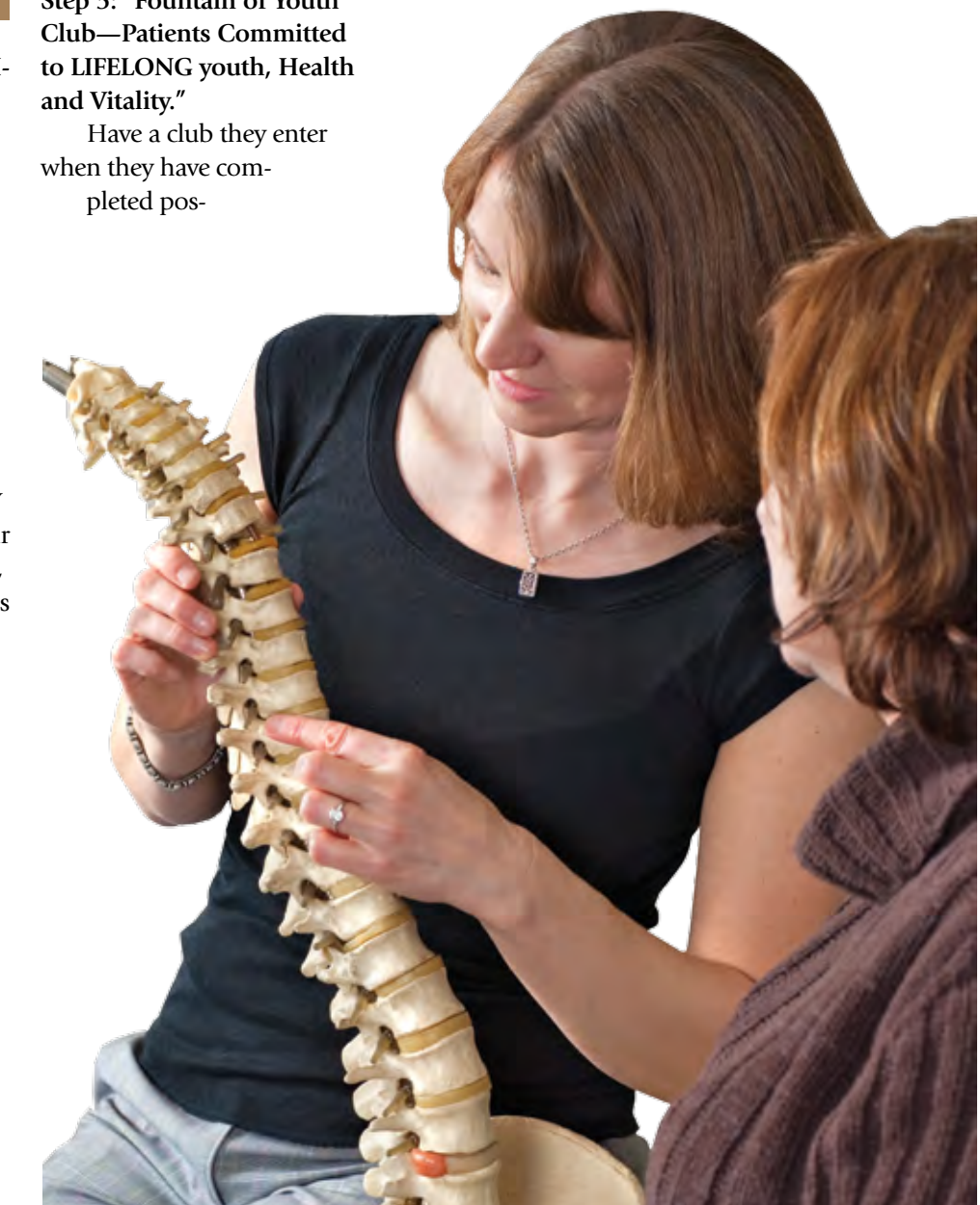
### Step 5: "Fountain of Youth Club—Patients Committed to LIFELONG youth, Health and Vitality."

Have a club they enter when they have completed pos-

tural correction. Make a BIG DEAL about it. Stencil it on a wall with their picture to give them a visual goal (Limbic Brain). Take their picture in the middle of the adjusting area at your busiest time. Present them with a membership plaque in front of other patients and watch how many patients will inquire and make that their goal (Limbic Brain). Set a goal for how many patients enter the club and watch your practice go through the ROOF!

### SUMMARY

We are teaching these principles of how to create lifetime patients and MUCH more at our Elite Coaching Las Vegas seminar, August 25th/26th, 2012. Dr. Deed Harrison is one of our phenomenal speakers. Please call us today to attend at 253-851-5899, or call me, Dr. Fred DiDomenico, personally at 253-851-8353 for any questions. AJCC





## Medicare Documentation: Part 1 Subluxation and the Initial Visit

to correct a subluxation.<sup>1</sup> Of note is the fact that Medicare requires the term, "Subluxation" be used in the treating chiropractor's documentation. Exclusive use of other terms such "fixation" is not adequate.

A subluxation may be demonstrated by an X-ray and/or by physical examination. Although there are exceptions, the X-ray should have been taken at most 12 months prior to or 3 months following the initiation of a course of chiropractic treatment. Demonstrating the presence of a subluxation by physical examination is described in detail. The "PART" format is the acronym to remember the essential elements of the physical exam to demonstrate a subluxation: "Pain/tenderness evaluated in terms of location, quality, and intensity; Asymmetry/misalignment identified on a sectional or segmental level; Range of motion abnormality (changes in active, passive, and accessory joint movements resulting in an increase or a decrease of sectional or segmental mobility); and Tissue, tone changes in the characteristics of contiguous, or associated soft tissues, skin, fascia, muscle, and ligament."<sup>1</sup>

The manual continues, "To demonstrate a subluxation based on physical examination, two of the four criteria mentioned under "physical examination" are required, one of which must be asymmetry/misalignment or range of motion abnormality."<sup>1</sup> The history recorded in the patient record should include the following: "Symptoms causing patient to seek treatment; Family history if relevant; Past health history (general health, prior illness, injuries, or hospitalizations; medications; surgical history); Mechanism of trauma; Quality and character of symptoms/problem; Onset, duration, intensity, frequency, location and radiation of symptoms; Aggravating or relieving factors; and Prior interventions, treatments, medications, secondary complaints."<sup>1</sup>

### Subluxation Documentation Requirements

"The following documentation requirements apply whether the subluxation is demonstrated by x-ray or by physical examination [Emphasis Added]:

1. History as stated above.
2. Description of the present illness including: Mechanism of trauma; Quality and character of symptoms/problem; Onset, duration, intensity, frequency, location, and radiation of symptoms; Aggravating or relieving factors; Prior interventions, treatments, medications, secondary complaints; and Symptoms causing patient to seek treatment. These symptoms must bear a direct relationship to the level of subluxation. The symptoms should refer to the spine (spondyle or vertebral), muscle (myo), bone (osseo or osteo), rib (costo or costal) and joint (arthro) and be reported as pain (algia), inflammation (itis), or as signs such as swelling,
3. Evaluation of musculoskeletal/nervous system through physical examination.
4. Diagnosis: The primary diagnosis must be subluxation, including the level of subluxation, either so stated

See Medicare Documentation on page 17

spasticity, etc. Vertebral pinching of spinal nerves may cause headaches, arm, shoulder, and hand problems as well as leg and foot pains and numbness. Rib and rib/chest pains are also recognized symptoms, but in general other symptoms must relate to the spine as such. The subluxation must be causal, i.e., the symptoms must be related to the level of the subluxation that has been cited. A statement on a claim that there is "pain" is insufficient. The location of pain must be described and whether the particular vertebra listed is capable of producing pain in the area determined.

## Room for improvement.

With space at a premium, Universal Tractioning System offers all kinds of advantages. For starters, it occupies very little space so any practice can find room for it. And despite its small size, UTS accommodates every CBP® traction treatment you care to prescribe—every one of them. Which means UTS packs more improvement for your patients into less room than any comparable mechanical device. Log on, e-mail, or call—and put UTS to work.

drjaeger@aliantechiropractic.com

1-800-346-5146

www.idealspine.biz/p-226-universal-traction-system.aspx

**UTS** UNIVERSAL TRACTIONING SYSTEMS

Every Vector, One Device



## Stress of Practice



Randall Hammett, DC  
Private Practice of Chiropractic

### INTRODUCTION

After 33 years of practice and consulting with chiropractors around the country for approximately 20 years of this time, stress in everyday practice is normal. In fact, you need to depend upon having a stressful practice to a certain extent to be successful. I've seen through the years were chiropractic consultants purport the "stress less practice". It's been my observation that there is no such thing. The key is to balance the stress of everyday practice so that you can produce under stressful conditions and not be deterred by stress. There are basically two types of stress, the stress of loss and stress of gain. When your practice is doing well and growing exponentially you'll find that there's a certain type of stress involved in keeping the momentum and organization going. Conversely, when you practice is doing poorly there's the stress of not being able to pay your bills or not living up to your expectations. Both of these stresses take their toll on your physical

and mental well-being, so learning how to keep the stress in balance is paramount.

### DISCUSSION

So, how do we handle the stresses from practice life? Although, I don't have all the answers, Thirty three years in practice has rendered me some clarity on the subject. First and foremost, take care of your patient's regardless of what's going on in your personal or recreational life, inside the walls of your practice your patients are all and everything as well as your staff. As Dr. Gonstead said years ago, you only have one patient and that is the patient that is before you at the time you're making your adjustment. Giving each patient total PTC allows you total freedom to go to the next patient knowing that you did the very best that you could each office visit. The key to balancing stress on a day-to-day basis is actually a simple formula that most fail to do, but is critical to living a simpler and more productive life.

Without written goals you cannot achieve a balanced practice and personal life. It would also be a good idea for your staff and your family members to have goals also.

First, have written goals, no more than five goals at a time is necessary. As you achieve each goal cross it off and add another. Each morning you should look at each of your goals and determine what's necessary to achieve them. When you have a stressful event the goal should be near you to re-affirm what your plan and focus should be on. (We get what we focus on.) Without written goals you cannot achieve a balanced practice and personal life. It would also be a good idea for your staff and your family members to have goals also. Keep in mind that the goal should be short-term as in reachable within 12 to 18 months.

The next thing you need to do to minimize your stress is to get organized. Twice a year I go through my home and office and give away and/or donate any items I have not used in the prior year. I have found that the more items I have in my life the

more the items begin to own me, instead of you owning them. Schedule time every six months for a cleanup and disposal day for yourself. Go through every drawer in your home and office and cleanup and throw out things you have not used in the last year. The next thing you

need is a good calendar to remind you of events and to make plans. If you don't have a smart phone I highly recommend that you get one with a good calendar. Everything should go on this calendar to help you get organized and get the excess crap out of your mind.

The third tool is to measure your progress towards your goals and this can be done by utilizing statistical analysis. Anything can be analyzed by numbers. It is important for you to be able to see the progress you are making from day-to-day and month to month basis. It is true that record keepers are record breakers and it amazes me how many chiropractors never keep statistical analysis of how well the practice is doing until tax time, which is a critical mistake.

### SUMMARY

The last item is to not take anything too seriously. No one gets out of life alive and yes even chiropractors pass on to the great adjusting table in the sky. The goals you write should be both emotional and material with the idea that life is a very short ride and you should not waste time on things that aren't directly under your control. The last thought you should keep in mind is this, that we are here on this planet to serve others and service to others is the ultimate life well spent.

Til next time, **AJCC**

CLASSIFIED AD

### AMAZING OPPORTUNITY

Amazing opportunity at premier CBP office in the Washington, DC area. Looking for hard working, team. Learn from a seasoned CBP instructor, Dr. Brian Paris. Experience the best in spinal care, integrating true CBP techniques as well as movement and manual physical therapies. Learn how to run a high volume, effective and profitable CBP practice. Competitive base salary plus production based bonus. Continuing education, health and dental benefits. Email resume to [drparis@parischiro.com](mailto:drparis@parischiro.com)

# If we've said it once we've said it 34 times: Announcing the CBP® Annual Conference.

THE FUTURE IS HERE: CORRECTIVE  
CHIROPRACTIC COMBINED WITH PROVEN  
HEALTH & WELLNESS MODELS FOR  
UNPARALLELED PRACTICE PROSPERITY

October 5-7, 2012  
The Boulders Resort and Spa, Scottsdale, AZ

Since hosting our first **Chiropractic BioPhysics®** conference thirty three years ago we've refined our philosophies, techniques, methods, and protocols through continual research, trials, testing, and study. And the improvements we've made at CBP® can help you improve—both as a chiropractic professional and in the profitability of your practice.

In short, at our 34th Annual Conference you'll learn from what we've learned.

Expand your vision of how corrective chiropractic care combined with proven health and wellness models for unparalleled practice prosperity can enhance the quality of life for your patients. Discover the latest information on corrective chiropractic research, business models, advances in technology and spine imaging.

Study chiropractic techniques to more effectively treat spine and postural abnormalities. Learn and apply new technology for enhanced stability of your practice through improved patient satisfaction and growth. Examine the latest research that supports chiropractic philosophy and practice.

And more.

Earn 18 continuing education credits (approved across the USA) and get started (or make progress) on CBP Certification.

See you there.



Deed Harrison, DC



Sandy Haas, DC



Brad Glowaki, DC



Dr. Smith, MD, Neurosurgeon



Jason Jaeger, DC



Joe Ferrantelli, DC



Brian Paris, BS, DC

#### CBP 34th Annual Conference

\$399 for all DC's and CE's;  
\$249 for students and CA's

Room Rate: \$259 by September  
21st Call 1-888-318-4319

**Pre-Registration Discount for DC's  
by August 31st—Save \$70 and  
Students \$50**

#### Here's a sampling of lecture topics:

- New Randomized Control Trials Evaluating CBP Structural Rehabilitation procedures for improved pain, disability, and neurological function.

- Elevating the professional image of chiropractic through evidence, contemporary based but patient friendly chiropractic awareness programs.

- CBP Technique Research Past, Present, and Future

- Mirror Image® In Motion: Integration of strength and conditioning (fitness) tools into in office and at home based exercise programs to improve activities of daily living.

- Advances in technology to improve Subluxation Analysis. Constructing and implementing a Mirror Image exercise program based on computer-

- ized posture assessment: from office systems to patient reports.

- Corrective Chiropractic Health and Wellness

- Indications vs. Contra-Indications for Surgical Consultation-Management in Selected Spine

- Injuries and Deformities : The Perspective of a Neuro-Surgeon Co-Managing Cases with a CBP Corrective Care Chiropractor

- CBP® Technique Analysis, Intervention and Outcomes: Case Studies

- Cervical Denneroll Randomized Trial for Lumbo-Sacral Radiculopathy. Three-dimensional ambulatory mirror image postural bracing aids in postural improvement and improves chronic low back pain: A randomized control trial.

- Co-Managing Select Patient Cases with a Neuro-Surgeon: Working Together with Evidence Based Interventions for the Good of the Patient: A CBP Instructor's Perspective

- Approved for 18 hours of CE Credit across USA except: ME, OK, TX

Register online at [www.idealspine.com](http://www.idealspine.com) or call 1-800-346-5146 toll free

# 2012

## CBP® SEMINARS

It's education. It's business. It's the future.  
And it just happens to be a real good time.



**C**hiropractic **BioPhysics®** certification is a worthwhile goal for all kinds of reasons. It demonstrates you've elevated your clinical skills.

It means you've sharpened your capabilities in practice management, leading to quality patient relationships and financial success. And it means you've positioned yourself for continued growth and even greater accomplishments.

The only way to attain CBP® certification is to attend our Seminars. Here, you'll learn the clinically proven, scientifically verified methods that have made, and continue to make, Chiropractic BioPhysics an effective approach to improv-

ing the health of patients. CBP is practiced the world over, and taught in numerous chiropractic colleges. And it's continually upgraded through ongoing clinical trials, improved equipment, and refined techniques.

Each CBP Seminar focuses on one or more areas of clinical practice. Continuing Education credit is available in most situations. And the knowledge gained from each seminar not only adds to your skills, it also moves you closer to CBP certification.

Oh, and the fact that we host seminars in places you've always wanted to visit—places that offer a variety of tempting free-time distractions—well, that's just icing on the cake.



Plan to include a number of CBP Seminars in your schedule during the coming year. Attendance will make for a better future.

Not to mention on-the-spot enjoyment.



1-800-346-5146 | [www.idealspine.com](http://www.idealspine.com)

Date	Module	City	Hotel / Location	Phone
July 7-8	Posture, Neurology, & Systemic Health	Dearborn, MI	DoubleTree Dearborn, MI	313-336-3340
July 21-22	Instrument Adjust & Upper Cervical	San Fran, CA	Hilton San Fran Financial District	800-445-8667
Aug 4-5	Lumbar Rehab	Alexandria, VA	Sheraton Suites OT Alexandria	703-836-4700
Aug 17-18***	Hands On Workshop	Windsor, CO	Drs. Jason & Sand Haas' Office	800-346-5146
Sept 15-16	Scoliosis	Chicago, IL	Westin Chicago North West	630-773-4000
Oct. 5-7****	34th CBP Annual	Scottsdale, AZ	The Boulders	888-318-4319
Oct. 27-28	Whiplash Trauma	Orlando, FL	Hyatt Regency Grand Cyprus	888-421-1442
Dec 1-2	Cervical Rehab	Las Vegas, NV	Red Rock Resort-Casino	866-767-7773

#### CBP BUSINESS MANAGEMENT TRAININGS:

June 2-3**	Ideal Practice Performance, Module 1	Windsor, CO	Drs. Jason & Sandy Haas' Clinic	970-744-1084
July 14-15**	Ideal Practice Performance, Module 2	Windsor, CO	Drs. Jason & Sandy Haas' Clinic	970-744-1084
Oct. 20-21**	Ideal Practice Performance, Module 3	Windsor, CO	Drs. Jason & Sandy Haas' Clinic	970-744-1084
Nov. 10-11**	Ideal Practice Performance, Module 3	Windsor, CO	Drs. Jason & Sandy Haas' Clinic	970-744-1084

\*Feb 17-18: Fri. 2pm-8pm; Sat. 2pm-8pm (includes lunch) \*\*Different Fees Apply \*\*\*Hands On Workshop: \$795 Fri. Noon-6pm; Sat. 9am-7pm; Fee includes CE. Limited to the first 20 DC's who sign up. \*\*\*\*34th CBP Annual: Friday 1 pm-7 pm; Saturday 9 am-6 pm; Sunday 9 am-Noon.

DC'S:  
**\$329**

CBP CERTIFIED:  
**\$279**

ADVANCED CERTIFIED:  
**\$249**

CA STUDENTS:  
**\$199**

**\$75**  
FOR CE'S





Don Meyer, DC  
Private Practice Huntington Beach, CA  
President Circular Traction Supply  
CBP Instructor

## INTRODUCTION

For years I have performed computerized range of motion testing on all of my new patients and again at periodic re-evaluations. I mostly did this testing to establish severity and document post-treatment improvement for me, the patient, and the insurance company. Since reading a book by Gray Cook, MSPT, OCS, CSCS entitled "Movement – Functional Movement Systems", I now actual look at (and document) my patients ROM in both the up-right standing posture and the non-weight bearing supine position. Doing this helps me answer the following treatment questions:

- When does the aberrant posture require strong traction?
- When does the aberrant posture require more of a neuromuscular treatment?
- When is the aberrant posture the primary problem and not just a compensation of some other problem?

## Flexibility Testing and its Implications to Corrective Care

I will demonstrate this type of flexibility analysis using the "Cervical Extension Test", but please realize that this testing can be performed on the thoracic and lumbar spine as well as the extremities.

### CERVICAL EXTENSION FLEXIBILITY TEST

**Standing Test** - The patient starts by standing erect with feet together, toes pointing forward. The patient then looks-up and tries to extend the head/face parallel with the ceiling. See Picture 1.

**Supine Test** – The patient assumes the supine position on a bench with the head and upper thoracic spine extending beyond the end of the bench. Have the patient try to extend their head/face perpendicular to the ground. See Picture 2.

By performing the flexibility test in this matter, the doctor is able to see if their patient's restricted motion is being caused by their standing posture and their degree of flexibility in weight bearing vs. non-weight bearing positions.

### THEORETICAL OBSERVATIONS FROM THESE TESTS:

1. If the patient has a notable forward head translation (more than 20 millimeters) and the:

- standing extension is poor
- supine extension is good

**Proposed dysfunction:** The patient has a postural problem with associated motor control dysfunction. Look

to your patient's thoracic or lumbar/pelvic regions for the possible cause of the postural problem.

**Please remember to always correlate your flexibility results with the patients structural x-ray findings and global posture to ultimately decide on their appropriate treatment.**

2. If the patient has a notable forward head translation and the:

- standing extension is poor
- supine extension is poor

**Proposed dysfunction:** The patient has a cervical/upper thoracic extension joint mobility/tissue extensibility dysfunction. This patient needs some form of cervical extension traction, supine axial extension traction or head retraction, depending on their neck/upper thoracic structure. Also, the prescription of head retraction exercises and an extension-based exercise device such as The Pro-Lordotic Neck Exerciser™ is indicated.

3. If the patient has a notable forward head translation and the:

- standing extension is good
- supine extension is good

**Proposed dysfunction:** The patient has a stability and motor control dysfunction. This patient needs a neuromuscular treatment such as head-weighting performed walking or on a vibration platform or wobble device. See Picture 3.

### DISCUSSION

"Mobility must precede stability."<sup>1</sup> This is a basic tenet of physical rehabilitation. The most obvious example of this tenet is a patient with a motion restricted ankle dysfunction. If you try to perform one-legged balance testing on this patient, they will not perform well. Not because of a deficiency of their ability to balance, but because of the deficiency of ankle ROM.

Altered posture alignment of any joint-structure can negatively affect mobility. This has also been found to be true. The most obvious example being that a person with a notable forward head posture will not have as much cervical ROM as a person with normal sagittal head posture.

### SUMMARY

According to the above presentation, an effective rehabilitative treatment must first be aimed at improving posture and mobility before good neuromuscular stability can be expected.

These basic cervical flexibility tests presented above are intended as an aid to help the clinician determine the best postural corrective treatment for a patient. Please remember to always correlate your flexibility results with the patients structural x-ray findings and global posture to ultimately decide on their appropriate treatment.

Future articles will present selected case studies where this information is applied in the CBP Technique management of unique patient disorders.

REFERENCE:  
1. Cook, Gray, Movement: functional movement systems: screening, assessment, and corrective strategies. E. Grayson Cook, 2010. **AJCC**



### INTRODUCING THE HOME CERVICAL REHAB KIT

(Because Daily Treatments Get Better Results)  
**TWO MODELS BASED ON POSTURE (FHP and Non-FHP)**

**Model 1:**  
Patients with significant forward head posture and loss of cervical lordosis. Chronic Neck Pain and/or Headaches.

**Kit includes:**  
1 - Posture Corrective Exercise Belt™ (4lb)  
1 - Cervical Remodeling Collar™

**Model 2:**  
Patients without notable forward head posture and loss of cervical lordosis. Chronic Neck Pain and/or Headaches.

**Kit includes:**  
1 - Cervical Remodeling Collar™  
1 - Pro-Lordotic Neck Exerciser™

**Special Rehab Kit Price: \$110.00**

Recommended Patient Retail: \$210.00

**714-847-8334 / 800-247-6535**  
[www.CircularTraction.com](http://www.CircularTraction.com)

**Medicare Documentation—cont'd from page 12**

or identified by a term descriptive of subluxation. Such terms may refer either to the condition of the spinal joint involved or to the direction of position assumed by the particular bone named.

5. Treatment Plan: The treatment plan should include the following: Recommended level of care (duration and frequency of visits); Specific treatment goals; and Objective measures to evaluate treatment effectiveness.
6. Date of the initial treatment."

**DISCUSSION**

It is important to note that individual states may have additional regulations described by their Medicare Administrative Contractor (MAC) in the form of a Local Coverage Determination (LCD).

The language used in the Medicare Benefit Policy Manual is precise in what is required. If you are not following Medicare's described documentation requirements for the Initial visit on each and every Medicare patient, you are vulnerable to poor performance "when" (not "if") they audit your records. You must own this information or suffer the consequences.

Electronic Health Record (EHR)

**SUMMARY**

To realize this unprecedented professional standard now required by Medicare, CBP has partnered with a well known-respected EHR Company to develop a system specifically for CBP and corrective care doctors. This system will debut at the 2012 CBP Annual conference in Scottsdale, AZ at the Boulders Resort. See the annual conference ad in this issue or go to [www.idealspine.com](http://www.idealspine.com) for registration.

**REFERENCE:**  
1. Medicare Benefit Policy Manual. Chapter 15 Section 240. Chiropractic Services. **AJCC**

## Support better chiropractic. Support CBP® Non-profit.

**CHIROPRACTIC BIOPHYSICS® NON-PROFIT, INC.** Donald D. Harrison, D.C., M.S.E., Ph.D., President  
P.O. Box 1590, Evanston, WY 82931-1590  
Phone: 307-789-2088, Fax: 307-789-2088

Chiropractic Biophysics Non-profit, Inc. is a 501(c)(3) nonprofit corporation dedicated to the advancement of chiropractic principles through scientific research. Results of our studies are published in prestigious research journals and presented at respected conferences around the world.

Your support enables us to continue important research and gives you a voice in the course our studies take. Join today, either as a regular member or member of the President's Circle. The result will be better chiropractic techniques, stronger chiropractic practices, and healthier chiropractic patients.

**YES, I would like to partner with CBP Nonprofit Inc. in helping to further the research and advancement of chiropractic care around the world.**

Name \_\_\_\_\_ Office Name \_\_\_\_\_  
Address \_\_\_\_\_ City/State \_\_\_\_\_  
Zip \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Annual Membership Dues:  Silver Member: \$400.  
 Gold Member: (CPB President's Circle) \$1,000.  
 Platinum: (CPB President's Circle) \$2,500.

Other Donation to CBP Non Profit Inc. \$ \_\_\_\_\_

**Method of Donation:**  
 Check enclosed, # \_\_\_\_\_ Credit card:  VISA  MC  AMEX  DISC  
Credit Card# \_\_\_\_\_ EXP \_\_\_\_/\_\_\_\_/\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**TOTAL AMOUNT ENCLOSED:**  
\$ \_\_\_\_\_

Journal	Publications	Papers in Press	Papers in Review
Index Medicus = 92			
JMPT	54		
Spine	8		
Clinical Biomechanics	6		
European Spine J	7		
J Spinal Disord & Tech	3		
Archives Phys Med & R	3		
Chiropractic & Osteopathy	3		
J Electromyography & Kinesiology	3		
J Rehab Research Dev	1		
J Orthopedic Research	1		
Spine Journal	1		
Clinical Anatomy	1		
Journal of Biomechanics	1		
CINAHL & ICL = 39			
Chiro Pediatrics	18		
Chiro Technique	6		
J Chiropractic Education	6		
J Canadian Chiro Assoc	4		
J Vertebral Subluxation Res	4	2	
Chiropractic Sports Medicine	1		
<b>Totals</b>	<b>131</b>	<b>2</b>	



Nona Djavaid, DC  
Private Practice Newport Beach, CA  
MyChiroPractice, Inc.  
CBP Certified Practitioner

Dr. Nona Djavaid operates a private practice in Newport Beach, CA. A graduate of University of California at Berkeley in the field of Molecular and Cellular Biology with an emphasis in Neurology, Dr. Djavaid earned her Doctorate of Chiropractic Degree from Life Chiropractic College West. She also earned post Doctorate certifications in Neurology and Chiropractic Biophysics. Dr. Djavaid is the founder of WOW – Women of Wellness group – an organization that empowers female health care professionals to build healthy caring relationships through education and integrated health and wellness services.

#### INTRODUCTION

Years ago personal referrals and yellow page ads helped market and build businesses from the ground up. Small towns were littered with mom and pop shops, and business owners spent lazy afternoons walking up and down Main Street drumming up business with just a simple handshake and business cards.

Fast forward to today's rapidly changing business landscape, and a new generation of technologically, web, and brand savvy patients who rely heavily on their FaceBook® friends for referrals, check the reputation of a health care provider on Yelp®, or Google® their way through dozens of listing for chiropractors, instantly trusting or discrediting them based on how each of their websites, logos, online reviews, or social media pages look like.

Right or wrong, image and social media standing is taking the front seat to credibility, reputation, or experience.

## Attracting a New Generation of Quality Patients

To stay competitive and visible, chiropractors have to start stepping outside the box, and give their future patients an image and presence that will make a statement. The first step would be to leave behind their home-made / cookie cutter logos and websites, and being open to change. Don't get me wrong, I strongly believe one shouldn't judge a book by its cover, but this new generation doesn't even have time to crack open the book; an iPad® maybe.

**How Do Quality Patients Choose a Chiropractor?** It's very simple; aside from referrals, potential new patients let their subconscious decide. To understand this concept, you must put yourself in the shoes of a potential patient, and see the world through their eyes.

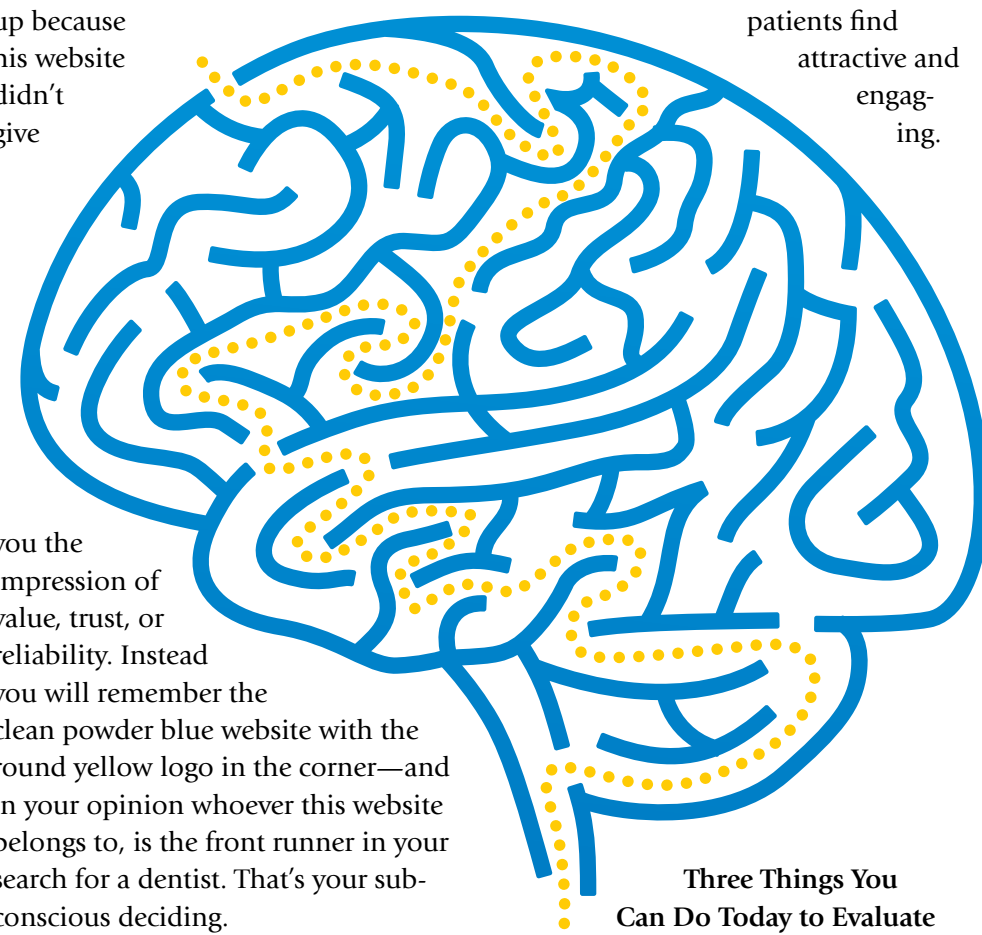
Let's pretend you are looking to find a new dentist, because the referral from your wife happened to be on vacation. So you take to Google, and a minute later you are presented with a list of 20 dentists near your home.

As you click through to each dentist's listings, you make certain conscious observations about them. You notice how fast or slow their website loads, how gimmicky or professional their web pages read, how attractive, old, or experienced the staff looks, or how depressing or modern their office feels. You may take a moment to read a couple of lines of text, but if the information is hard to find or decipher, you quickly click the back button.

**Right or wrong, image and social media standing is taking the front seat to credibility, reputation, or experience.**

For most people today, visual elements take precedence over the content of the website.

The grumpy looking dentist with the outdated website could be the best oral surgeon in town, but chances are you passed him up because his website didn't give



you the impression of value, trust, or reliability. Instead you will remember the clean powder blue website with the round yellow logo in the corner—and in your opinion whoever this website belongs to, is the front runner in your search for a dentist. That's your subconscious deciding.

#### Give People What They Want.

As one of the founding partners of MyChiroPractice™, we have made it a mission to research and pinpoint what quality new patients look for when choosing a chiropractor, then designing a memorable brand and engaging online presence that resonates with them.

In a recent 100 person focus group study we conducted, 84% of participants said that TRUST supersedes experience and price when choosing a chiropractor online. So how can you portray trust through a website that looks cookie-cutter, outdated, and overwhelming with useless information? You can't.

In other words, if you want to continue running a successful practice and attract quality patients, you have to come to grips with one simple (and difficult) concept; it doesn't matter what you think looks nice, it's important what your potential patients find

attractive and engaging.

#### Three Things You Can Do Today to Evaluate Your Image:

The first step in evaluating your website is to see if it is patient friendly. Take a look at your home page and see if it follows the 30/70 rule—whereas there is 30% text to 70% imagery. Why is this important? Besides the mere fact that consumers today don't have the time or patience to read text-heavy content on a website, larger imagery can have much more of a psychological impact than its textual counterpart. By consolidating your paragraphs into a few short blurbs, you are opening the page to large rotating photos / banners, and presenting the patient all the relevant information they need on the home page, without a need to scroll.

See *New Generation* on page 25



Because  
**64%**  
of Potential  
Patients Say That  
Image Plays a  
Decisive Role  
in Choosing  
a Chiropractor.

#### Stop losing potential patients to the competition.

Our custom, researched, and targeted design solutions not only make a great first impression, but help new patients make the right choice.

#### Design & Marketing Solutions

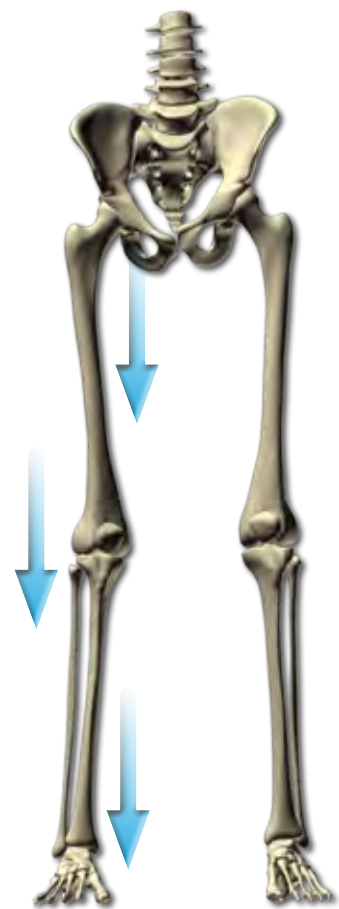
- Logo & Branding
- Website
- Postcard / Brochure
- Social Media / SEO
- Direct Mail / PR
- Poster / Advertisement

Get Started Today  
**949-385-1450**  
mychiropractice.com



Chiropractic BioPhysics®  
CBP—The Science of Spinal Health

**Attention CBP® Chiropractors:**  
Ask about our exclusive CBP Licensed  
Website Design Pricing!



Pelvic unleveling leading to changes in the lower extremity

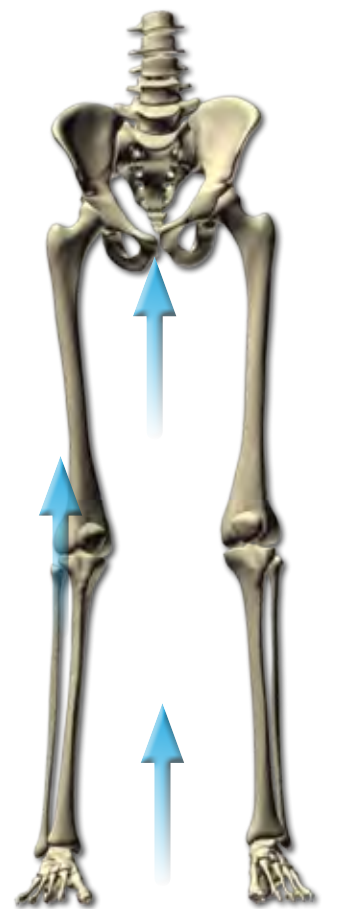
## Chicken . . . or Egg?

### What Affects a Patient First, Lower Extremity Changes or Pelvic Unleveling?

As chiropractors we treat the *cause*, not symptoms. We look at a patient as a complex system that is more than the sum of all parts and we start by assessing the foundation upon which they stand.

In the past, chiropractors have used flat, hard devices designed to relieve symptoms but allow the arch to flatten to the floor.

Sole Supports are full contact custom orthotics, designed to maintain the function and health of your patient's foot posture while making noticeable positive changes in their spinal posture. Sole Supports are calibrated to flex for your patient's body weight, while maintaining foot posture support. The foot is an engineering marvel and deserves to be treated like one.



Lower extremity changes leading to pelvic unleveling



No Posture Control



Full Posture Control



WE MAKE PEOPLE BETTER.

www.solesupports.com

888-650-7653

Our engineering and research team at Sole Supports, Inc. are making amazing advancements in the future of lower extremity biomechanics with cutting edge 3D Laser systems in offices now for testing. Be a part of it. Join the growing list of chiropractors who have revolutionized their practice and become conservative foot care leaders in their community.



Paul A. Oakley, M.Sc., DC  
CBP Research & Instructor  
Private Practice New Market,  
Ontario, Canada

### INTRODUCTION

Last issue we discussed the essential reasons for the understanding of contemporary ergonomics concepts and their potential contradictory effects on patient care – good ergonomic practices will aid in patient response to care - poor ergonomic practices will undeniably compromise patient outcomes. We have discussed the first two concepts, and now continue with concept 3 of 5.

### 3. Optimal Spinal Loading: Not too Much, Not too Little

A common ergonomic misconception is that recommendations should be directed at minimizing tissue loading, however, this is not true.<sup>1</sup> For example, not typically considered stressful to the spine, sleeping for more than 8 hours at a time may indeed stress the spine.<sup>1</sup> This is due to the fact that the discs swell by imbibing fluid over night,<sup>2</sup> and since the discs function to transmit force, (rather than absorb force which is the function of the vertebral bodies)<sup>3</sup> the column is subjected to increased stiffness and is at greater injury risk in the early morning.<sup>4</sup> The fact is too much loading or too little loading is potentially injurious. For this reason, "the challenge is to develop a wise break strategy to facilitate optimal tissue adaptation."<sup>1</sup>

Since most spinal injury occurs as an accumulation of micro-trauma as opposed to an isolated acute trauma

## Lumbar Spine Ergonomics Part 2: The 5 Key Contemporary Concepts

matic event,<sup>5,6</sup> regular 'micro-breaks' are recommended. This allows a continuously varying demand and subsequent migration of load on the low back tissues.<sup>1</sup> Standing up to answer the telephone while performing seated work is a good way to aid in varying the posture throughout the day. Any posture adopted for prolonged periods may fatigue the tissues used to maintain that position. When standing for long periods one can alternate the placement of a foot on top a footrest to reduce tension in the psoas and lumbar spine.<sup>7</sup> See Figure 1.

The idea of an ideal sitting posture is a farce. This is because it would only be ideal for about 10 minutes<sup>1</sup> as sitting creeps the posterior ligamentous tissues (20 minutes

of continuous sitting requires over 30 minutes of non-seated recovery time to regain the normal protective spine stiffness<sup>8</sup>). The ideal sitting posture is a variable one.<sup>9,10</sup> McGill (2002)<sup>1</sup> suggests three recommendations for prolonged sitting: 1) Use an ergonomic chair properly (i.e. vary the adjustable features regularly within sensible ranges); 2) Get out of the chair (i.e. rest breaks should involve opposite activities – Mirror Image Postures); 3) Perform an exercise routine during the workday (i.e. not first thing in the morning; not exercises that exert excessive spinal loads).

### 4. Reduce the Reaction Moment

The 'reaction moment' is the rotational force your body must generate to successfully perform a sagittal lift the weight of the load (and upper limbs) would cause your torso to fall forward unless the back extensors offset this gravity-induced moment to allow the maintenance of an upright lift. The extensor activity within the low back causes compression of the spinal mechanism.<sup>11</sup> Excessive compression within the low back is detrimental especially during prolonged, or repeated tasks. Excessive loading of the low back due to reaction moments can occur during any activity where there is a

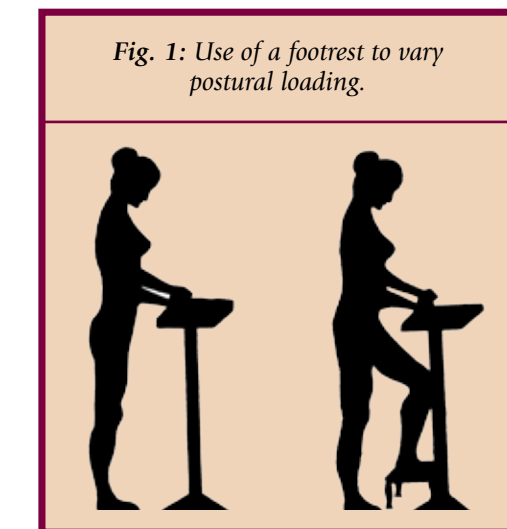


Fig. 1: Use of a footrest to vary postural loading.

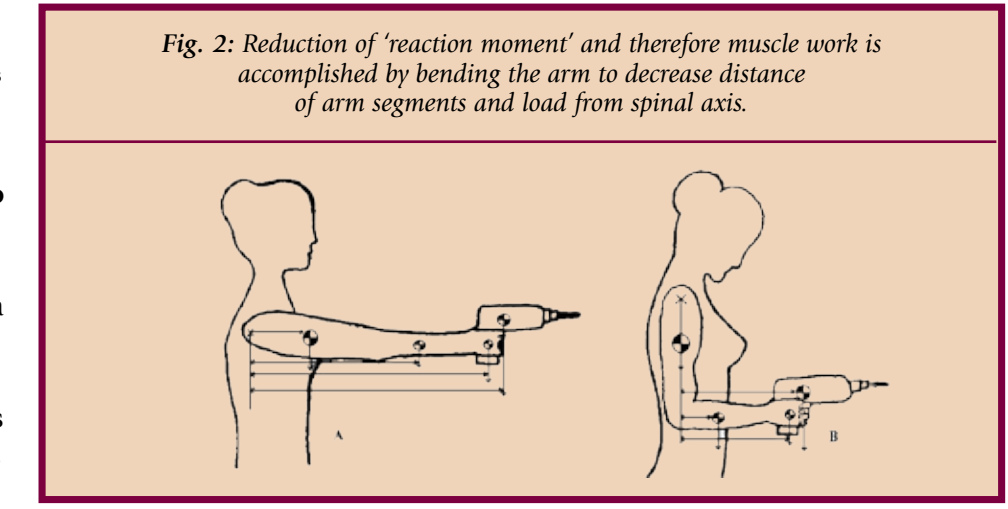


Fig. 2: Reduction of 'reaction moment' and therefore muscle work is accomplished by bending the arm to decrease distance of arm segments and load from spinal axis.

demand for the body to resist a force that is a distance from the spine.

**Reducing the reaction moment is the key to reduce spinal compression.**

Reducing the reaction moment is the key to reduce spinal compression. This is accomplished by carrying the load closer to the body and/or reducing the weight of the load lifted. See Figure 2.

A third method of reducing a reaction moment is to direct the transmissible vector through the low back. The 'transmissible vector' is likened to the former concept only applied to tasks such as pushing and pulling. It should be known that there is no specific muscle that has the primary function of producing torso torque, it is performed by co-contraction of all the torso muscles resulting in substantial spinal loads.<sup>1</sup> Thus, when performing tasks such as pushing and pulling on objects such as doors and vacuums, the pull/push should be directed so that it is in line with the low back.

### 5. Maintain Spine Stability

McGill was the first to capture a 'live' segmental spinal buckling while viewing the spine of a power lifter during a lift.<sup>12</sup> This buckling is possible when either there were high forces in the global muscles and low forces in segmental muscles or when there are low forces in all muscles.<sup>13</sup> This mechanism explains how one can injure themselves by performing 'negligible' lift such as picking up a pencil.<sup>5</sup>

As expressed by McGill, "stiffness creates stability," and symmetrical stiffness offers greater stability.<sup>1</sup> Thus, a slight abdominal co-contraction

See Spine Ergonomics Pt. 2 on page 22

tion (5-10% max. vol. contraction) will 'brace' or stabilize the spine prior to a lift. This will prevent any tissue from bearing a surprise load.<sup>14</sup> Spinal stability is also maintained by adopting symmetric postures, avoiding twisting action, and flex-

**The Chiropractic BioPhysics® lumbar rehabilitation protocol has its unique niche in remolding the spinal posture and thus succeeding where most other LBP treatments fail including other chiropractic techniques.**

ion postures. Symmetrical trunk postures also ensure greater available strength,<sup>15</sup> enabling one to

perform activities easier in symmetric postures.

Lastly, the lumbar lordosis is essential in maintaining spinal stiffness—keeping it dynamically (lifting) and having it statically (standing)—any chiropractic treatment neglecting the correction of lumbar lordosis is missing a key ingredient for their patient's back stability and health.

**CONCLUSION**

It has been suggested that the "mechanics of the spine are not well understood by those who examine and treat these structures."<sup>16</sup> The Chiropractic BioPhysics® lumbar rehabilitation protocol has its unique niche in remolding the spinal posture and thus succeeding where most other LBP treatments fail including other chiropractic techniques. Both the neutral static posture and the dynamic postures performed throughout the day have significant implications for spinal health and response to treatment. The performance of

a lumbar rehabilitation without regard for the dynamic activities performed throughout the day may render patient care fruitless. Always consider the Five Key Concepts to Lumbar Spine Ergonomics:

1. Maintain the Neutral Lumbar Curve
2. Appropriate Timing of Spinal Loads
3. Optimal Spinal Loading: Not too Much, Not too Little
4. Reduce the Reaction Moment
5. Maintain Spine Stability

**REFERENCES:**

1. McGill SM. Low back disorders: Evidence-based prevention and rehabilitation. Champaign, IL: Human Kinetics, 2002.
2. Urban JPG, McMullin JE. Swelling pressure of the lumbar intervertebral discs: Influence of age, spinal level, composition, and degeneration. Spine 1988;13:179-187.
3. Ruch WJ. Atlas of common subluxations of the human spine and pelvis. New York: CRC Press, 1997.
4. Adams MA, Dolan P, Hutton WC. Diurnal variations in the stresses on the lumbar spine. Spine 1987;12:130-137.
5. McGill S. The biomechanics of low back injury: implications on current practice in industry and the clinic. Journal of Biomechanics 1997;30:465-475.
6. Kumar S. Cumulative load as a risk factor for back pain. Spine 1990;15:1311-1316.
7. White III AA, Panjabi MM. Clinical biomechanics of the spine. 2 ed. New York: Lippincott Williams & Wilkins, 1990.
8. McGill SM, Brown S. Creep response of the lumbar spine to prolonged full flexion. Clinical Biomechanics 1992;7:43-46.
9. Eklund J. Biomechanical aspects of work seating. In: Kumar S, ed. Biomechanics in Ergonomics. Philadelphia: Taylor & Francis, 1999:325-334.
10. Pynt J, Higgs J, Mackey M. Seeking the optimal posture of the seated lumbar spine. Physiotherapy Theory & Practice 2001;17:5-21.
11. Troup JDC. Relation of lumbar spine disorders

to heavy manual work and lifting. Lancet 1965;857-861.

12. Cholewicki J, McGill SM. Lumbar posterior ligament involvement during extremely heavy lifts estimated from fluoroscopic measurements. Journal of Biomechanics 1992;25:17-28.

13. Cholewicki J, McGill SM. Mechanical stability of the in vivo lumbar spine: Implications for injury and chronic low back pain. Clinical Biomechanics 1996;11:1-15.

14. McGill SM, Norman RW. Low back biomechanics in industry: The prevention of injury through safer lifting. In: Grabiner MD, ed. Current Issues in Biomechanics. Champaign, IL: Human Kinetics Publishers, 1993.

15. Kumar S, Narayan Y, Zedka M. An electromyographic study of unresisted trunk rotation with normal velocity among healthy subjects. Spine 1996;21:1500-1512.

16. Paris SV. Anatomy as related to function and pain. Orthopedic Clinics of North America 1983;14:475-489. **AJCC**

**Ten or More Years—cont'd from page 8**

or without you, call CBA today and speak to one of our consultants. Call Now 888-989-0855

Tell the consultant that you want to learn the CBA system that gets staff to do the work! Our consultant will show you the exact system we teach our clients. If you are bright, and really participate in learning from this free consultation, you may be able to improve your practice even without any further help from CBA.

From the French Polynesian island of Moorea, I am postulating for you the future of your dreams! **AJCC**

For a very limited time, contact the Chiropractic Business Academy to get your FREE 29-page **MARKETING MANIFESTO** that reveals EXACTLY what to do to FLOOD your office with LOTS MORE new patients each and EVERY month...not just a one time shot in the dark...  
--end of transmission--

Just give us a jingle at 1-888-772-4476 to let us know where to ship the **MARKETING MANIFESTO**, or request it at [www.ChiroBizAcademy.com](http://www.ChiroBizAcademy.com)

**The Chiropractic Marketing Manifesto** **TOP SECRET**

HARRISON CHIROPRACTIC SUPPLY

Prices are subject to change. P.O. Box 397 Auburn, WA 98071-0397 (253) 735-5139 or 1-800-525-6634 [www.harrisonchirosupply.com](http://www.harrisonchirosupply.com) e-mail: [mail@harrisonchirosupply.com](mailto:mail@harrisonchirosupply.com)

**THORACIC ARCH**  
Use to treat hyperkyphosis. Firm foam. Use in the office and send home with the patient.  
Firm Foam. Lie on back over the arch  
TA-1 Size: 21" L x 16" W x 4" H \$26.00 each  
TA-2 Size: 22" L x 16" W x 6" H \$35.00 each

Firm Foam. Lie on back over the arch. Let shoulders drop  
TA-3 Size: 21" L x 10" W x 4" H \$22.00 each  
TA-4 Size: 22" L x 10" W x 6" H \$31.00 each

**LUMBAR-SPINE EXPANDER FIRM FOAM**  
L-1 Size: 18" L x 9" W x 6.5" H \$22.50  
L-2 Size: 12" L x 12" W x 4" H \$16.00  
L-3 Size: 12" L x 12" W x 5" H \$22.50

**SMALL CERVICAL FULCRUM**  
F-7 Size: 13.5" L x 5.75" W x 4" H Flat apex on top is 1" Firm Foam. \$6.50 each  
F-8

**MEDIUM CERVICAL FULCRUM**  
F-8 Size: 13.5" L x 5.75" W x 6" H Firm Foam. \$7.50 each

**TRACTION / EXERCISE BLOCK**  
B-11 10" L x 6" W x 6" H, curve cut 2.5" deep. Firm Foam. \$7.50 each

**PILLOWS FOAM CERVICAL / LUMBAR PILLOWS**  
May be used to support the neck or low back while lying down. Also excellent for support of low back while sitting. Sometimes used under neck while tractioning and for patients to clasp in front during anterior thoracic adjustments. **COVERS:** removable, washable cotton/polyester fabric. Choose dark blue or gray.

**12" LONG X 4" DIAMETER**  
P-1 Soft Density \$9.00 P-1-FOAM (no cover) \$5.00  
P-2 Medium Density \$9.00 P-2-FOAM (no cover) \$5.00  
P-3 Firm Density \$9.00 P-3-FOAM (no cover) \$5.00

**12" LONG X 3" DIAMETER**  
P-4 Firm Density \$9.00 P-4-FOAM (no cover) \$5.00



**No matter what makes lumbar lordosis abnormal, Dennerroll can help get it back to normal.**

ABNORMAL LUMBAR LORDOSIS CURVES (RED LINE) → NORMAL LUMBAR LORDOSIS CURVES (GREEN LINE)

LOWER LUMBAR MIDDLE LUMBAR UPPER LUMBAR

Before Lumbar Dennerroll treatment After Lumbar Dennerroll treatment

**DENNERROLL**

From lifting injuries to poor posture, falls to awful ergonomics, abnormal lordosis affects a lot of people. And that means pain, muscle tension, and more pain. In the end, abnormal lordosis has been linked to a reduced quality of life and poor health.

With Chiropractic BioPhysics® techniques and the Lumbar Dennerroll, you can provide relief and improve health for back-pain patients.

Designed by chiropractors and endorsed by CBP®, The Lumbar Dennerroll provides a gentle, but effective, stretch to coax the lumbar spine back to its ideal curvature, or lordosis. Which relieves pain and reduces the risk of nerve, ligament, and muscle damage.

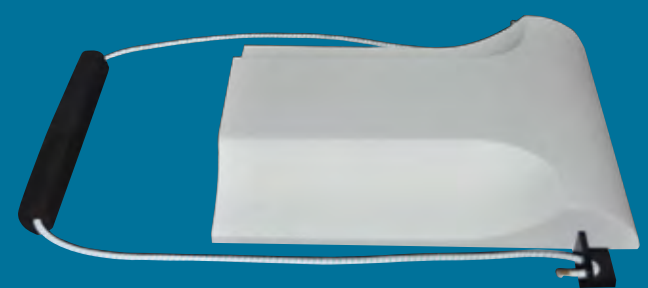
In certain cases, the Thoracic Support Block System makes spinal treatment more effective. Contoured to allow the scapula and shoulder region to roll back into slight retraction and external rotation, the device reduces posterior thoracic cage translation at the same time the Lumbar Dennerroll improves lordosis.

Put Dennerroll to work for your patients—with cervical, thoracic, and lumbar devices available, you can improve the spine from top to bottom.

**1-800-346-5146 | [www.idealspine.biz](http://www.idealspine.biz)**  
Patent Pending—Lumbar Dennerroll: Canadian Application No. 137758, US Application No. 29/377,956



To reduce thoracic kyphosis and anterior head posture while increasing cervical lordosis and anterior thoracic cage translation, some must push and some must pull.



**Compression. Extension. Push. Pull.**

It often takes the action and reaction of opposite forces to correct abnormal curvature of the spine. And that's just what you get with The Denneroll Compression Extension cervical system device.

Designed by chiropractors and endorsed by Chiropractic BioPhysics®, the system's support base and Thoracic Denneroll provides effective stretch, or extension, of the cervical and thoracic spine, while an adjustable, non-slip compression band simultaneously corrects anterior head translation.

The system is designed and contoured for precise placement for effective treatment while providing maximum comfort for the patient. Reduced pain, increased function, improved posture, and a lower risk of serious injury all result from the proper push-and-pull the Denneroll Compression Extension System provides.

Put Denneroll to work for your patients—with cervical, thoracic, and lumbar devices available, you can improve the spine from top to bottom.



1-800-346-5146 | [www.idealspine.biz](http://www.idealspine.biz)

Patent Pending—Thoracic Denneroll Component:  
Canadian Application No. 137759, US Application No. 29/377,954

**Training Institute—cont'd from page 1**

chosen to run this CBP patient center are Drs. Deed and Shirlene Harrison, Dr. Todd Pickman, and Dr. Joe Betz.

For Dr. Deed Harrison, this is a dream come to fruition. It has always been challenging to train

Chiropractors in the technicalities and nuances of CBP Technique in a hotel conference setting without the necessary equipment (adjusting tables and instruments, traction equipment, exercise and rehabilitation equipment, and radiographic facilities).

Also, the perspective of how a full scale CBP office looks, feels, functions, and operates is lost in the 'hotel convention center' environment. This new facility will solve these dilemmas. Also, CBP will launch its new Chiropractic Assistant (CA) training certification program out of this facility.

The CBP patient center is scheduled to open in October of this year (2012) while the CBP training institute will open its doors in January of 2013.

The new CBP facility is just west of Boise in Eagle, ID and is approximately 20 minutes from the Boise international airport. The facility is located in Eagle's premiere business complex: The Eagle River Business park and is at 950 E. Riverside Drive in Eagle, ID. The amenities of this business complex are outstanding with a Hilton hotel, local favorite restaurants, parks, and a paved-maintained trail system for walking and biking along the Boise river.

The CBP patient center is scheduled to open in October of this year (2012) while the CBP training institute will open its doors in January of 2013. Watch CBP's website ([www.idealspine.com](http://www.idealspine.com)) for the 2013 conference schedule and for further details. **AJCC**

**New Generation—cont'd from page 18**

The second step in evaluating your website is to ask yourself "does my website stand out from the competition?" To answer this question you must be 100% open to looking at it from a non-bias perspective. If your website looks eerily similar to most other chiropractic website out there—for the exception of some color changes or your logo—chances are potential quality new patients have picked up on that too, and will make certain assumptions about the quality of your practice.

Finally, does your website look cluttered, with an overwhelming number of tabs / buttons? Research shows that custom-designed websites with smaller page counts and intuitive navigation not only attract the attention of quality new patients, but portray a much higher value and quality of care. As a matter of fact, a recent focus group study conducted by MyChiroPractice™ revealed that 77% of potential patients

leave a "cluttered" website within 2.2 seconds of arriving there.

**SUMMARY**

Whether we like it or not, the world is moving at a very fast pace. The sooner your chiropractic practice engages and attracts the new generation of patients, the sooner you can serve your community. **AJCC**

**CLASSIFIED AD**

**PORT ANGELES, WASHINGTON PRACTICE**

ENJOY YOUR LIFE outside of practice in a recreational paradise. The largest and most modern diversified/CBP/rehab in town. Full EMR, Digital x-ray. \$280K production in 2011 on 3 day week. Bargain price. [Drm.drmchiro@gmail.com](mailto:Drm.drmchiro@gmail.com) for full info.

**Upper Cervical Concepts--cont'd from page 3**

There are monosynaptic inputs to the hypothalamus that arise from within the trigeminal spinal nucleus. "These fibers project directly to many areas of the hypothalamus. The monosynaptic pathways provide a route for reflex autonomic and endocrine behaviors."

important sensory afferent input for the development of the synaptic array of the spinal cord, brain stem, and brain is to the **trigemincervical nucleus**. The quality of the input into the **trigemincervical nucleus** is ultimately linked to the following:

- Emotional and mental experience
- Headache perception
- Happiness and being content in life
- Trusting of other human beings
- Being capable of loving another human being
- Autonomic (visceral) function
- Nervous system function
- Endocrine hormonal function

**DISCUSSION**

The **KEY** is the understanding that the sensory afferent input into the **trigemincervical nucleus** originates from two primary sources:

1. Mouth/temporomandibular function ("TMJ")

2. Upper cervical spinal mechanical afferentation  
These concepts are well supported by German physician Heiner Biedermann, MD.<sup>3-5</sup>

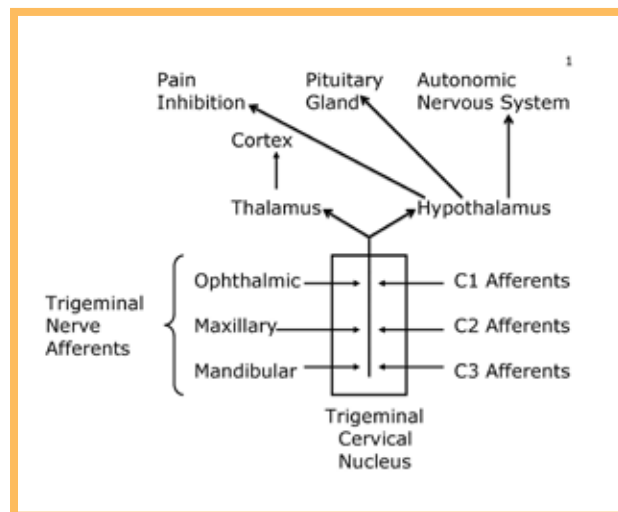
**SUMMARY**

The powerful systemic influences of upper cervical chiropractic improvement of mechanical afferentation is linked to the most important mechanical (not to mention nutritional)

influences on central neurological development: breast feeding.

**REFERENCES:**

- 1)Nikolai Bogduk, MD, PhD Anatomy and Physiology of Headache Biomedicine and Pharmacotherapy; 1995, Vol. 49, No. 10, 435-445.
- 2)Boyd-Clark et. al., Quantitative Study of Muscle Spindles in Suboccipital Muscles of Human Foetuses; Neurology India, 2001, 49, 355-359.
- 3)Kinematic Imbalances Due To Suboccipital Strain In Newborns. Journal of Manual Medicine; June (No. 6) 1992, pp151-156.
- 4)Manual Therapy in Children, Churchill Livingstone; 2004.
- 5)Manual medicine of functional disorders in children. Medical Veritas: The Journal of Medical Truth; 2006; Vol. 3; pp. 803-814. **AJCC**



**Integration**

The central nervous system (spinal cord, brain stem and brain) is built upon the quality of its afferent (sensory) stimulation. Apparently the first and most

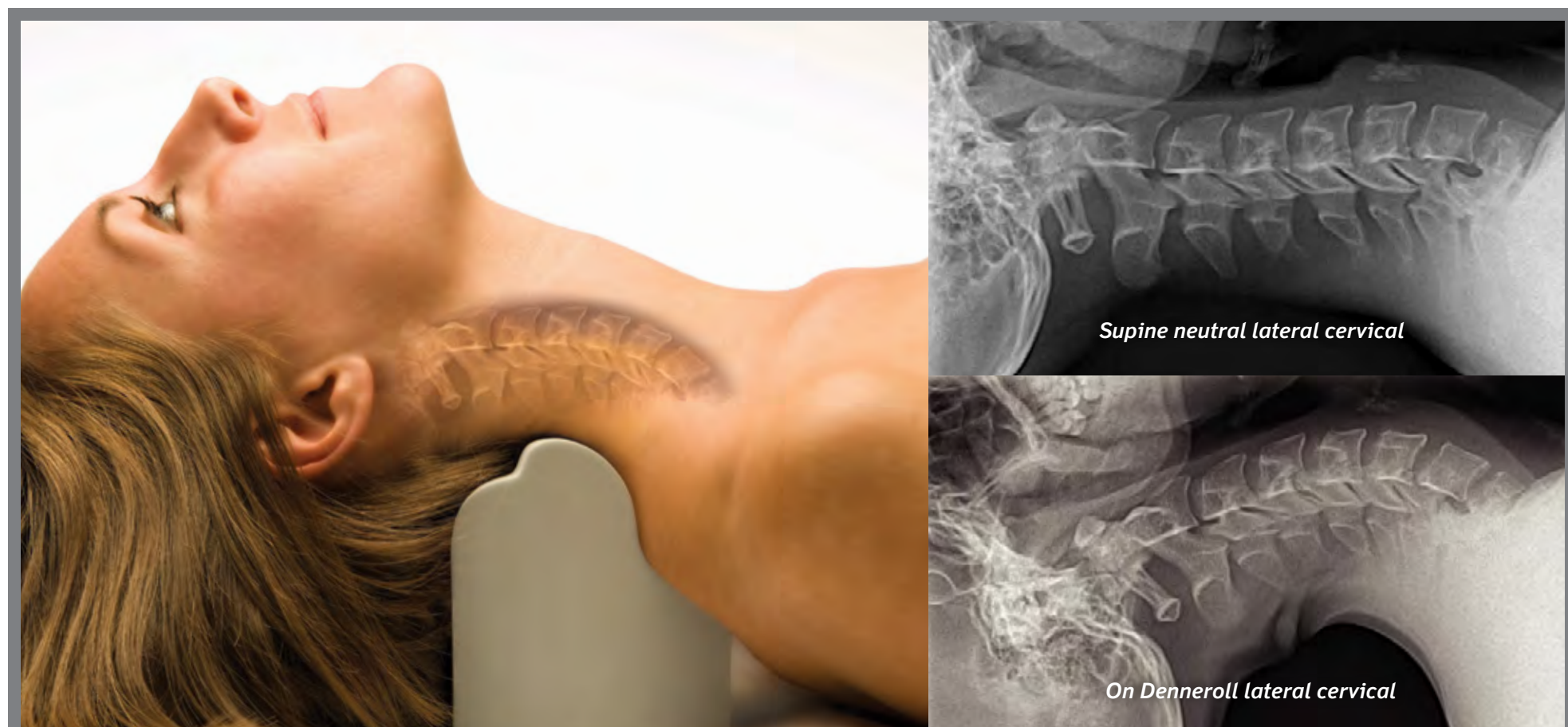
**LATERAL TRANSLATION TRACTION**

*The table also addresses:*

- cervical and thoracic lateral bending postures
- structural scoliosis

This patented table design aids in the correction of lateral translations of the spine.

Call or write:  
BERRY TRANSLATIONS  
Advanced Family Chiropractic  
1-877-367-5581  
Post Office Box 447  
Montour Falls, New York 14865



**Stay ahead of the curve with the Denneroll Cervical Orthotic Device**



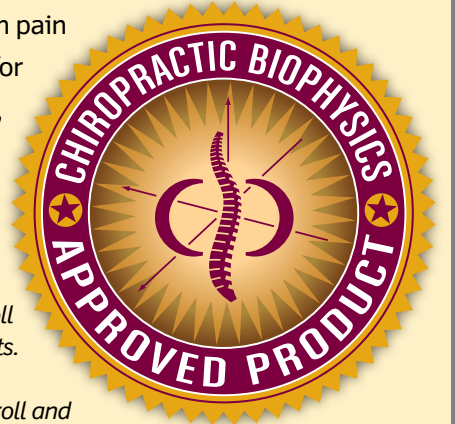
The **Normal Cervical Lordosis** has been defined through research. Studies have identified that abnormality in cervical lordosis may lead to adverse nerve, ligament, and muscle function. Ultimately abnormal

lordosis may lead to a number of health related disorders that your patients present with.

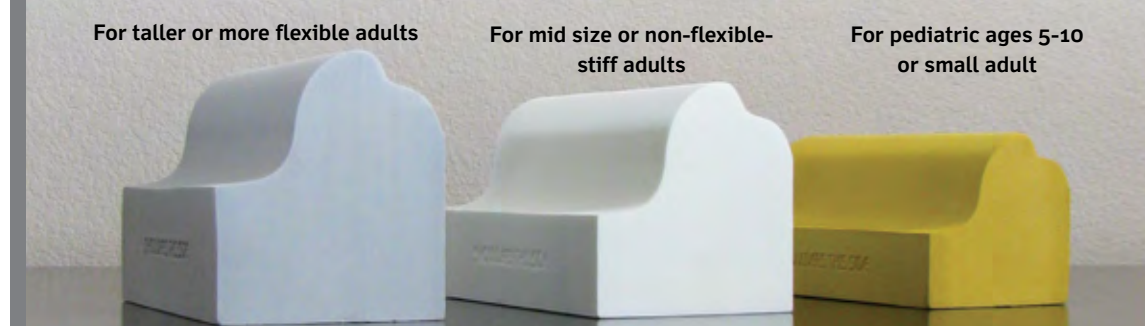
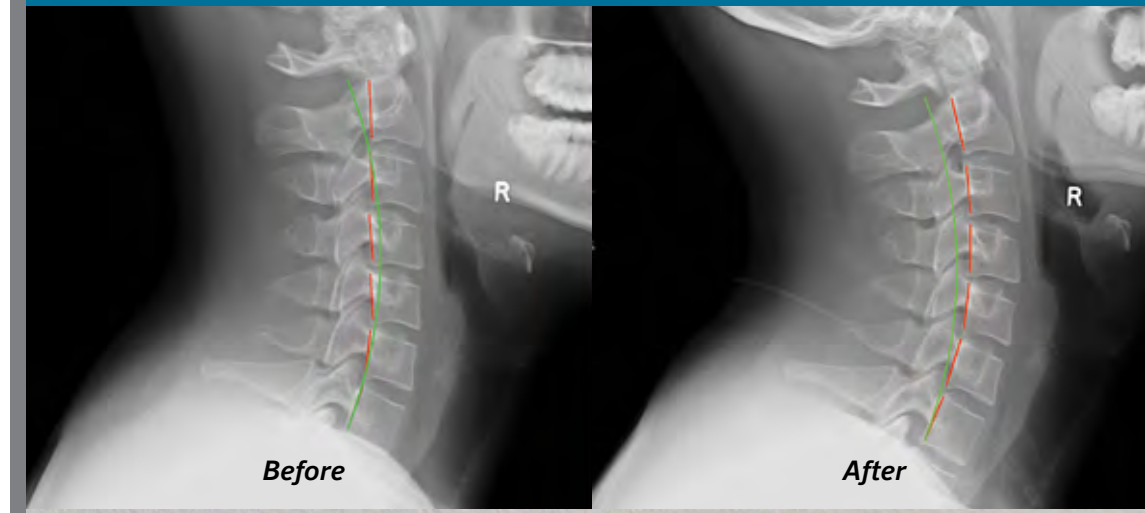
Now your practice and patients can benefit from the latest improvement in cervical orthotic devices aimed at rehabilitation of the abnormal lordosis.

The **Denneroll** cervical orthotic device was developed from several prototypes. Its unique design offers: application to a variety of cervical curves, enhanced patient comfort and compliance, and ease of transportation.

The **Denneroll** can assist in pain relief and health benefits for your patients. Call, e-mail, or visit our web site today to begin using the **Denneroll**.



"I personally use the **Denneroll** Orthotic device for my patients. Now, I have chosen to put the **CBP** name behind the **Denneroll** and recommend it to other Chiropractors."  
Deed E. Harrison, D.C. – Chiropractic BioPhysics® Technique Pres.



**1-800-346-5146 | www.idealspine.biz**

Patent Pending -Cervical Denneroll: Canadian Application No. 2560639, US Application No. 12/468547

**See what your x-rays are saying.**

**PostureRay** Make your patients' x-rays become more meaningful, more informative, and more versatile.

Exacting X-ray Analysis

PostureRay® quickly and automatically analyzes spinal x-rays and plots abnormal deviations. Which means your patients can easily see exactly what corrections are necessary and track the progress of treatment, whether for simple subluxations or serious conditions like scoliosis. The system even includes a "telestrator" function so you can draw as you demonstrate.

The x-rays, analysis, and documentation are easily exported to Electronic Medical Records, pdf files, or JPG images. Posture Ray is available for Windows7, XP, and Vista, and is compatible with DMX and DICOM. Digital x-rays are not required.

With Posture Ray, you'll save time while you provide better care, and with just one new patient a month, the system pays for itself. Starting at just \$5999, financing is available with monthly payments as low as \$217.

Add Posture Ray to your practice. The advantages are easy to see.

**PostureAnalysis.com**  
**866.577.7297**

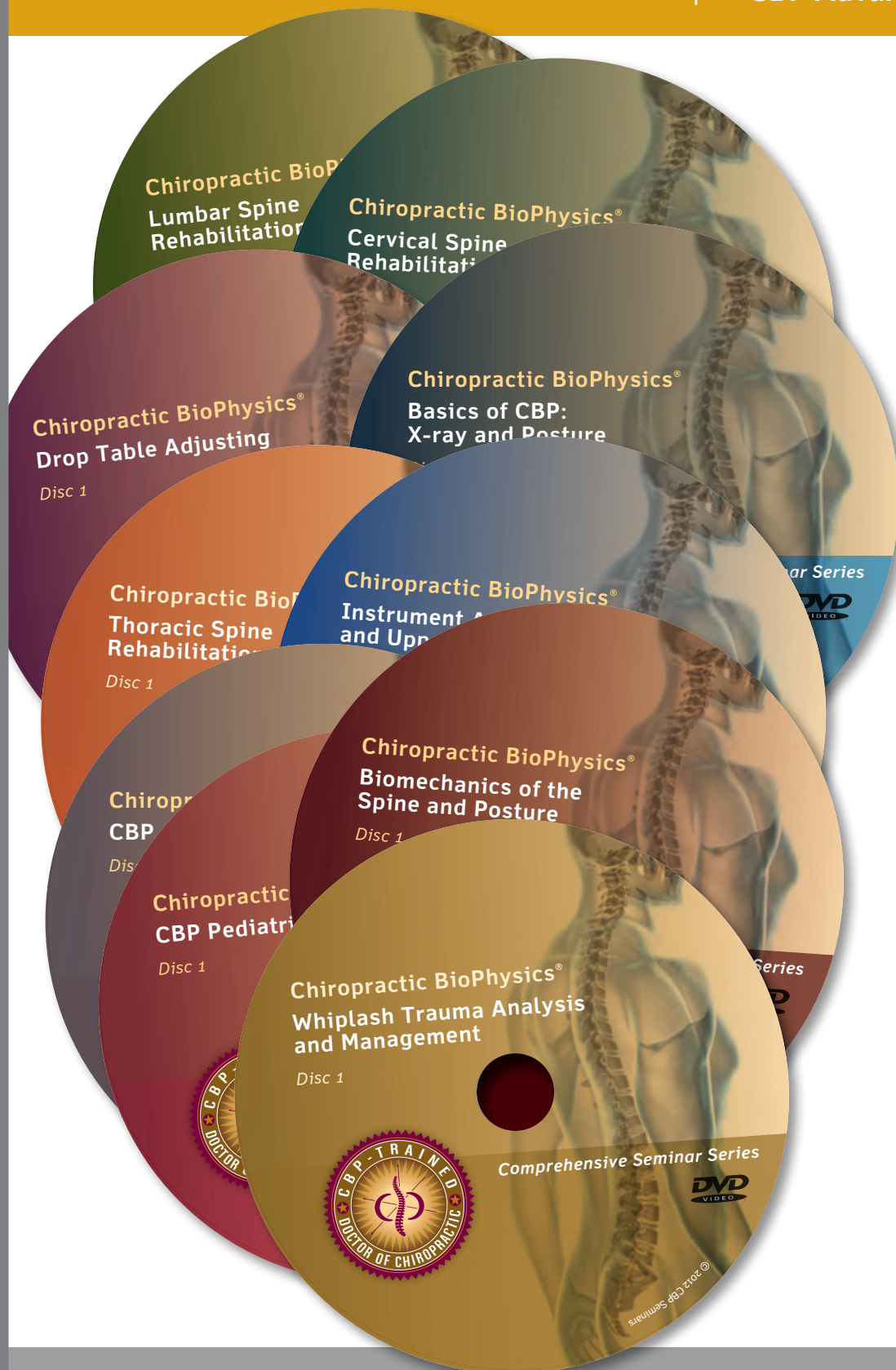
**PostureCo™**

# What you see is what you get. And what you get is better chiropractic.

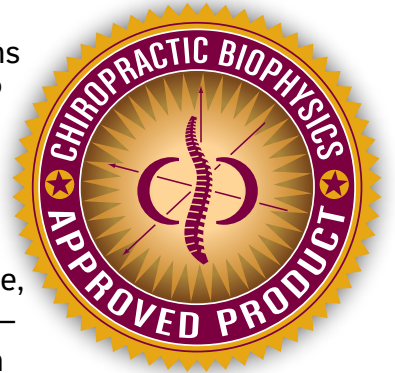
Any Single Seminar 9 Hour DVD Set: \$250

CBP Basic Package (6 Complete Seminar Set): \$1495

CBP Advanced Package (6 Complete Seminar Set): \$1495



For decades, spinal remodeling techniques scientifically developed and clinically tested by Chiropractic BioPhysics® have helped practitioners around the world treat patients more effectively. And our techniques are continually refined, improved, and expanded. CBP® training means more advanced skills, and CBP Certification means you're at the top of the profession.



Now, Chiropractic BioPhysics can help you learn these unique, advanced treatment methods—or keep your skills sharp—with two new sets of DVD recordings of our popular seminars. All at prices that make improving your patient care, your practice, and your profitability a bargain.

Order today—and attend a CBP Seminar on your sofa.

#### Basic CBP Seminars Package:

- *Basics of CBP: X-ray & Posture*
- *Drop Table Adjustment and Lower Extremity*
- *Instrument Adjustment and Upper Cervical*
- *Cervical Rehab*
- *Lumbar Rehab*
- *Thoracic Rehab and Case Management*

#### Advanced CBP Seminars Package:

- *Posture Neurology and Systemic Health*
- *CBP Pediatrics*
- *Scoliosis Analysis and Management*
- *Biomechanics of the Spine*
- *Advanced Full Spine Analysis*
- *Whiplash Injury, Analysis and Management*

Buy both Seminar Packages AND the 2011 CBP Annual Seminar (13 Complete Seminar DVD Sets) for just \$2495.

Order at [www.idealspine.com](http://www.idealspine.com) or call 1-800-346-5146 toll free