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**OCA's five Affiliate  
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# A Note from the President For Doctors by Doctors

## **Our Mission: Why are we here?**

Dear Oregon Chiropractors,

The first quarter of 2023 has brought many changes to our state legislators, our profession and our personal lives. We have a new Governor that has been pro-Chiropractic for many years and we have new leadership at many legislative levels that are supportive of our proposals. We have several big wins for our profession that directly affect your Workers Compensation reimbursement immediately and other wins in the bills being passed by our legislative supporters that will impact reimbursement later. Dr. Dan Miller deserves recognition for his tireless efforts to ensure we are paid fairly and fully by Workers Comp. Thank you Dan.

One thing that did not change is the Board of Directors. This amazing group of doctors have integrity and authenticity. I am amazed at the level of joy, laughter and productivity created by these Directors, and I am thrilled to get to stand beside them for another year in service to Chiropractic. In 2022, the OCA Board began the task of addressing why we exist and who we serve. I am listing below the results of many months of debate and discussion of what we believe will serve as a clear direction for this association. Here is the new mission statement for the Oregon Chiropractic Association:

**"It is the OCA's mission to promote chiropractic as a safe and effective discipline and to defend the practice rights of chiropractic physicians."**

**The OCA is committed to supporting our members with professional education, clinical and business expertise and building a strong chiropractic community to best serve the people of Oregon.**

**We affirm the essential right of each patient to unrestricted access to chiropractic care to enhance the body's natural healing ability."**

You can count on us, the OCA Board, to fulfill this mission with passion and deliberate effort.

We also developed a statement of the vision that will create ongoing community and reflects our official slogan, "Together we are aligned!"

**"The vision of the OCA is to provide an inclusive platform for Oregon DCs that promotes unity without uniformity within our profession. We believe that only by emphasizing and honoring our shared goals and values may we come together with the voice of a powerfully aligned profession around interests that we hold in common. When our profession speaks in a strong, unified and clear voice, we can most effectively educate the public, business, and regulators to the critical role of chiropractic to the health of Oregonians."**

The OCA is committed to developing professional fraternity for Chiropractors. Who understands your challenges better than your peers? The OCA is the place where can you find support and answers that fit your situation. It is the place to make your voice heard and where your efforts are multiplied. It is a space to share your passion.

Our favorite time of the year to mingle with our colleagues is coming April 28 - 30. Our annual convention will be hosting an amazing schedule of powerful Chiropractic speakers. I am excited to hear all of them and I look forward to seeing all those I know and meet new faces I have not met yet. This event will be filled with intense learning, new friendships and professional camaraderie.

There are several key issues that we will be addressing this year which include challenges with insurance companies, creating greater reimbursements for Chiropractors, Workers Compensation status and increasing our membership benefits.

Let us know how we can be of service to you.

Todd Turnbull, DC, CCSP, CBIS/T





# A Message from your Executive Director

## **Office updates by Jan Ferrante, Executive Director**

### **ASSOCIATION MEMBERSHIP MORE IMPORTANT THAN EVER**

Today, more than ever, the state association must be a part of life for ALL DCs in Oregon. We are not here to judge your philosophy, chosen techniques or other therapies you may or may not offer your patients. We are here to be your watchful eyes, listening ears, your professional advocates, and your voice in Salem.

So many things have continued to confront us in the past few years. With the COVID crisis that lasted way too long, to the mandated vaccines, and masking requirements that affected all of us in the profession. Whether you agreed or disagreed with what was happening and what was being mandated by others, we were all in it together.

Now we are finally able to return to some normalcy with the masking restrictions being lifted in our offices effective April 3, 2023. This was great news for many of us and we have others that may choose to continue wearing them. Again, whatever you choose - that is your choice to make for yourself and your patients. We will support you on whichever choice you are making but we are here to make sure our membership learns of these things timely and knows when these things happen that they can count on us to get them the news in their member communications and on our OCA forums. If you are not currently on the forums reach out to the office so that you can be part of hearing the news first hand as it happens.

We have so many battles coming our way and irons in the fire to help remedy these. We have


issues with multiple insurance companies that are once again targeting our profession and reducing our fees in the midst of the worst inflation we have seen in years. We have a serious problem with an entity charged with credentialing for an insurance company that has let us all down.

However, we need to talk about **WHAT WE ARE DOING.....**

We had a Board of Directors workshop on Saturday Feb. 11<sup>th</sup> so that our board could decide on the most important issues facing us. We came up with the most important issues for 2023 and formulated a plan along with goals for achieving success. Lead by our President, Dr. Todd Turnbull we are continuing forward with items that were set in motion last year along with some new issues that have come to light that are on our radar now. We updated our Mission-Vision-Philosophy statements to bring clarity to who we are and what we are committed to for our members and this profession.

Within our Board each member is tasked with something. **Dr. Turnbull** is charged with doing the monthly member / BOD updates that are sent out to our members via email each month. **Dr. Dennis Cozzocrea** our VP is looking at Bylaws and changes needed. **Dr. Bob Richards**, our Secretary, is heading up the Financial committee along with Dr. Beebe, Dr. Lell and myself. **Dr. Michael Lell** is the Chairperson for the membership and social media committees. **Dr. Dan Beebe** is our Legislative committee and PAC oversight chair. **Dr. Arah McLaughlin** continues as the UWS liaison and is the OBCE liaison for 2023. **Dr. Amanda Tipton Stiller** is the Convention and continuing education co-chair along with Jan Ferrante, ED. **Dr. Les Feinberg**





headed up the revisions of Mission-Vision-Philosophy which has recently been adopted and **Dr. Michael Arnot** is the chair of Insurance Relations Committee (IRC).

We are so happy to report that Dr. Michael Arnot continues to head up our Insurance Relations Committee (IRC) in 2023 and continue his work to get greater reimbursements with personal health insurance carriers as his focus. We are also fortunate, to have Dr. Dan Miller of Woodburn who participates with the workers comp fee process. He continues to advocate for increases in our fees each and every year through testimony and submission of substantiating information. This year his efforts have equated to 10% increases in some CPT codes for this profession on behalf of the OCA and our members - which along with Dr. Arnot's efforts, carry over to benefit all Oregon DCs. The Workers Comp Fee Schedule becomes effective April 1<sup>st</sup> and will be sent out once again to our membership and also made available on our website Member Only Tool center and in the OCA members only forum very soon.

We continue to have Dr. Vern Saboe serving us in Salem on our legislative efforts and doing our lobbying work in Salem during the current Legislative session. We have a Board of Directors concerned with all of these things, and doing the oversight and leading the direction we take. Their work along with our OCA office staff that includes myself, as your Executive Director, and our Administrative Assistant, Leanne Burke, answering your questions and concerns daily on the telephone and emails. **IT TAKES A VILLAGE** and we have a great one. **This is HOW WE SUPPORT YOU..... But, HOW CAN YOU SUPPORT the state association?**


We **NEED YOUR SUPPORT** through membership and/or utilizing our other programs. We are not subsidized by any government agency or extension of one. **We are a STAND ALONE and STAND WITH YOU, Non-profit professional association working for this profession.** We are supported and sustained by the OCA dues paying members. Our members have supported us by joining and they continue to support the OCA work we are doing by remaining part of our association.

You can support us as well, first and foremost by joining us but also in other ways. You can look to us for your continuing education needs and that of your CAs and other staff. Our CE programs are a huge part of our budget and by utilizing our online CE library or attending our events including our annual convention you help ensure that we will be here this year, and in the future working for YOU and Chiropractic in Oregon.

We have our 2023 convention coming to Portland, April 28-30<sup>th</sup> at the Sheraton Portland Airport. We have 20 hours of CE available with 2-3 tracks of speakers throughout the weekend to give you several presentations to choose from and listen to. We have a world class speaker line up again this year. If you have never attended make this the first year of an annual tradition to come and listen to these phenomenal speakers and meet our 30 plus vendors with services and products for your clinics. Come join us for a weekend of CE, for Casino Night on Friday and to catch-up with your friends and colleagues from around the state over the 3 days.

To REGISTER for convention or to JOIN US go to: [www.ocanow.com](http://www.ocanow.com)

Together We Are Aligned..... JAN



# Chiropractic Mechanical Care with a Logical Rationale for the Inclusion of Diet, Some Supplements, and a Modality

Chiropractors are legally allowed to do many things. Yet, a unique central tenant of chiropractic is assessing and managing the mechanical way in which people live, exist and function in a gravity environment. Mechanical care is at the core of many chiropractic clinical practices.

In 2001, the Nobel Prize in Medicine or Physiology was awarded for discoveries in mechanoreceptors, including a mechanoreceptor called **Piezo1**. The lay press exclaimed that **Piezo1** was involved in sensing mechanical force, position, and movement. As we know, the mechanical concepts of force, position, and movement have had an ongoing importance within the chiropractic profession for more than a century.

Joint degenerative disease (osteoarthritis) is very commonly seen in chiropractic musculoskeletal clinical practice. Degenerative joints are not always symptomatic, but often times they are. Even when joint degeneration is not symptomatic, degenerative joints are less capable of effectively handling mechanical stress, weight, load, trauma, etc. Trivial environmental mechanical stresses may cause degenerative joints to become symptomatic.


Present-day chiropractors understand that degenerative joint disease is both a biomechanical and biochemical phenomenon. From a clinical perspective, understanding the biomechanical and biochemical physiology of degenerative joint disease is beneficial in clinical management as well as in prevention of joint degeneration, whether the joint is symptomatic or not.

In 2022, a study was published pertaining to chondrocyte degradation resulting in osteoarthritis. From a chiropractic clinical perspective, the study is exceptionally interesting and useful. It amalgamates mechanical load, *Piezo1* mechanoreceptor physiology, the chondrocyte calcium ion channel, the calcium ion, glutathione recycling, lipid peroxidation, ubiquinone-ubiquinol endogenous oxidation and supplementation, iron driven cell death, magnesium involvement, mitochondrial physiology, magnesium, and the expression of nuclear DNA.

Putting it all together, an argument for the following would seem logical:

- Reduce abnormal joint loads (manage the subluxation)
- Respect the articular effects of excessive weight
- Understand that more important than weight is load (posture), and hence posture correction can have a powerful effect
- Calcium in excess can add to the joint degenerative cascade
- Iron in excess can add to the joint degenerative cascade
- Magnesium is protective against degenerative joint disease
- CoQ10 is protective against degenerative joint disease
- Glutathione and glutathione recycling are protective against degenerative joint disease
- Protecting lipids from reactive oxygen species is important
- Enhancing mitochondrial physiology is critical (low-level laser therapy)





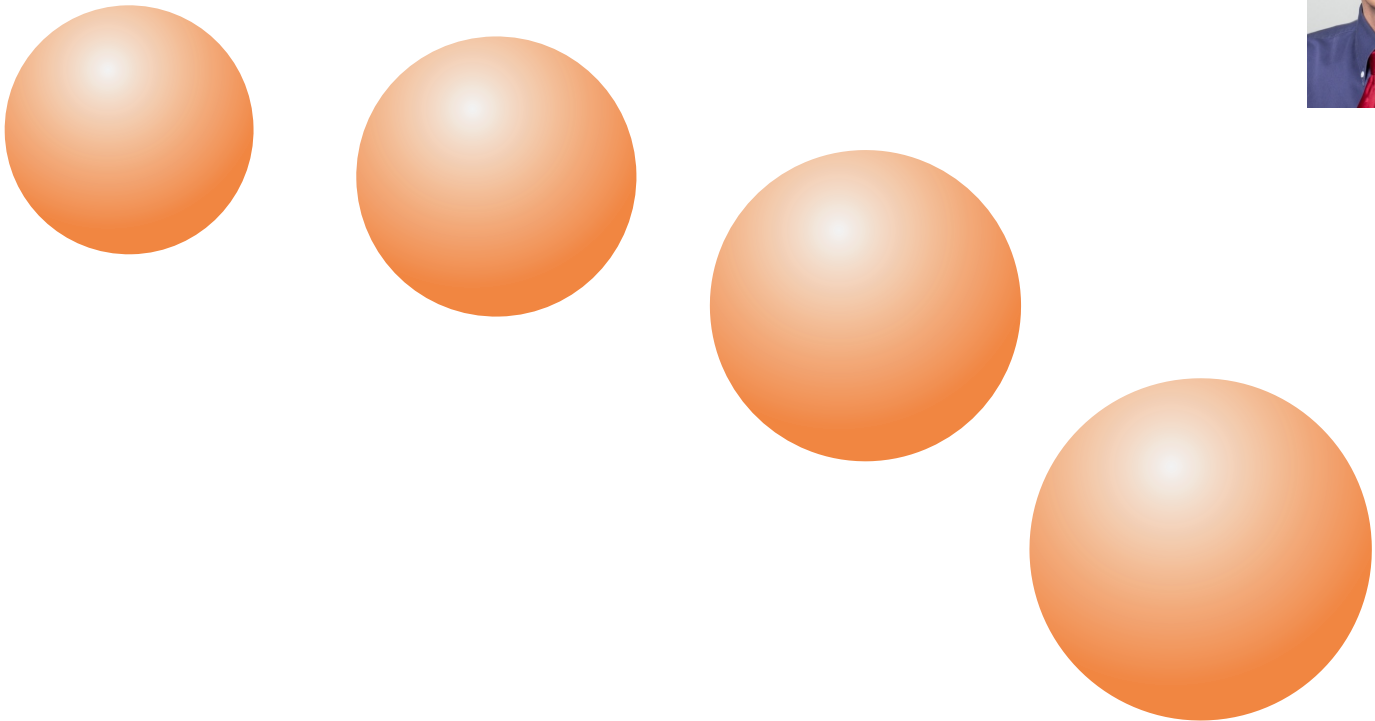
Interestingly, this pathophysiological cascade for degenerative joint disease shares many features with traumatic brain injury. These features include an influx of calcium, the genesis of excessive reactive oxygen species, glutathione depletion, mitochondrial dysfunction and disruption of mitochondrial energy production homeostasis. They also share protection from the pathophysiological cascade with magnesium, glutathione, and low-level laser therapy.

A difference is that degenerative joint disease pathophysiology begins with an abnormal or excessive mechanical load. Traumatic brain injury begins with a post-

traumatic release of large amounts of the neurotransmitters glutamate and aspartate into the brain's synapses; hence, dietary advice is often very helpful in the management of traumatic brain injury.

I have the privilege to be able to present and integrate this information, and much more, as we review the literature on these topics at the Oregon Convention. My goals are to integrate mechanical care, diet, nutrition, and laser mitochondrial physiology.

Dan Murphy, DC, DABCO



# 2023 OCA Board Members

## OFFICERS



**DR. TODD TURNBULL, DC**  
President



**DR. BOB RICHARDS, DC**  
Secretary



**DR. DENNIS COZZOCREA, DC**  
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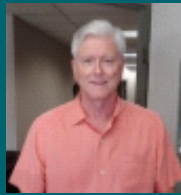


**JAN FERRANTE**  
Executive Director

## BOARD MEMBERS



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District 2



**DR. ARAH MCLAUGHLIN, DC**  
District 3



**DR. DENNIS COZZOCREA, DC**  
District 2



**DR. MICHAEL ARNOT, DC**  
District 2



**DR. AMANDA TIPTON STILLER, DC**  
District 3



**DR. MICHAEL LELL, DC**  
District 2



**DR. TODD TURNBULL, DC**  
District 3



**DR. LES FEINBERG, DC**  
District 9



OREGON  
CHIROPRACTIC  
ASSOCIATION

## OCA MISSION-VISION-PHILOSOPHY STATEMENT / Revised 2023

### MISSION

It is the OCA's mission to promote chiropractic as a safe and effective discipline and to defend the practice rights of chiropractic physicians.

The OCA is committed to supporting our members with professional education, clinical and business expertise and building a strong chiropractic community to best serve the people of Oregon. We affirm the essential right of each patient to unrestricted access to chiropractic care to enhance the body's natural healing ability.

### VISION

The vision of the OCA is to provide an inclusive platform for Oregon DCs that promotes unity without uniformity within our profession. We believe that only by emphasizing and honoring our shared goals and values may we come together with the voice of a powerfully aligned profession around interests that we hold in common. When our profession speaks in strong, unified and clear voice, we can most effectively educate the public, business, and regulators to the critical role of chiropractic to the health of Oregonians.

### PHILOSOPHY

The OCA embraces chiropractic as a unique healthcare discipline that focuses on the restoration of health by promoting the innate recuperative and restorative powers of the human body, without the use of unnecessary drugs or surgery. The OCA is committed to maintaining chiropractic's unique identity as a neurology-based healing art developed from a vitalistic, philosophical foundation.

# The Gaitlink Method

Andrew Swanson, DC

The Gaitlink Method is a 27-step protocol which follows the transfer of ground-reactive forces (GRF), resulting in a functional spine that often requires no further treatment. Months and years after completing the Gaitlink Method, patients have returned without spinal subluxations or joint dysfunction. This is the result of over 33 years of investigations into the musculoskeletal response to GRF from repetitive heel strikes on a rigid surface. The human gait cycle begins with a heel strike on a given surface that initiates a rebounding, weight equivalent GRF<sup>1,2</sup>. This force attenuates within the functional joint articulations of the foot<sup>3</sup>. Further attenuation of this force continues within the functional joint articulations of the knee, hip, and pubic symphysis, respectively. All functional joint articulations of the body exhibit joint play or end play, which acts as a dampening spring when force is introduced<sup>4</sup>. The accumulation of these protective springs within the joint articulations of the kinematic chain provides a significant reduction of GRF generated from repeated heel strikes within the gait cycle.

I theorize that this normal dampening mechanism has been supplanted with a bracing mechanism that is a result of a change in the ground we walk on. We no longer walk on variable surfaces such as tree roots and rocks, which promote continuous foot dampening adaptations to the changes in terrain. The Gaitlink theory states that these continuous foot adaptations to variations in terrain provide and sustain normal joint function throughout the kinematic chain.

Further, with the introduction of uniform, inflexible surfaces in our environment (e.g., concrete sidewalks), dampening adaptations are less prevalent and thus normal joint function is not stimulated. This reduction of joint adaptation, coupled with unyielding surfaces, activates a self-bracing mechanism within the kinematic chain. This bracing mechanism is a musculoskeletal protective response to a perceived undampened force, which causes a compression of joint surfaces.

Tom Michaud, in his first book *Foot Orthosis* states that “During a typical heel strike while walking, a person’s ground reactive vertical force averages 110% of body weight.” And that “each foot strikes the ground between 10 to 15 thousand times daily.” This results in around 700 tons of pressure traveling through the body<sup>3</sup>.

I believe this results in continuous, protective bracing throughout the musculoskeletal system. The effect of continuous bracing is joint dysfunction of the articular surfaces, which involves a reduction or absence of normal planar movements available to a specific joint. Joint dysfunction further inhibits the spring adaptive mechanism allowing unchecked GRF to travel throughout the musculoskeletal system and promotes more bracing and joint dysfunction.

The Gaitlink Method is directed at joint dysfunction within the extremities with less emphasis on the spine and pelvis. Though little can be done to change the surfaces we walk on, we can restore normal joint function and GRF adaptation in the extremities. The Gaitlink method follows the transfer of GRF and returns motion to each link within the kinematic chain, from heel strike to arm pendulation, which results in both normalization of potential gait and an unclenching of dysfunctional joints within the spine and pelvis. By following this novel 27-step pattern, the spine unlocks itself naturally. For example, during this pattern, T1-T4 subluxations will resolve following sequential adjustments down the left arm. The resolution occurs immediately following adjustment. Through a collect of data, 85 percent of patients who completed the Gaitlink Method have a spine that maintains normal joint function, without the need for further chiropractic intervention. I have worked with professional, collegiate, and Olympic athletes using the Gaitlink approach to increase stride length and limit preventable sports injuries.

Gaitlink is the culmination of over 33 years of evolving methodology with the intent to restore self-sustaining force attenuation. This will provide continuous normal joint function throughout the spine and pelvis.

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## References:

<sup>1</sup> Inman, V.T.; Ralston, H. J., and F. Todd. *Human Walking*. Baltimore: Williams & Wilkins, 1981.

<sup>2</sup> Katoh, Y.; Chao, E. Y. S., and R. K. Laughman. “Biomechanical Analysis of Foot Function during Gait and Clinical Applications.” *Clinical Orthopedics* (1983):177: 23-33.

<sup>3</sup> Michaud Thomas, C. *Foot Orthoses and Other Forms of Conservative Care Massachusetts*: 1997: 28, 29.

<sup>4</sup> Mennell, J. M. *Functional Soft Tissue Examination and Treatments by Manual Methods*. Connecticut: 1991: 192-194.

## Biography

Dr. Andrew Swanson graduated from Palmer College of Chiropractic-West in Sunnyvale, California in 1986. He attended post graduate school at Central Washington University in Ellensburg, Washington. He received his Bachelor of Arts degree from the University of Washington in Seattle, Washington in 1979. Dr. Swanson is board certified in Washington State and California. His specialty in motion palpation and extremity adjusting led to the development of the Gaitlink Method. Dr. Swanson is currently in active practice in Port Gamble located in Kitsap County, northwest of Seattle in Washington State. After 36 years in practice, Dr. Swanson is looking for collaboration with intent to forward this work. You can reach him at [gaitlink27@gmail.com](mailto:gaitlink27@gmail.com)





# More patients **FOR YOU.**

Growth not only means more patients and more revenue, it also means more Americans choosing Chiropractic as part of their routine healthcare.

Today, our network is almost 6,000 doctors strong serving more than one million families. That's over four million patients who have enjoyed access to chiropractic care by using ChiroHealthUSA.

2023 will be a year of growth and inclusion. We will not only continue as the network that works for you and your patients, but also a driving force to help America choose YOU.

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# ANNUAL CONVENTION

April 28 - 30  
2023

## Oregon Chiropractic Association 2023 Spring Convention

Together We Are Aligned

### Venue Details:

**Sheraton Portland Airport**  
8235 NE Airport Way  
Portland, OR 97220

For reservations call: 503-281-2500  
or go to: [www.ocanow.com](http://www.ocanow.com)  
for a link to book your group rate  
reservation.



## Friday Speakers & Fun



**Leonard Faye, DC**  
*Adjustive Technique*



**Mario Fucinari, DC,**  
**CPCO, CPPM, CIC**  
*Office Policies/HIPAA*



**Simon Agger, DC**  
*Nutrition &  
Inflammation*



**Debra Darmata**  
*Suicide Intervention*



**Bev Harger, DC,**  
**DACBR**  
*Radiology*



**Frederick Carrick, DC**  
**PhD, MS-HPed**  
*Functional Neurology*



**Garreth MacDonald,**  
**DC, CCST**  
*MVA/Trauma*



**Be sure to join us for CASINO NIGHT**  
**6:00 to 8:00 PM in The Garden Room**



# Saturday Speakers



OREGON CHIROPRACTIC ASSOCIATION

Together We  
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**Kevin Wong, BS, DC**

*Adjustive Technique*



**Dan Murphy, DC  
DABCO**

*Neurology/Pain Mgmt.*



**Lori Morgan, CA**  
Team Development Coach  
*Office Policies &  
Procedures*



**Mario Fucinari, DC,  
CPCO, CPPM, CIC**  
*Billing & Coding*



**Laura Swingen, DC  
DACNB**

*Functional Neurology*



**Glen Zielinski, DC  
DACNB, FACFN, CBIS**

# Sunday Speakers



**Kevin Wong, BS, DC**

*Adjustive Technique*



**Mario Fucinari, DC,  
CPCO, CPPM, CIC**

*Cultural Competency and  
Suicide Intervention Training*

Register online at:  
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If you have any questions,  
please call 503-256-1601.

# OCA Convention Vendors

## By Booth and Table Number

| <i><b>Vendor Name</b></i>       | <i><b>Booth</b></i> | <i><b>Representatives in Booth</b></i> | <i><b>Phone</b></i> | <i><b>Product/Service</b></i>        |
|---------------------------------|---------------------|--|---------------------|--------------------------------------|
| The Gatti Law Firm              | 1                   | Attorneys at Law                       | 800-289-3443        | Legal Services                       |
| The Gatti Law Firm              | 2                   | Attorneys at Law                       | 800-289-3443        | Legal Services                       |
| Foot Levelers                   | 3                   | John Mann                              | 800-553-4860        | Customized Orthotics                 |
| RAYUS                           | 4                   | Kellie Fine                            | 503-253-1105        | Imaging Center                       |
| NCMIC                           | 5                   | Lori Holt, RN-BC                       | 800-321-7015        | Malpractice Ins & Financial Services |
| Chattanooga/Light Force Therapy | 6                   | Rob Hannon & David Hebert              | 800-592-7329        | Laser & Focus Shockwave              |
| Jeff Clark, ND, LLC             | 7                   | Jeff Clark + 1                         | 503-755-1400        | Oral & topical supplements & PBM     |
| Bridge City Law                 | 8                   | Jim Dwyer, Attorney                    | 503-274-0404        | Legal Services                       |
| Pacific Xray Technologies       | 9                   | Bob Rants & Andy Manville              | 253-831-4118        | X-Ray Equipment                      |
| Doctor's Data, Inc.             | 10                  | Geneva Olson                           | 630-377-8139        | Laboratory Services                  |
| ELvation Medical                | 11                  | Joe Lemon & Rosie Herkemij             | 770-295-0049        | Therapeutic Equipment / Modality     |
| Ayush Herbs                     | 12                  | Marze Kasalar                          | 425-637-1400        | Herbal Supplements                   |
| NutriWest Pacific               | 13                  | Dr. Mark Earnhart                      | 800-458-7606        | Nutritional Supplements              |
| Magic Hands / Birdhill          | 14                  | Steve & Pam O'Dwyer                    | 503-987-1286        | Hand Held Percussion Massagers       |
| Advanced Wellness Center        | 15                  | Dr. Mark Gabriel                       | 503-389-5545        | Regenerative Medicine                |
| Multi Radiance                  | 16                  | Janelle Beery                          | 440-542-0761        | Pulsed Laser Devices                 |
| BaxMax                          | 17                  | Edward Noble                           | 702-334-0454        | Lumbar Back Support                  |
| University of Western States    | 18                  | Pat Browne                             | 503-251-5713        | Alumni Services                      |
| K-Laser                         | 19                  | Greg Williams                          | 786-254-7006        | Laser Devices                        |
| ChiroHealthUSA (CHUSA)          | 20                  | Elizabeth Tillman                      | 888-719-9990        | Discount Medical Plan Organization   |
| DeShaw Trial Lawyers            | 21                  | Dr. Aaron DeShaw, Esq.                 | 503-227-1233        | Legal Services & Books               |
| NW Functional Neurology         | 22                  | Dr. Glen Zielinski                     | 503-850-4526        | Functional Neuro Services            |
| Doctor MultiMedia               | 23                  | J Martineau & Spencer Hicks            | 800-679-3309        | Websites and Online Marketing        |
| Erchonia                        | 24                  | Penny Sneed                            | 888-242-0571        | Low Level Lasers                     |
| The Advocates                   | 25                  | Danna Warman + 2 reps                  | 503-966-3172        | Personal Injury Info & Consulting    |
| Doterra                         | 26                  | Macy Ng & Luis Cortes                  | 617-512-1780        | Essential Oils & Supplements         |
| Palmer College of Chiropractic  | 27                  | Chuck Bustillos                        | 800-722-2586        | Student Recruitment Kits             |
| ChiroOne Wellness Centers       | 28                  | Dr. Anthony Neal & Dr. Maithy Ta       | 708-595-5227        | DC Recruiting                        |
| Window Ad Designs               | 29                  | Dr. Robert Taylor & Linda Taylor       | 541-891-1776        | Chiro Marketing & Window Clings      |
| Protocol for Life Balance       | 30                  | Kim Chadwick                           | 877-776-8610        | Supplements                          |
| JTECH Medical                   | 31                  | Tennyson Saucedo                       | 385-695-5000        | Medical & orthopedic supplies        |
| Thaena, Inc                     | 32                  | Cameron Apperson + 2 reps              | 503-506-8732        | ThaenaBiotic – supplement            |
| Shoulder Shell, LLC             | 33                  | Dana & Erica Sanford                   | 509-496-5948        | Device to decrease shoulder pressure |



# CONVENTION SCHEDULE

| DAY/TIME                | 2023 CONVENTION  | APRIL 28-30, 2023  | SHERATON PDX AIRPORT  |
|-------------------------|--|--|---|
| <b>THURSDAY</b>         | <b>8AM-NOON: VENDOR HALL SET-UP</b>  | <b>1PM – 5PM: VENDOR MOVE-IN</b>   |   |
| <b>FRIDAY SCAN IN</b>   | <b>CASCADE ROOM – SCAN IN</b>  | <b>MT ADAMS ROOM – SCAN IN</b>   | <b>GARDEN ROOM -- SCAN IN</b>   |
| 8AM-10AM                | <b>ADJUSTIVE TECHNIQUE / DCs</b><br>Leonard Faye, DC – Part 1<br><i>"When, where, why, how, how often" the Tx Plan</i>           | <b>BILLING &amp; CODING/ DCs, CAs &amp; STAFF</b><br>Mario Fucinari, DC, CPCO, CPPM, CIC<br><i>No Surprises Act &amp; HIPAA Updates 2023</i>                                 | <b>NUTRITION &amp; INFLAMMATION DCs, CAs &amp; STAFF</b> Simon Agger, DC<br><i>Advanced Concepts in Anti-Inflammatory Nutrition for the Practicing Chiropractor</i> |
| <b>BREAK</b>            | <b>MT HOOD – VENDOR HALL BREAK 10-10:30AM</b>  | <b>MT HOOD – VENDOR HALL BREAK 10-10:30AM</b>  | <b>MT HOOD – VENDOR HALL BREAK 10-10:30AM</b>   |
| 10:30-NOON              | <b>ADJUSTIVE TECHNIQUE / DCs</b><br>Leonard Faye, DC – Part 2<br><i>"When, where, why, how, how often" the Tx Plan</i>           | <b>SUICIDE INTERVENTION / DCs, CAs &amp; STAFF</b> <i>Suicide Prevention, Risk Assessment and Safety Planning</i><br>Debra Darmata @ OHA Zero Suicide                        | <b>MVA/TRAUMA / DCs, CAs &amp; STAFF</b><br>Garreth MacDonald, DC, CCST<br><i>"Crash Course in PI"</i>  |
| <b>LUNCH- SCAN OUT</b>  | <b>LUNCH NOON-1:30</b>   | <b>LUNCH NOON-1:30</b>   | <b>LUNCH NOON-1:30</b>  |
| <b>RETURN</b>           | <b>RETURN- SCAN IN</b>   | <b>RETURN- SCAN IN</b>   | <b>RETURN- SCAN IN</b>  |
| 1:30-3:30PM             | <b>ADJUSTIVE TECHNIQUE / DCs,</b><br>Leonard Faye, DC – Part 3<br><i>"When, where, why, how, how often" the Tx Plan</i>          | <b>FUNCTIONAL NEUROLOGY / DCs</b><br>Frederick Carrick, DC, PhD, MS-HPed -- Part 1 -- <i>A Clinical Approach to Neurodegeneration</i>  | <b>BILLING &amp; CODING/ DCs, CAs &amp; STAFF</b><br>Mario Fucinari, DC, CPCO, CPPM, CIC<br><i>Proper Utilization of the 2023 ICD-10 NEW CODES and Guidelines</i>   |
| <b>BREAK</b>            | <b>BREAK 3:30-4PM</b>  | <b>BREAK 3:30-4PM</b>  | <b>ROOM CLOSED AT 3:30</b>  |
| 4PM – 6PM               | <b>RADIOLOGY / DCs</b><br>Bev Harger, DC, DACBR<br><i>Mis-diagnosed/Delayed Diagnosed Sport Injuries: A Case Based Approach</i>  | <b>FUNCTIONAL NEUROLOGY / DCs</b><br>Frederick Carrick, DC, PhD, MS-HPed -- Part 2 -- <i>A Clinical Approach to Neurodegeneration</i>  | <b>CASINO NIGHT -- MOVE IN &amp; SET UP</b>   |
| SCAN OUT FOR CE         | SCAN OUT FOR CE  | SCAN OUT FOR CE  |   |
| <b>6PM -8PM</b>         | <b>CASINO NIGHT / GARDEN ROOM</b>  | <b>CASINO NIGHT / GARDEN ROOM</b>  | <b>CASINO NIGHT -- IN THIS AREA</b>   |
| <b>SATURDAY SCAN IN</b> | <b>ROOM 1 – SCAN IN</b>  | <b>ROOM 2 – SCAN IN</b>  | <b>ROOM 3 / CAs &amp; STAFF SCAN IN</b>   |
| 8AM-10AM                | <b>ADJUSTIVE TECHNIQUE / DCs</b><br>Kevin Wong, BS, DC -- (12 hours)<br><i>Mastering the Extremities and Spine the Wong Way.</i> | <b>NEUROLOGY / DCs</b><br>Dan Murphy, DC, DABCO – Part 1<br><i>Laser and Nutrition WITH Clinical Applications of both</i>  | <b>OFFICE POLICIES AND PROCEDURES / CAs &amp; STAFF – Lori Morgan – Part 1</b><br><i>The CA's Role in the Optimal Patient Experience</i>                            |
| <b>BREAK</b>            | <b>BREAK 10-10:30AM</b>  | <b>BREAK 10-10:30AM</b>  | <b>BREAK 10-10:30AM</b>   |
| 10:30-NOON              | <b>ADJUSTIVE TECHNIQUE / DCs</b><br>Kevin Wong, BS, DC<br><i>Mastering the Extremities and Spine the Wong Way (cont)</i>         | <b>NEUROLOGY / DCs</b><br>Dan Murphy, DC, DABCO – Part 2<br><i>Laser and Nutrition WITH Clinical Applications of both</i>  | <b>OFFICE POLICIES AND PROCEDURES / CAs &amp; STAFF – Lori Morgan – Part 2</b><br><i>The CA's Role in the Optimal Patient Experience</i>                            |
| <b>LUNCH- SCAN OUT</b>  | <b>LUNCH NOON-1:30</b>   | <b>LUNCH NOON-1:30</b>   | <b>LUNCH NOON-1:30</b>  |
| <b>RETURN</b>           | <b>RETURN- SCAN IN</b>   | <b>RETURN- SCAN IN</b>   |   |
| 1:30-3:30PM             | <b>ADJUSTIVE TECHNIQUE / DCs</b><br>Kevin Wong, BS, DC<br><i>Mastering the Extremities and Spine the Wong Way (cont)</i>         | <b>NEUROLOGY / DCs</b><br>Dan Murphy, DC, DABCO – Part 3<br><i>Laser and Nutrition WITH Clinical Applications of both</i>  | <b>BILLING &amp; CODING/ DCs, CAs &amp; STAFF</b><br>Mario Fucinari, DC, CPCO, CPPM, CIC<br><i>Be Informed About the Informed Consent Requirements</i>              |
| <b>BREAK</b>            | <b>BREAK 3:30-4PM</b>  | <b>BREAK 3:30-4PM</b>  | <b>BREAK 3:30-4PM</b>   |
| 4PM – 6PM               | <b>ADJUSTIVE TECHNIQUE / DCs</b><br>Kevin Wong, BS, DC<br><i>Mastering the Extremities and Spine the Wong Way (cont)</i>         | <b>FUNCTIONAL NEUROLOGY / DCs</b><br>Laura Swingen DC, DACNB<br><i>Extra-Spinal Adjustments that Can Improve Neuro Function</i><br>Glen Zielinski, DC, DACNB, FAFN, CBIS     | <b>BILLING &amp; CODING/ DCs, CAs &amp; STAFF</b><br>Mario Fucinari, DC, CPCO, CPPM, CIC<br><i>Medicare: It's Not Just PART Anymore</i>                             |
| SCAN OUT FOR CE         | SCAN OUT FOR CE  | SCAN OUT FOR CE  | SCAN OUT FOR CE   |
| <b>6PM -8PM</b>         | <b>VIP / HOSPITALITY SUITE</b>   | <b>DIAMOND &amp; PLATINUM by Invitation</b>  |   |
| <b>SUNDAY SCAN IN</b>   | <b>ROOM 1 – SCAN IN</b>  | <b>ROOM 2 – SCAN IN DCs, CAs &amp; STAFF</b>   | <b>ROOM 3 -- SCAN IN</b>  |
| 8AM-10AM                | <b>ADJUSTIVE TECHNIQUE / DCs</b><br>Kevin Wong, BS, DC<br><i>Mastering the Extremities and Spine the Wong Way (cont)</i>         | <b>OFFICE POLICIES AND PROCEDURES / DCs, CAs &amp; STAFF</b><br>Mario Fucinari, DC, CPCO, CPPM, CIC<br><i>Cultural Diversity, Human Trafficking, And Anti-Discrimination</i> |   |
| <b>BREAK</b>            | <b>BREAK 10-10:30AM</b>  | <b>BREAK 10-10:30AM DCs, CAs &amp; STAFF</b>   |   |
| 10:30-NOON              | <b>ADJUSTIVE TECHNIQUE / DCs</b><br>Kevin Wong, BS, DC<br><i>Mastering the Extremities and Spine the Wong Way (cont)</i>         | <b>SUICIDE INTERVENTION TRAINING DCs, CAs &amp; STAFF</b><br>Mario Fucinari, DC, CPCO, CPPM, CIC   |   |
| <b>SCAN OUT FOR CE</b>  | <b>THE END !!</b>  | <b>DRIVE SAFELY!!</b>  |   |

# Oregon Legislative Update

## Legislative Update

By Vern Saboe Jr., DC., DACAN, FICC., DABFP, DACO



**Workers' Compensation Bill House Bill 3150** Chairman Rep. Paul Holvey made this one of his committee bills and would restore full attending physician status to Doctors of Chiropractic outside and within the state's managed care organizations (MCOs). However, after three appearances in front of the Management-Labor Advisory Committee, MLAC punted and did not vote on our bill. In all the years I've been advocating for our wonderful profession this has never occurred. MLAC would always come to a vote and the vote was usually NO. MLAC wrote a letter to Rep. Holvey stating they did not have consensus on the bill for it to come to a vote and as such will not be voting on our proposed HB-3150 nor will they hold any more hearings on the bill this session. Rep. Holvey told me when I stopped by his office without an appointment that he "wasn't very good dealing with scope of practice issues, and that our bill might be better heard in the House Health Committee."

So, the strategy now is to at least get in front of the House Health Committee this session to educate the committee members to the issue and then follow-up with each committee member during the interim roughly every two weeks with short factoids. These will include injured worker testimonials about the lousy care they have received after being force to the local occupational medical clinic or urgent care clinic. The OCA needs your help doctors, we need her to send names and contact information on patients of yours that have had the same poor experiences with their work comp claim such as lousy care at the urgent care clinic or occupational medical clinic, their claim being closed, and they have not a clue why. Doctors, think of those patients who come to you with problems from a work injury that was never resolved. Testimony from patients and injured workers telling their stories is simply golden and so very effective in front of the legislators at

**Opioid Over-Dose Omnibus Bill - HB-2395** I continue to work with Rep. Maxine Dexter MD who accepted our amendment adding chiropractic physicians to the list of providers in the bill. I have been meeting with Senators on the Senate Health Committee in support of our legislation. Since Oregon chiropractic physicians treat many chronic back pain sufferers including post-surgical cases gone bad, acute opioid overdosing is a concern. This bill will provide Doctor of Chiropractic access to fentanyl test strips and lifesaving Narcan to administer in our clinics in an emergency situation.

**Senate Bill 971** will allow minors 15 years old and older to provide informed consent to receive chiropractic evaluation and treatment. SB-971 will amend ORS 109.640 including chiropractic physicians and certified chiropractic assistants among the list of healthcare providers who currently can gain informed consent from minors 15 years of age or older. The other providers include, physicians, physician assistants, nurse practitioners, naturopathic physicians, dentists, and optometrists.

**Senate Bill 704** Establishes a **Universal Healthcare** Plan Governance Board and directs board to create a comprehensive plan for implementing Universal Healthcare beginning in 2027. I met with Senator James Manning about our interest in universal health care. We need to ensure we have a voice/seat on this Board or one of its strategic committees to ensure chiropractic's full inclusion. Recall, it was because I as your chiropractic colleague/lobbyist had a seat on the State of Oregon, Health Evidence Review Commission that allowed us to be in the position to change Oregon Health Plan policy so chiropractic care was covered within the Oregon Health Plan for roughly 1.2 million Oregonians.

**ACA Medicare Chiropractic Modernization Act – ACA Engage 2023** has been reintroduced this congressional session both in the US House and Senate as **H.R. 1610** and **S. 799**. We gained 154 co-sponsors last congressional session and will add to that total this session. Recall our Medicare bill will require Medicare to reimburse Oregon's chiropractic physicians for all covered services that are within our scope of license to perform e.g., consultations, examinations, X-rays, lab work, physiotherapies, rehab, nutritional counseling, and more. Strategically, this legislation will define Doctor of Chiropractic as “**physicians**,” in federal law and in so doing our maximum allowable charges for services will also increase. This legislation will also allow Oregon's chiropractic physicians to participate in many other federal healthcare programs we had previously been excluded from.

In all the years I have been traveling back to Washington, DC, and Capitol Hill Thursday, January 26, 2023, was the single most productive trip lobbying I have ever had. Because of my work in Salem, I have a first name relationship and the cell phone numbers of four of our eight members of congress, **Sen. Jeff Merkley**, **Rep. Suzanne Bonamici**, **Rep. Andrea Salinas**, **Rep. Val Hoyle**, and congresswoman Val Hoyle has been one of my patients. I am very close to having a first name relationship with newer members of congress **Rep. Cliff Bentz** and **Rep. Lori Chavez-DeRemer**. To that end, my wife Jeri and I paid \$1,000 to attend a March 15, 2023, private reception with Congresswoman Chavez-DeRemer in Lake Oswego, we had a wonderful time and I as your colleague lobbyist the opportunity to connect once again with the Congresswoman.



# CONCUSSIONS

Whether it is on TV, with a friend, or in your practice, it seems like we are seeing, hearing, or reading about concussions regularly. When factoring the number of reported concussions with the estimated rate of unreported concussions, our best guess is that the annual incidence of a concussion is about one per every 20 individuals. So it is not a matter of if you will see a patient with a concussion, it's a matter of how many you will see. Many of you may have already been confronted with the question that many doctors (medical, chiropractic, and the like) dread to answer; "Hey doc, I just had a concussion. What should I do?"

Let's pretend for a moment that I was the person asking that, and I needed your help. How would you answer? Are you comfortable with your answer? Would you be willing to risk everything you've worked for: your practice, your savings, maybe even your house on your answer? If you answered yes, read no further. You are already there. If you aren't sure, I think this article will help you when that situation arises.

My name is Dr. Matthew Antonucci. I am a board-certified chiropractic neurologist, with specialty certifications in functional neurology, brain injury rehabilitation, and a few other areas. I have been training with the Carrick Institute for nearly 2 decades and teaching for them for more than half of that time. I have written their two-level concussion certification program titled, "Functional Neurology Management of Concussion". I have been in practice for nearly 15 years and in that time have successfully managed over 4,000 concussions, from children to Olympic and professional athletes. My work has been featured on ESPN, Sports Illustrated, CBS, FOX News, the Bleacher Report, and many other media outlets. I am actively involved in concussion research and speak professionally on concussions around the world. I pride myself on making complex topics easy to understand. Concussions are my life. It's what I do. So let's talk about acute concussion.

Believe it or not, this past year, in 2022, the first unified definition of concussion was proposed at the Amsterdam Concussion Consensus. It's a long

definition that has been spearheaded by the American College of Rehabilitation Medicine in collaboration with the Concussion In Sport Group, but in essence, *a concussion is a blow to the head or body, causing a traumatically induced physiological change in brain function. The severity of the injury shall not cause loss of consciousness for more than 30 minutes, a Glasgow Coma Scale of less than 13, or amnesia greater than 24 hours.* That means if someone bumped into your body with enough force to shake your head to cause disorientation and headaches, yes, that could be considered a concussion.

If you asked someone to associate one word with the word "concussion", the majority of people would name a sport (most often American football). The reality is that less than 15% of all concussions are sport-related. Non-sport-related falls, domestic violence, and motor vehicle collisions make up more than 75% of all concussions. That means that if you have a family practice (vs. a sports practice) you are MORE likely to see a patient with a concussion in YOUR practice than someone with a sports-only practice.



## **You just saw someone sustain a concussion. What should you do?**

First off, the disclaimers. This is for educational purposes only. This is not medical advice. Every patient should be evaluated and advised by someone with specialty training in concussion. Every healthcare provider needs to be familiar with their scope of practice and stay within that scope of practice. Nobody has ever been chastised for calling emergency services when they suspected a head injury. The opposite is not true.

If I see a head injury occur, the first thing I do is assess the situation.

## **Assess the Situation. Make Sure They're Safe.**

Is the individual in a safe place (not in the middle of a road, or in a burning vehicle)?

Life-threatening situations always trump possible



injury. If they're not in a safe place, get them there. If they are in a safe place, don't touch them yet. If they have sports gear on, always leave it on until you can be certain that there are no neck/spinal cord injuries.

### **Check Their State of Consciousness and Motor Function.**

If you know the components of the Glasgow Coma Scale, assess them. If you don't, just talk to them. Observe their eyes and speech. Ask them if they can move and feel their limbs. If they try to get up, ask them to stay still for a moment so you can make sure they're safe to get up. It's important to realize that because the head is attached to the neck, fairly often neck injuries accompany head injuries, and we need to make sure that the neck is safe also. Ask them questions to evaluate their alertness. You might say to them, "I'm going to ask you a few questions, please do your best to answer them. What is your name? What month is it? What's the date? What time is it (within the hour)? Where are we? What do you remember from before you hit your head? Where do you live? Who is here with you? All of those questions are a good gauge of their orientation and alertness. If everything seems ok at that point, you might want to help them get to a comfortable place to monitor them, then refer them to either the ED or if you are trained in managing concussions, tell them to come to your office for an evaluation as soon as possible. If something seems off, be safe and call 911.

### **Nothing Seems Emergent, What is Next?**

The first 48 hours after sustaining a head injury are important. In this period the brain is undergoing a great deal of physiological chaos. Brain regions may have undergone sheering damage. Glucose processing is impeded. Swelling occurs. The blood-brain barrier is opened. Blood flow is impeded. Neuronal ion channels are dysfunctional. Inflammatory molecules are being produced. Mitochondria are not able to keep up with the metabolic demands and oxidative stress is super high. There may also be small areas of bleeding from the trauma. All of these reasons are why prescribed rest is important.

### **What is "Rest" in the Context of Concussion?**

Rest has always been poorly defined. However, not enough rest can lead to poorer and sometimes tragic outcomes, and we also now know that excessive rest may induce iatrogenesis, unintentionally worsening outcomes for patients. For 48 hours, patients should decrease their activities to something more than strict bed rest, but less than their daily activities. They should avoid any agents that might increase their risk of bleeding (unless they were prescribed by their medical doctor) – this includes aspirin, ibuprofen, Bismuth subsalicylate ("Pepto"), and other over-the-counter medications. For pain reduction, the literature recommends acetaminophen/paracetamol.

### **Is There Anything We Can Do To Help In The Acute Phase Of Concussion?**

I am a firm believer that you should only implement what you understand. That is why, in the Functional Neurology Management of Concussion, we cover the pathophysiology of a concussion, research-supported modalities, and how each modality works.

#### **Here are 5 ideas:**

**1. Ketones:** During the acute phase of a concussion, the brain is in a hypermetabolic state, but its glucose transporters are not working. This means that the brain is hungry, but can't get fuel. The brain can use ketones as fuel in place of glucose, thus preventing apoptosis and further damage.

**2. Hyperbaric Oxygen Therapy:** The evidence is strong for low-pressure HBOT in concussion (1.3-1.5 ATA). HBOT with O2 supplementation can aid in angiogenesis, synaptogenesis, stem cell proliferation, and BDNF (brain-derived neurotrophic factor), decrease inflammation, and decrease swelling and edema. However, HBOT may increase free-radical production. That's where #3 comes in.

**3. Molecular Hydrogen:** Over the past 2-3 years, the medicinal use of hydrogen has been the subject of over 1000 studies explaining its mechanism of action. Molecular Hydrogen or "H2" has strong anti-oxidant, anti-inflammatory,

and anti-apoptotic effects.

**4. Cannabidiol (CBD):** The literature supports that CBD may aid in pain modulation, inflammation, restorative sleep, migraines, seizures, and mood.

**5. Graded Aerobic Exercise:** After day 3, the implementation of a graded aerobic exercise program has been shown to hasten the recovery from concussion. The implementation of this is critical though. The program should not increase symptoms but should challenge the aerobic system. This is why the Buffalo Concussion Treadmill Test was developed by my colleague Dr. John Leddy. His protocol has been shown to increase BDNF, decrease inflammation, normalize edema, increase blood flow, stabilize autonomic dysfunction, and improve mood.

Is there more that you can do? Absolutely. We only scratched the surface of dietary supplementation. We didn't talk anything about education or addressing any social/occupational stress (which has both been shown to improve outcomes). I also teach about the 7 different concussion subtypes: Autonomic/Migraine, Affective, Cognitive, Cervical/Somatic, Sleep, Vestibular, and Visual/Occulomotor. Each patient can have anywhere from one to all seven of the subtypes.

#### **But Don't Most Concussions Heal On Their Own?**

You may have heard this before, and it's not completely wrong. Don't most cuts heal on their own, if nothing is done for them? Yes, but is scar tissue desirable? Most research on spontaneous concussion recovery is based on symptom resolution, and they say that anywhere from 30-87% of all concussions will recover. Yes, you read that correctly. The studies on neurological function tell a different story. Numerous studies using functional imaging concluded that even in the absence of symptoms, after a concussion, most patients did not return to their baseline brain function at the 1-year mark. Many adults will be asymptomatic within 10-14 days, and children within 30 days, but in that "recovery" time the brain is remodeling to adapt to its new post-injured state. Many of these patients will feel completely normal until a) they are stressed (physically, mentally, or emotionally), or b) have

another head injury. When an individual cannot adapt to this new injured state, or if the stressors of their life are more than their brain can cope with, they will develop persisting post-concussion symptoms, which need to be managed completely differently from acute concussion.

#### **How Can Chiropractors Help?**

Chiropractors have unique relationships with their patients. Most individuals see their medical provider once a year and are not very "hands-on" when it comes to rehabilitation. Most chiropractors see their patients multiple times per month and are very "hands-on". That means they have a unique opportunity to evaluate, educate, and support their patients on the prevention, identification, and management of concussions. It also perfectly positions them, when properly trained, to manage their concussed patients and the concussed patients of other providers.



For more information on receiving concussion training, please visit:  
<https://carrickinstitute.com/programs/functional-neurology-management-of-concussion/>

If you need assistance managing a concussion case, I'm here to help:  
<https://drantonucci.com>



# OREGON SMALL BUSINESS OF THE YEAR

■ ■ ■

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# The Most Important Conversation in Your Office

## By: Dr. Ray Foxworth, CHUSA President

Insurance premiums have increased, the number of covered services has diminished, and deductibles have never been higher. Some of our patients are forced to make decisions about their health based on what they can afford, not what they need. A 2022 [Kaiser Family Foundation survey](#) finds that, more than half of U.S. adults report they've gone into debt because of medical or dental bills. As patient balances increase, the result is long-term financial strain and a growing problem for healthcare providers across the country.

The best way to keep patients happy, improve clinical outcomes, and enhance collections in your practice, is to discuss your fees and payment policy up front clearly and openly. Patients feel frustrated trying to understand and navigate their financial responsibility. Set yourself apart by clearly outlining what is covered, or not covered, by their insurance and explaining deductibles and copays. By conducting a formal Financial Report of Findings in your office, you can clearly outline your treatment plan and the patient's estimated out-of-pocket expenses. When patients understand their financial responsibility, it eliminates the fear of unexpected costs that are not in their budgets. Financial clarity can help improve clinical compliance if the fear unexpected healthcare bills is removed.

One of the simplest ways to provide affordable payment options is by offering automated payments. This is a great tool to ensure that your patients complete their recommended care, reduces missed visits and eliminates the sting of out-of-pocket payments at the end of each visit. In fact, orthodontists have successfully used this technique for years. I walked into an orthodontist's office with my sons and walked out 30 minutes later with an affordable payment plan for over \$7,000 in orthodontia. The staff clearly explained the need for care, the cost of the care, and gave me an affordable payment option. I never thought twice about the total expense because the monthly payment fit in my budget. And I don't think we ever missed an appointment!

Patients need and want care, or they wouldn't come to your office. Provide a thorough consult, exam, and Report of Findings to establish the need and benefit of care. Then offer a simple, compliant, Financial Report of Findings. We offer some free tools you can use to show patients how you can help keep their care affordable whether they have insurance or not. To download our simple 1-page financial policy, a simple 1-page financial report of findings, and to learn how to create compliant care plans, go to <http://www.chirohealthusa.com/frof>

If you provide ways to make care affordable, and offer payment options that your patients can afford, you have a win-win situation. Patients have become "healthcare consumers," and with healthcare costs rising faster than inflation, you must find ways to help patients access affordable care without putting your practice and your license at risk.

*Dr. Ray Foxworth, DC, FICC, is founder and CEO of ChiroHealthUSA. For over 35 years, he worked "in the trenches" facing challenges with billing, coding, documentation, and compliance, in his practice. He is a former Medical Compliance Specialist and currently serves as chairman of The Chiropractic Summit, an at-large board member of the Chiropractic Future Strategic Plan Committee, a board member of the Cleveland College Foundation, and an executive board member of the Foundation for Chiropractic Progress. He is a former Staff Chiropractor at the G.V. Sonny Montgomery VA Medical Center and past chairman of the Mississippi Department of Health.*

# NEW COMMERCIAL FOR YOUR CLINIC

The Foundation for Chiropractic Progress (F4CP) has a new commercial for you to utilize in your clinic as part of its “Naturally, Chiropractic” campaign.

The commercial features 89-year-old, Mavis, who credits chiropractic for her healthy and independent lifestyle. This commercial highlights the importance of chiropractic care for older adults. To view the commercial, [click here](#).

As a member of your State Association, you are also an F4CP member due to your state's enrollment in F4CP Group Membership. You have access to utilize the new commercial to build awareness amongst your patient base.

## How to use the commercial:

- **Play it on your clinic monitor**
- **Post on social media**
- **Put it in your patient newsletter**
- **Add to your clinic's website**



To download the commercial and share it in your clinic, login to your F4CP account using the instructions listed below.

## F4CP's Year in Review and How To Utilize Your Membership

2022 was a successful year for the F4CP and the chiropractic profession! F4CP was able to achieve many firsts, including hosting the first-ever ChiroThon event to celebrate, elevate and support the profession. Learn about the campaigns and successes that F4CP has made and what they look forward to in 2023 in their '[2022 Annual Stakeholders Report](#)'.

**To view the Stakeholders' Report and download other marketing materials, log in to your F4CP account! Follow the steps listed below to access your benefits.**

1. Visit [www.f4cp.org](http://www.f4cp.org)
2. In the upper right-hand corner, click “login”.
3. Enter your credentials associated with your State Association to receive access to hundreds of resources located in the Media Center.

If you are unable to access your account, click “sign in help” on the member login page.



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We bring brilliance to health and wellness.

As a leader in advanced diagnostic and interventional radiology, RAYUS Radiology is the art and science of health and well-being. We are revolutionizing radiology with brilliant medicine, our brilliant team, and brilliant technology and services so that we can all shine more brilliantly.

LEARN MORE: <https://rayusradiology.com/cdi-is-now-rayus-radiology/>

Throughout the RAYUS network, we offer a variety of high-quality, high-value services to help you get the answers you need. Click on the services below to learn more and to find a center near you.

Services vary by location, check your local center's page for services offered.

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- CT
- Breast Imaging
- Interventional & Vascular
- Ultrasound
- MRI
- Nuclear Medicine PET/CT
- Injections & Biopsies
- X-ray
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This publication is compiled as a benefit to all our members. Its contents are reviewed and approved by the OCA Board of Directors. Our staff, consultants, and committees are dedicated to serving our members.

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