



**Welcome.....**

**To the “Oregon Chiropractic Association” an organization  
“for doctors by doctors”.**

The Oregon Chiropractic Association was formed at the end of 2008, combining 2 previous state associations for chiropractic into a single unified voice. The first meeting of the new Executive Board was held November 20, 2008. The association was launched January 1, 2009 with approximately 250 members.

*We welcome you and thank you for joining us. The Oregon Chiropractic Association is here for you. We will continue to strive to work together toward common goals for the betterment of Chiropractic in Oregon and for our member’s right to practice chiropractic in Oregon.*

***OCA “MissionStatement ”, Code of Ethics” and Policy Statement(s)***

**MISSION STATEMENT**

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 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.

**PHILOSOPHY**

The OCA embrace 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.

**CODE OF ETHICS: (Adopted June 20, 2013—by vote of the OCA membership)**

The OCA Code of Ethics is a part of a practice paradigm that sets a member of the Association apart from non-members. It is the benchmark against which the actions of the Association and individual members can be measured. It expresses the willingness of the doctor members of the Association to be judged by their peers, lay public, and policy makers through the quality of service they provide. It is an indicator of professional maturity and social accountability. The OCA Code of Ethics and Policy Statements set out the values of the Association and what society can expect from its doctor members.

The Oregon Chiropractic Association acknowledges that health care is an imprecise and often subjective clinical science with uncertain boundaries. Recognizing this, the OCA Code of Ethics and Policy Statements seek to define those fundamental principles by which Association member doctors should conduct themselves in everyday professional practice. It is a living document and one which should accommodate changes in laws, community attitudes, scope of practice and personal professional competence.

**POLICY STATEMENTS**

**1.0 Responsibility to the Public**

1.1 **Advertising** association members should exercise the utmost care that their advertizing is relevant to health awareness, is accurate, truthful, not misleading or false nor deceptive. Doctors should always be scrupulously truthful in representing their professional status and area of special competence. Communication to the public should not appeal to an individual's fear and/or anxiety or create unjustified expectations of clinical results.

1.1.1 It is considered both unprofessional and unethical conduct for an Association member to obtain auto crash reports for the purpose of directly soliciting consumers by US mail, telephone or any other electronic media, who have been involved in a recent auto accident.

**POLICY STATEMENT(s): (Adopted November 20, 2013—by vote of the OCA membership)**

**2.0 Massage Therapy**

2.1 **Units per injury site:** Association members have agreed by consensus that it would be reasonable and necessary to have 2 units (30 minutes) of therapeutic massage for the **first** anatomical region of injury and that no more than one additional unit (15 minutes) of therapeutic massage per other anatomical region of injury and **with a maximum of 4 units (60 minutes) for the majority of injury cases.** We further recognize that there may be occasional justified clinical exceptions to this rule.

2.1 -- **POLICY STATEMENT: (Revised by vote of the OCA membership at ANNUAL MEETING on Feb. 8, 2014)**

2.2 **Cash vs. Insurance Pricing:** Associations members have further agreed by consensus that there should not be a price difference presented for therapeutic massage that differs for cash versus insurance patients. This does not include a reasonable (TOS) time of service discount, which would be considered appropriate, as long it is within acceptable State or Federal standards.

### **3.0 Determining Clinical Necessity of Curative Care**

3.1 The OCA recognizes as the primary rationales for determining the clinical necessity of curative chiropractic treatment: the “Oregon Practices and Utilization Guidelines,” “Manual for Evidence-based Chiropractic,” and implementation of “evidence-based outcomes management” as required by Oregon Administrative Rule (OAR) 811-015-0010 “Clinical Justification.” These documents have all previously been adopted by the Oregon Board of Chiropractic Examiners. Furthermore, we recognize as an excellent source for case management of motor vehicle injuries the “Croft Whiplash Treatment Guidelines”, when properly utilized in conjunction with the above mentioned documents.

#### **Passive and Active Treatment Interventions**

3.2 Based on clinical evidence and consensus, the OCA has adopted the rationale that an adjustment/manipulation, mobilization and any necessary complimentary adjunctive physiotherapy modalities should be used during ALL three phases of soft tissue healing: these include; inflammatory, repair, and remodeling phases. The therapeutic goal of these interventions is to limit fixations/aberrant joint motion, reduce edema/inflammation and adhesion/scar tissue formation, control pain and muscle hypertonicity/spasms, minimize degenerative sequelae, and help to optimize neurological integrity. These therapies also should be combined with proper rehabilitative protocol interventions during the appropriate phases of healing.

# MEMBERSHIP MEANS YOU BELONG TO A SPECIAL GROUP OF CHIROPRACTORS...

**It means that you can be part of this historic unity of your profession.**

**It means that you can step up and support Chiropractic in Oregon.**

**It means that you want to take an active role in your chosen profession.**

**It means that together we can be stronger than ever and move forward into the next decade!!!**

## **MEMBERSHIP MEANS you have many benefits including:**

- Representation on a legislative level with focus on Healthcare Reform, Workers Compensation, and Personal Injury Law
- A Vote in the Elections of your Board of Directors
- Technical Assistance from your Association Staff on issues including:
  - \* Billing / Coding    \* Systems    \*Forms    \*Marketing    \*Practice Management
  - \* Daily Office Procedures    \* Office Policies    \*By-laws\* and much more
- Annual Updates on Workers Compensation Fee Schedule (Affects WC and Auto Injury claims)
- Annual Updates on Medicare Fee Schedule
- Complimentary Continuing Education Credits / Seminars, Webinars, Lectures and CE Materials
  - Diamond Members only
- Your Annual State Convention
  - with featured speakers such as James Chestnut, DC; John Demartini, DC; Fredrick Carrick, DC PhD; Dan Murphy, DC; Reggie Gold, DC; and many more
- Member Only Newsletters, bringing you up-to-date on Chiropractic in Oregon, Current Events, & the Oregon Chiropractic Association office
- FREE Member-Only Lending Library with Practice Building & Marketing Material, DVDs and Books.
- Listing on our continually updated Association Web-Site, with added features for Diamond & Platinum Members.

**Continued...**

- Patient Referral Opportunities (does not include inactive members) directing in-coming calls from patients looking for a Chiropractor in their area, from our Member Directory Listing feature on OCA website.
- Opportunities to participate in special events including District Receptions, special seminar opportunities and “Chiropractic Day at the Capital.”
- Opportunity to serve on Councils that will help to direct those areas, in the profession of importance to you and your Practice.
- Benefits from the Congress of Chiropractic State Associations (COCSA) for affiliated State Association Members
- Access to the member only section of the website that grants you access to documents and programs without having to call in for the information that is needed.
- Discount on posting Classified Ads on the OCA website.

### **Platinum Member Benefits:**

- A link to your own Web-site, Facebook, other social media and multiple clinic locations.
- Invitation to the “Hospitality Suite” on Convention weekend
  - VIP’s, Platinum Members, and Speakers are invited for food & drinks.
- Listing On Our Platinum Member Sheet, sent out to ALL New Members & Affiliates
- No Charge for Classified Ads on the OCA website
- Discount on continuing education courses online and live events

### **\*\*All Inclusive “Diamond Member” Benefits\*\* (includes all of the above)**

+ Includes: “All” Seminars, Webinars & Convention or 20 CE video/online hours

## **Communication Forums**

Website: [www.OCAnow.com](http://www.OCAnow.com)

As a member you can register for a member only web-site login. Only the doctor may register for the web-site, but it will allow you access to membership ONLY documents such as Informed Consent Forms, Membership newsletters, Healing Hands for Hero's program information, WC fee schedules and much more. You can also download registration forms, view upcoming events and seminars, and see what CE is available for yourself and your staff. \*\*Generally approval to the member area is 72 business hours for approval of access to the site from administration.

## **Facebook:**

### **Association Business Page**

- [Oregon Chiropractic Association](#)

Look here for patient education articles you can repost to your own Facebook pages as well as any new information about upcoming events.

## **OCA Mobilize Member Only Forum**

### **Email to -**

- <https://oregon-chiropractic.mobilize.io/main/groups/38654/lounge/members>

This list serv forum allows you to communicate with fellow colleagues and members of the Oregon Chiropractic Association on a private location. It is much like the Oregon DC listserv but for members only.

## Application for Membership

I hereby apply for a membership in the “Oregon Chiropractic Association” (OCA), a professional association. I understand that this association is a membership based association that functions as a 501(c)(6) that has an established set of “Bylaws” and a “Mission Statement”. I further understand that there are dues associated with this membership. **I understand that my application is subject to approval and that I will be notified of my acceptance within 30 days.** I understand that upon my acceptance, I will have dues billed as marked below and that membership requires the dues to be paid in a timely manner in order to keep my membership in good standing. **I agree that this membership automatically renews each year at the same membership level and if I should decide to upgrade my membership this can be done at that time. If I decide to resign, I will do so in writing with notice being given 30 days prior to my anniversary renewal month and my resignation must be sent via certified mail, or by fax or e-mail to the OCA office (shown above or as is current at that time—with confirmation retained in case of any discrepancy in the process**

Membership Dues ( Please indicate your member level & billing choices)	Dues	\$ paid/ \$ charge amount .
<input type="checkbox"/> <b>Diamond Member</b> <i>(Includes ALL Seminars &amp; Webinars or 20 CE video/online hours)</i> <input type="checkbox"/> \$ 100.00 monthly <i>auto cc only</i> <input type="checkbox"/> \$300.00 quarterly <input type="checkbox"/> auto cc <input type="checkbox"/> \$1200.00 annually <input type="checkbox"/> auto cc		<b>\$1200/yr</b> \$ _____ _____
<input type="checkbox"/> <b>Platinum Member</b> <i>(Upgraded membership that includes discounts to events/seminars/webinars)</i> <input type="checkbox"/> \$ 83.50 monthly <i>auto cc only</i> <input type="checkbox"/> \$250.00 quarterly <input type="checkbox"/> auto cc <input type="checkbox"/> \$1000.00 annually <input type="checkbox"/> auto cc		<b>\$1000/yr</b> \$ _____ _____
<input type="checkbox"/> <b>Full Member</b> (Regular membership) <input type="checkbox"/> \$ 75 monthly <i>auto cc only</i> <input type="checkbox"/> \$225.00 quarterly <input type="checkbox"/> auto cc <input type="checkbox"/> \$900.00 annually <input type="checkbox"/> auto cc		<b>\$900/yr</b> \$ _____ _____
<input type="checkbox"/> <b>Senior Member</b> (60 + years old) <input type="checkbox"/> \$50 monthly <i>auto cc only</i> <input type="checkbox"/> \$150 quarterly <input type="checkbox"/> auto cc <input type="checkbox"/> \$600 annually <input type="checkbox"/> auto cc    + _____ <input type="checkbox"/> <i>Senior Diamond level = ADD \$400 per year</i> <input type="checkbox"/> <i>Senior Platinum = ADD \$200 per year</i> = \$ _____		<b>\$600/yr</b> \$ _____ _____
<input type="checkbox"/> <b>Junior DC Member</b> (Years 2-5) <input type="checkbox"/> \$35 monthly <i>auto cc only</i> <input type="checkbox"/> \$100 quarterly <input type="checkbox"/> auto cc <input type="checkbox"/> \$400 annually <input type="checkbox"/> auto cc    + _____ <input type="checkbox"/> <i>Junior DC Diamond level = ADD \$400 per year</i> <input type="checkbox"/> <i>Junior DC Platinum = ADD \$200 per year</i> = \$ _____		<b>\$400/yr</b> \$ _____ _____
<input type="checkbox"/> <b>GAP Member</b> -Graduate’s Assist. Program (Year 1 DCs) <input type="checkbox"/> \$15 monthly <i>auto cc only</i> \$45 quarterly <input type="checkbox"/> auto cc <input type="checkbox"/> \$180 annually <input type="checkbox"/> auto cc    + _____ <input type="checkbox"/> <i>GAP Diamond level = ADD \$400 per year</i> <input type="checkbox"/> <i>GAP Platinum = ADD \$200 per year</i> = \$ _____		<b>\$180/yr</b> \$ _____ _____
<input type="checkbox"/> <b>Inactive Member</b> (Retired) <input type="checkbox"/> \$25 quarterly <input type="checkbox"/> auto cc <input type="checkbox"/> \$100 annually <input type="checkbox"/> auto cc <b>\$100/yr</b> \$ _____		_____
<input type="checkbox"/> <b>Student Member:</b> (PLEASE USE STUDENT APPLICATION FORM)		

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Clinic Name: \_\_\_\_\_

Clinic Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip code: \_\_\_\_\_

Office phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Other # (Required): \_\_\_\_\_

Home Address: \_\_\_\_\_ Recommended by: \_\_\_\_\_

Professional E-Mail: \_\_\_\_\_ Website: \_\_\_\_\_ Contact E-mail: \_\_\_\_\_

Chiropractic College/Univ: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_ Oregon Lic#: \_\_\_\_\_ Lic Year: \_\_\_\_\_

I acknowledge that I have reviewed the OCA “Mission Statement”, “Code of Ethics” and “Policy Statement(s)” that have been adopted by the OCA membership and have **initialed** next to each item listed below. I understand these are part of my membership application & agreement should my membership be accepted.  
**The following documents are AVAILABLE from the OCA office or our website at: [www.OCANOW.com](http://www.OCANOW.com) -- under ABOUT US / Potential New Member Packet**

- I have read and accept the OCA “MISSION STATEMENT”, Purpose, Philosophy & Vision
- I agree and accept the OCA “Code of Ethics”
- I agree and accept the OCA “POLICY STATEMENT(S)”

I have read the paragraphs above on this membership application form and accept & acknowledge those by my signature below. (See next page for payment info)

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**PAYMENT INFORMATION:**

Member Name: \_\_\_\_\_

Payment:        \_\_\_ Check Enclosed    \_\_\_ Visa    \_\_\_ MC    \_\_\_ Amex    \_\_\_ Discover

Card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp: \_\_\_\_\_ V Code: \_\_\_\_\_

Name on CC: \_\_\_\_\_ Billing Zip code: \_\_\_\_\_

**(Please indicate if you wish to be set-up for auto CC on Page 1)**

*You will be emailed a receipt after each auto-debit credit card processing:*

*Annual debits are processed upon application approval and then on the "anniversary month" of your OCA membership each year after*

*Quarterly debits are processed on the 3<sup>rd</sup> day of each new quarter: January – April – July – October*

*Monthly debits are processed on the 5<sup>th</sup> day of each month*

*If credit card auto debit was selected --- Please indicate the preferred E-mail for receipts: \_\_\_\_\_*

*I agree that the "OCA" can bill my credit card for the membership dues as indicated on the page 1 of this membership application.*

Signature of card holder: \_\_\_\_\_ Date: \_\_\_\_\_