The Neuroplasticity Model of the Chiropractic Subluxation & Adjustment

Talk Description: Dr Haavik will cover, in a fun and entertaining way, the latest scientific understanding about the function of the spine and its impact on brain function. It is aimed at chiropractors, chiropractic assistants and students that would like to be able to confidently communicate about chiropractic in a manner that is congruent with the latest scientific evidence. Recent scientific studies are revealing a new understanding about how spinal adjustments work. Heidi Haavik, a chiropractor and PhD trained neurophysiologist has spent the past 16 years studying the changes that occur in the brain when chiropractors adjust chiropractic subluxations.

The original theories were based on the idea that dysfunctional spinal segments were ‘out of place’, or misaligned, and that this put pressure on the nerves exiting the spine. We now know that this theory is not really the best way to describe what a chiropractic subluxation is. The original theories were based on the idea that an adjustment relieved pressure off the squashed nerves. We now also know this is not the best way to describe the neurophysiological effects of an adjustment. Today, over a hundred years on from that ‘first’ chiropractic adjustment, we know much more about how the brain and the rest of the central nervous system functions. And it is becoming clear – finally - just how the chiropractic adjustment really work. We have now come to understand is that we don’t really put bones back in place when we adjust the spine. A chiropractic subluxation is not so much the condition of a bone being out of place; it is more that a bone is functioning or moving in a less than ideal way – in a manner that is not ‘normal’ for the body. The spine itself has three basic functions; 1) sometimes to move to dissipate forces for example during running, 2) sometimes to stiffen up – also to protect us for example during heavy lifting, and 3) sometimes to reflexively respond to maintain balance and prevent falls. Thus from a neurophysiological perspective, if vertebral motion segments are not doing one of these three things when it should then we have a Central Segmental Motor Control problem – and from a neurophysiological perspective this is what a chiropractic subluxation is. What is really interesting is how spinal dysfunction impacts our brain’s function, and how this likely translates into clinical symptomatology (or not). Dr Heidi Haavik will share with you a summary of where we are at with the neurophysiological understanding of the impact of spinal function on brain function, work through the key neurophysiological concepts that are essential for all chiropractors to know and will discuss what future implications this has for us as a profession.

Contact Details for Dr Heidi Haavik:
Email: heidi.haavik@nzchiro.co.nz
Personal Website: www.heidihaavik.com
Membership Website: www.therealitycheck.com
Centre for Chiropractic Research Website: www.chiropracticresearch.ac.nz
8-Hour Talk Breakdown

**Hours 1-2:** The brain and central nervous system
- Central nervous system and peripheral nervous system
- Neurons anatomy, synapses
- Networks
- Adaptations
- Neural plasticity
- Inner body schema
- Sensorimotor integration
- Multimodal integration
- Filtering of info
- Filling in the gaps

**Hours 3-4:** Scientific Exploration
- Basics - overview - why we do science and research
- How they can use science - its power
- Evidenced informed practice definition and introduction
- Discuss ideal situation - How to balance use of Clinical Experience they have with best scientific research with your patient’s wishes and expectations
- Discuss role of researchers as support person for profession (puzzle players and need philosophy to see the big picture to ask the right questions)
- Evidence based chiropractic needs to be able to critically evaluate literature

**Hours 5-6:** The effects of spinal (dys-) function and spinal manipulation on the CNS
- The functional role of paraspinal muscles
- Muscle spindles
- Sensory pathways
- Reflexes at spinal cord level
- Descending involvement of brain
- Symptoms dont just appear out of nowhere – discuss literature about the development of pain and other symptoms
- Sub-clinical spinal dysfunction and its effects on the central nervous system
- The effects of spinal manipulation on the central nervous system
- Summaries the evidence for the neural plasticity model of the subluxation and effects of spinal manipulation

**Hours 7:** Symptoms, Pain, plasticity and chiropractic care
- Pain is created in the brain
- Sympathetic & parasympathetic nerve system
- Stress and the effects on the big muscles vs paraspinal muscles
- Focus and neural plasticity
- The pain matrix
- The brain effects of adjusting subluxations

**Hours 8:** Respectful communication about the science of chiropractic
- How to simplify the above scientific information so that your patients and the public understand this complex neurophysiology
- Simple analogies that will help communication of this science
Lecture Title: Neuromechanical Advances in Chiropractic

Presenter: Christopher J. Colloca, DC, PhD

Affiliations: CEO, Neuromechanical Innovations, Chandler, Arizona, USA
Chairman, International Spine Research Foundation, Chandler, Arizona, USA

Contact: Mr. Alan Goodyke
Chief Operating Officer
Neuromechanical Innovations
101 S. Roosevelt Ave.
Chandler, AZ 85226 USA
Tel. 480-785-8448, ext. 2208
email. alan@neuromechanical.com

Biography: Christopher J. Colloca, DC, PhD received his Bachelor of Science (BS) degree in Exercise & Sports Science from Ithaca College (Ithaca, NY) in 1990 where he co-captained the Football team, earned All-American honors, and won a National Championship. He went on to graduate cum laude from Life College School of Chiropractic (Marietta, GA) in 1995 where he received his Doctor of Chiropractic (DC) degree. He received his PhD in Kinesiology from Arizona State University (Phoenix, AZ) in 2015. His dissertation entitled, ‘Biomechanical evaluation of a cervical intervertebral disc model,’ is a culmination of his research in the field of spinal neuromechanics. Dr. Colloca’s award-winning research has been presented at over 50 scientific conferences in the fields of chiropractic, orthopedics, biomechanics and neuroscience resulting in over 50 scientific journal publications in some of the world’s leading scientific journals. Dr. Colloca sits on the editorial advisory board for the European Spine Journal, and the Chiropractic Journal of Australia and is a reviewer for more than a dozen other journals. He is a member of the International Society for the Study of the Lumbar Spine and the North American Spine Society. He is the Chairman of the non-profit 501c(3) International Spine Research (INSPIRE) Foundation, and a member of the Board of Directors of Spineweek®.

Dr. Colloca directed a successful full-time chiropractic practice for 15 years and in 2000 founded an ISO 13485 certified medical device and post-graduate clinical education company serving the chiropractic industry. He is the inventor of the ISO certified® and UL® Listed Impulse Adjusting Instruments® that are in use in over 10,000 chiropractic offices throughout the world, and holds over 30 Domestic and International patents and trademarks among his intellectual property. Dr. Colloca travels over 200,000 miles annually in his quest to educate, innovate and inspire providing invited lectures, keynote presentations, scientific conference presentations and clinical training in the Impulse Adjusting System®. To this extent, over the past two decades he has personally trained tens of thousands of chiropractors around the world on 6 continents. The fruits of his labor are evident in his hobby-passion for wine, where on his 100-acre waterfront Colloca Estate Winery he makes wine from his 12-acre vineyard and retreats with his wife Mindy and three children, Melia, Kai, and Nico each summer to recharge.
Colloca: Neuromechanical Advances in Chiropractic

Neuromechanical Advances in Chiropractic

Overview

In recent decades, advances in immunohistochemistry have provided new insights into the innervation of musculoskeletal tissues and contemporary neuroscience has advanced our understanding of articulor neurology from neurophysiological studies of these tissues responsiveness to mechanical forces. This science base provides the theoretical framework for identifying the pain generator and its differentiation from traditional radicular symptomatology from lower motor neuron lesions and a rationale for mechanical factors including both therapeutic applications and preventative strategies in patient management. To this extent, original biomechanical and neurophysiological research will present the current understanding of dynamic spinal stiffness, vertebral motions and neurophysiological responses resulting from spinal manipulation and musculoskeletal rehabilitation and the mechanisms to explain their effectiveness. Exploring these topics and more, this lecture will provide the application of findings from basic science to clinical applications with the aim to translate fundamental research into meaningful health outcomes. Translational research implements a “bench-to-bedside” approach, from laboratory experiments through clinical trials to point-of-care patient applications model, harnessing knowledge from basic sciences to produce new interventions, devices, and treatment options for patients. The end point of translational research is the production of a promising new treatment that can be used with practical applications that can then be used clinically or are able to be commercialized.

Course Outline

Hour 1: Neuromechanics of the Spine
  a. Anatomy (1-5)
  b. Innervation (6-15)
  c. Biomechanics (16-24)
  d. Neurophysiology (25-33)
  e. Pain Generator (3;30;34-47)
  • Basic science research into the anatomy innervation of spinal joints and muscles;
  • Classification of afferents in joints and muscles and their physiologic function;
  • Review of proprioception and nociception and their actions in the body;
  • Peripheral afferent input to the central nervous system and tract stimulation to higher brain centers;
  • Presentation of the latest evidence on reflexogenic mechanisms arising from peripheral neurological inputs and descending central neural drive
  • Somato-somatic, somato-visceral, and viscera-somatic responses resulting from said mechanisms;
  • Effects of mechanical stimulation on spinal nerves and paraspinal tissues;

Hour 2: Development of a Non-Invasive Spinal Stiffness Assessment Technology
  f. Validation and Normals (48-52)
  g. Neuromuscular Effects (53;54)
  h. Effects of Intervertebral Disc Degeneration (48;55;56)
  i. Effects of Spondylolysis (56)
  j. Effects of Spinal Surgery, orthopedic implants, and spinal fusion (57;58)
Colloca: Neuromechanical Advances in Chiropractic

- Force-deformation response of the spine
- Mechanical testing methods to quantify spinal stiffness
- The effect of mechanical excitation frequency on spinal stiffness
- The effect of intervertebral disc degeneration on spinal stiffness
- The effect of spinal pathology, including ligament injury and spondylolysis on dynamic spinal stiffness
- The spine's response to spinal manipulation force inputs in the presence of spinal pathology.
- Active and passive soft tissue contributions to dynamic spinal stiffness

**Hour 3: Development of Instrument-Assisted Spinal Manipulation and Manual Therapy Techniques**

- Validation Studies (59-61)
- Vertebral Motion Studies (49;52;56;60;62-66)
- Neurophysiological Studies (62;64;67-71)
- New Clinical Studies
- Original research experiments investigating the effects of spinal manipulation and chiropractic adjustments upon biomechanical and neurophysiological outcomes;
- The effect of chiropractic adjustment force and speed on biomechanical and neurophysiological responses;
- Intersegmental bone movement among instrument adjusting and manual techniques;
- Validation of a new dynamic spinal stiffness assessment methodology for objective biomechanical quantification of spinal function
- Improvements in physical function and athletic performance following chiropractic care;
- Clinical evidence-base of Instrument Adjusting

**Hour 4: Validated Manual Examination Methods**

- Postural Assessment
- Range of Motion Examination
- PART
- Outcome Assessments
- Clinical Prediction Rules
- Objective physical examination assessments in a new evidence-based approach;
- Medicare requirements using PART documentation;
- Quantitative versus qualitative biomechanical and clinical outcome assessments in chiropractic practice
- Formulation and implementation of clinical prediction rules

**Relevant Citations**

COURSE OUTLINE

Course Title: Instrument Adjusting For Everyone – Young, Old, Spine, and Extremities

Presenter: Christopher J. Colloca, DC, PhD

Affiliations: CEO, Neuromechanical Innovations, Chandler, Arizona, USA
Chairman, International Spine Research Foundation, Chandler, Arizona, USA

Contact: Mr. Alan Goodyke
Chief Operating Officer
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Instrument Adjusting Technology – Research, Functionality, and Medical Device Validation

1.1 A historical perspective of spinal manipulation and instrument adjusting
   1.1.1 History of technological advancements in Instrument development
   1.1.2 History of Instrument Adjusting based technique protocols

1.2 Research-based design inputs for prospective Instrument Adjusting design functionality. Introduction to Chiropractic Instrument Adjusting and the Impulse® and Impulse iQ® Adjusting Instruments
   1.2.1 Force controls
   1.2.2 Speed controls
   1.2.3 Acceleration signal interpretations
   1.2.4 Spinal fingerprinting
   1.2.5 Identification and targeting of musculoskeletal resonant frequency
   1.2.6 Displacement calculations
   1.2.7 Single vs. dual stylus applications
   1.2.8 Single vs. multiple thrust considerations
   1.2.9 Data analysis and interpretation of results for reporting

1.3 The effect of spinal manipulation speed on biomechanical and neurophysiological responses
   1.3.1 Neurophysiological responses of spinal manipulation / chiropractic adjustment
   1.3.2 Neuromuscular responses
   1.3.3 Nerve root responses

1.4 Biomechanical responses of spinal manipulation / chiropractic adjustment
   1.4.1 Vertebral motion responses
   1.4.2 Spinal modeling
   1.4.3 Differences in normal and pathological conditions

1.5
   1.5.1
   1.5.1.1 P – Pain
   1.5.1.2 A – Asymmetry
   1.5.1.3 R – Restriction or Range of Motion
   1.5.1.4 T – Tone, Texture, Temperature
   1.5.2 Literature review on manual examination assessments
   1.5.3 Identification and incorporation of gold-standard assessments in Impulse Adjusting Technique®
2.2 Pelvis biomechanics
2.3 Pelvis orthopaedic and neurologic review
2.4 Background of common conditions of the pelvis
2.5 Five Step Lumbopelvic Analysis and Adjusting Procedure
   2.5.1 Bilateral Nachlas Test
   2.5.2 Unilateral Nachlas Test
   2.5.3 Hip Rotation Tests
   2.5.4 Lower Extremity Muscle Compression Tests
      2.5.4.1 Biceps Femoris m.
      2.5.4.2 Peroneal m.
   2.5.5 Suprapelvic Evaluation
      2.5.5.1 Quadratus Lumborum m.
   2.5.6 Sacroiliac Joint Adjustment
   2.5.7 External Hip Rotation Adjustment
   2.5.8 Internal Hip Rotation Adjustment
   2.5.9 Lateral Hamstring Hyperactivity Adjustment
   2.5.10 Peroneal Muscle Hyperactivity Adjustment
   2.5.11 Quadratus Lumborum Hyperactivity Adjustment

3.0 Analysis and Adjusting of the Lumbar Spine
   3.1 Lumbar spinal anatomy
   3.2 Lumbar spinal biomechanics
   3.3 Lumbar spine orthopaedic and neurologic review
   3.4 Analysis and Adjusting of the Lumbar Spine
   3.5 Background of common conditions of the lumbar spine
      3.5.1 Lumbar Compression Tests
      3.5.2 Lumbosacral Joint (L5-S1)
      3.5.3 L1-L5 Dual Adjustments
      3.5.4 L1-L5 Unilateral Adjustments
      3.5.5 Special Considerations: Disc Degeneration, Disc Protrusion, Spinal Stenosis and Spondylolisthesis

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Impulse Adjusting Technique®: Cervical Spine Indications and Protocols

4.0 Background of common conditions of the cervical spine
   4.1 The three-step cervical adjusting protocol that doubles results
      4.1.1 Cervical Compression Test
      4.1.2 Upper Cervical Rotation Test
         4.1.2.1 C2 Unilateral Adjustment
         4.1.2.2 Occiput Unilateral Adjustment
         4.1.2.3 C1 Unilateral Adjustment
         4.1.2.4 Occiput Dual Adjustment
         4.1.2.5 C2 Dual Adjustment
      4.1.3 Lower Cervical Lateral Bending Test
      4.1.4 C3-C7 Unilateral Adjustments
4.1.5 C3-C7 Dual Adjustments

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**Impulse Adjusting Technique®: Upper and Lower Extremities Indications and Protocols**

5.0 Extraspinal Analysis and Adjusting of the Lower Extremity

5.1 Analysis and Adjusting of the Foot and Ankle

5.1.1 Background
5.1.2 Plantar Fascitis
5.1.3 Achilles Tendonitis
5.1.4 Inversion Ankle Sprain
5.1.5 Eversion Ankle Sprain
5.1.6 Instep (Dorsal Ankle) Pain
5.1.7 Metatarsalgia
5.1.8 Practical Application

5.2 Analysis and Adjusting of the Shoulder

5.2.1 Background and Indications
5.2.2 Rotator Cuff Syndrome
5.2.3 Acromioclavicular Joint Pain
5.2.4 Sternoclavicular Joint
5.2.5 Anterior Shoulder Pain
CURRICULUM VITAE

Christopher J. Colloca, DC, PhD

101 South Roosevelt Avenue Chandler, AZ 85226
Phone: (480) 785-8448
email: drc100@aol.com
Fax: (480) 785-3916

BIOGRAPHY:

Christopher J. Colloca, DC, PhD received his Bachelor of Science (BS) degree in Exercise & Sports Science from Ithaca College (Ithaca, NY) in 1990 where he co-captained the Football team, earned All-American honors, and won a National Championship. He went on to graduate cum laude from Life College School of Chiropractic (Marietta, GA) in 1995 where he received his Doctor of Chiropractic (DC) degree. He received his PhD in Kinesiology from Arizona State University (Phoenix, AZ) in 2015. His dissertation entitled, ‘Biomechanical evaluation of a cervical intervertebral disc model,’ is a culmination of his research in the field of spinal neuromechanics. Dr. Colloca’s award-winning research has been presented at over 50 scientific conferences in the fields of chiropractic, orthopedics, biomechanics and neuroscience resulting in over 50 scientific journal publications in some of the world’s leading scientific journals. Dr. Colloca sits on the editorial advisory board for the European Spine Journal, and the Chiropractic Journal of Australia and is a reviewer for more than a dozen other journals. He is a member of the International Society for the Study of the Lumbar Spine and the North American Spine Society. He is the Chairman of the non-profit 501c(3) International Spine Research (INSPIRE) Foundation.

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How To Build Trust and Reasonable Expectations with Your Patients in the First Two Visits!

Dr. Vinnie Justino

**Description** – This course addresses the significance of the Doctor/patient relationship. It will demonstrate how to recognize what impression patients are getting, how it's affecting your practice, and how to deliberately use the patient's experience within the initial and follow up visits to solidify a strong, trust centered relationship that will benefit your patient, and your practice in many ways.

**Learning Objectives**

- To create a motivational understanding of the importance of the Doctor/Patient relationship through facts, statistics and case studies.
- To lay the ground work to structuring the first two visits in such a way that will set the Doctor up with all information necessary to make competent decisions regarding a patients care, effectively communicate options to the patient, execute a treatment plan, and finally follow up in an appropriate time frame to make sure satisfaction is ensured.
- To learn to eliminate the five biggest non-clinical factors that could potentially harm the Doctor patient relationship and put office procedures in place that would support this.

**Outline**

1. **Introduction**
   A. Who I am, brief bio, and where I practice.
   B. Why this course is important and how every practitioner can use this information to improve their patient's experience, decrease their liability, and increase their enjoyment in caring for their patients.
   C. Tell them what they can expect to have learned by the end of this webinar.

2. **Facts and Statistics**
A. A run down of research studies and statistics demonstrating how crucial a good Doctor patient relationship is in a patient's care while simultaneously showing the things that can go wrong when that failed to be present.

B. A simple summary of take away points from this information.

3. The First Visit

A. What many Chiros do and why it puts them at a disadvantage and in what ways.

B. What this visit really means to a patient.

C. When the Doctor patient relationship actually begins and what level of responsibility the Doctor needs to have as a result.

D. The framework of a first visit as an exam visit and the goals that should be achieved up until this point.

E. Not just an interview but an opportunity.

F. Forms and supportive procedures to ensure success.

3. The Second Visit

A. How this is the most overlooked visit in a patients care and why.

B. What the Second, or "Report" visit should accomplish and why this is critically necessary.

C. Goals for second visit

D. Here is where options and expectations are communicated.

E. Statistic about biggest reasons why patients quit care and how that can be fixed by this visit. Examples.

F. How this visit can improve your patient satisfaction and minimize incidents.

G. Forms and supportive procedures

H. Thoughts

4. Conclusion and Final Thoughts

A. Rundown and review of learning objectives.

B. Summary of why this is a beneficial approach. What this promotes and what it minimizes.
Idaho Law Update and Idaho Insurance Update Presentation
1-Hour Presentation

Presenters:

Dr. Joseph Betz – President, Idaho Association of Chiropractic Physicians
Dr. Bill Bruening, DC – Immediate Past President, SecureCare, Inc.

1st 30-minute Session

Dr. Betz will be providing attendees with a review and update on the following activities:

1) 2017 Legislative Changes or Updates to the Idaho Chiropractic Practice Act
2) Chiropractic Administrative Rules Changes
3) Licensing and Administrative Fee Increases Overview
4) Legislative discussions about changes that may be forthcoming to the Chiropractic Practice Act.

The goal of this discussion is to provide Idaho chiropractors with:

1) To provide Idaho chiropractors with a better understanding of the current status of the Idaho Chiropractic Practice Act;
2) To provide Idaho chiropractors with a better understanding of the current Idaho Chiropractic Administrative Rules and how those rules are utilized to interpret and administer the statute;
3) To provide Idaho chiropractors with an understanding of the recent rules changes and how they impact current chiropractic practice;
4) To provide Idaho chiropractors with an understanding of the fee increase and fee caps that were established in statute and rule during the 2017 legislative session.
5) Legislative discussions and potential changes in the chiropractic statute that may be pending in the future, as well as, the potential impact of those changes to the practice of chiropractic in Idaho.

2nd 30-minute Session

Dr. Bill Bruening will be providing attendees with a review and update on the following activities:

1) Overview of the insurance landscape for chiropractors and chiropractic patients in the U.S. and in Idaho.
2) Review of specialty insurance third party administrative activities and their care review processes.
3) Discussion of insurance medical necessity reviews and audit processing.
4) Dr. Bruening will provide a future outlook for health care providers in the changing health care provider landscape as well as options Idaho chiropractors may have in the months ahead.
The goal of this discussion is to provide Idaho chiropractors with:

1) To provide Idaho chiropractors with a better understanding of the current status of the U.S. and Idaho insurance landscape and pending changes that may come under the new administration;

2) To provide Idaho chiropractors with a better understanding of how third party administrators review insurance claims and future options that may be available to providers that are in network with certain providers.

3) To provide Idaho chiropractors with an understanding of medical necessity reviews and audit processing and additional options that may be available in the future.
Joseph W. Betz, B.S., D.C., FICA (Hon)
8505 W. Overland Rd.
Boise, ID 83709
drjoe@modernchiropracticcenter.com
www.modernchiropracticcenter.com
Phone: 208-629-1904

EDUCATION:

LIFE UNIVERSITY, Marietta, GA
Doctor of Chiropractic—Magna Cum Laude 03/01
Honors: Pi Tau Delta, International Chiropractic Honor Society 03/01

UNIVERSITY OF PITTSBURGH, Pittsburgh, PA
Bachelor of Science – Biological Sciences 08/95

PROFESSIONAL DEVELOPMENT:

MODERN CHIROPRACTIC CENTER – MC2, Boise, ID 07/15 – present
Owner

IDEAL SPINE HEALTH CENTER, Eagle, ID 01/13 – 04/16
Partner/Lead Chiropractic Physician

IDEAL HEALTH...A CHIROPRACTIC WELLNESS CENTER, Boise, ID 01/12 – 12/12
Owner

CHIROPRACTIC BIOPHYSICS® OF IDAHO, Boise, ID 03/02 – 01/12
Owner

RUBY MOUNTAIN CHIROPRACTIC CENTER, Elko, NV 08/01 – 03/02
Associate Chiropractor

UNIVERSITY OF PITTSBURGH, SCHOOL OF MEDICINE, DEPARTMENT OF CELL BIOLOGY AND PHYSIOLOGY, Pittsburgh, PA 12/95 – 08/97
Medical Research Specialist, Level III

PROFESSIONAL ORGANIZATION INVOLVEMENT

INTERNATIONAL CHIROPRACTORS ASSOCIATION
Student Member/Member 08/97 – Present

INTERNATIONAL CHIROPRACTORS ASSOCIATION
Representative Assembly—Idaho Rep 11/03 – 06/08
Board of Directors 06/08 – Present

IDAHO ASSOCIATION OF CHIROPRACTIC PHYSICIANS
Member 12/02 – Present
Board of Directors-District 2 Representative 03/08 – Present

FOUNDATION FOR THE ADVANCEMENT OF CHIROPRACTIC TENANTS AND SCIENCE
Board of Directors 06/08 – Present

CHIROPRACTIC BIOPHYSICS® NONPROFIT
Member 01/99 – Present
Vice-President 09/12 – Present

AWARDS/HONORS
Introduction

Dr. Suzanne Seekins will present common conditions experienced specifically by the female patient. Aside from spinal manipulation, multiple manual techniques and nutraceuticals are available for utilization to the practitioner who wishes to enhance or create a holistic practice specifically for women. Dr. Seekins will discuss hormonal imbalance, hepatic dysfunction, UTIs, adrenal dysfunction, lymphatic congestion, uterine ptosis and incontinence. She will focus on signs and symptoms, identifying the dysfunction and the treatment protocols, both spinal manipulation, manual techniques, nutraceuticals and nutrition that are easily applied in the clinical setting to optimize these organ systems.

Presented by Dr. Suzanne A. Seekins

Learning Objectives

Participants will become acquainted with diagnosing and recognizing several common ailments experienced by female patients in the United States. Effective treatment techniques will be demonstrated and individualized attention for optimal instruction will be provided to attendees during the hands-on learning portion. Attendees will be armed with a basic understanding of common female patient conditions and effective treatment protocols that can be utilized immediately in the clinical setting. They will also be exposed to a specific chiropractic treatment and will be given an insight into a direction of study to enhance their capacity to treat these conditions.

Hour 1

The first hour will focus on introduction of the basic concepts of chiropractic manipulative reflex technique and visceral manipulation. Participants will be provided ample opportunity for hands on experience of the concepts of fascial unwinding and visceral motility.

Hour 2

The second hour will focus on hepatic function, symptoms and signs associated with hepatic dysfunction, hormone balance, visceral manipulation for the liver and nutraceuticals that can be suggested to optimize function.
The second hour will also focus on adrenal function, symptoms and signs associated with adrenal dysfunction, hormone balance, visceral manipulation for the adrenals and nutraceuticals that can be suggested to optimize function of the adrenals and adrenal/pituitary/hypothalmus axis.

**Hours 3 and 4**

These final hours will be dedicated to the unique maladies associated with childbirth and gestation such as urinary tract infections, breast tenderness associated with lymphatic congestion, incontinence and prolapsed uterus. Signs and symptoms will be discussed, manual manipulation techniques to correct these conditions will be taught and nutraceuticals to support the function of these symptoms will be discussed.
Suzanne A. Seekins, D.C., D.I.C.S

Education

<table>
<thead>
<tr>
<th>Year</th>
<th>Degree/Certificate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>Certified Craniopath, International Craniopathic Society, Idaho Falls, Idaho</td>
</tr>
<tr>
<td>1990</td>
<td>Doctor of Chiropractic, Logan University, Chesterfield, MO</td>
</tr>
<tr>
<td>1988</td>
<td>Bachelor of Science in Human Biology, Logan University, Chesterfield, MO</td>
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</tbody>
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Professional Experience

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<th>Year</th>
<th>Position/Program/Institution</th>
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</thead>
<tbody>
<tr>
<td>2006-present</td>
<td>Adjunct Clinician Senior Intern Preceptorship Program for Palmer College of Chiropractic, Port Orange, FL</td>
</tr>
<tr>
<td>2006-present</td>
<td>Adjunct Clinician Senior Intern Preceptorship Program for Logan University, Chesterfield, MO</td>
</tr>
<tr>
<td>1997-present</td>
<td>Clinic Director and President, Fit For Life Health Services, Naples, FL</td>
</tr>
<tr>
<td>1996-1997</td>
<td>Co-Director at Satellite Clinic of Logan University, Chesterfield, MO</td>
</tr>
<tr>
<td>1992-present</td>
<td>Certified Instructor, SORSI, Idaho Falls, Idaho</td>
</tr>
<tr>
<td>1991-1997</td>
<td>Instructor in Division of Chiropractic Procedures, Logan University, Chesterfield, MO</td>
</tr>
<tr>
<td>1990-present</td>
<td>Senior Clinician, Atrium Health Services, St. Louis, MO</td>
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</tbody>
</table>

Professional Licensure

<table>
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<tr>
<th>Year</th>
<th>License/Board</th>
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<tbody>
<tr>
<td>1997-present</td>
<td>Florida Doctor of Chiropractic License # CH 7341</td>
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<tr>
<td>1996-present</td>
<td>Florida Board of Chiropractic Examiners</td>
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<tr>
<td>1990-present</td>
<td>Missouri Doctor of Chiropractor License #005835</td>
</tr>
<tr>
<td>1990-present</td>
<td>Missouri Board of Chiropractic Examiners</td>
</tr>
<tr>
<td>1990-present</td>
<td>Virginia Board of Chiropractic Examiners (Inactive)</td>
</tr>
</tbody>
</table>
Suzanne A. Seekins, D.C., D.I.C.S

**Professional Licensure**
- 1990-present: Diplomate National Board of Chiropractic Examiners, Part III
- 1988: Diplomate National Board of Chiropractic Examiners

**Honors**
- 2016: First Doctor of Chiropractic to teach Pediatrics on South American Continent
- 2011: International Chiropractor of the Year Award, SORSI
- 2006: SORSI Appreciation Award, SORSI
- 1996: Distinguished Service Award, Logan University Student Doctors Council
- 1990: Who’s Who Among Students in American Colleges and Universities
- 1983: Maryland Distinguished Scholar

**Professional Memberships**
- Sacro Occipital Research Society International
  - Board of Directors 2004-present; VP Marketing 2005-2006, President 2006-07; 2008-09; 2010-11; Board Advisor and Executive Director 2011-2014
- Chi Rho Sigma Professional Fraternity
- Florida Chiropractic Association

**Lectures/ Presentations**
- Presentation (4.0 Hours) for the Puerto Rican Chiropractic Society, PR, “Chiropractic Care for the Pregnant Patient”, 2012
- Presentation (1.0 Hour) for Palmer Chiropractic College, IA, “Pediatrics and Chiropractic- A Clinical Picture”, 2012
- Presentation (1.0) for Sacro Occipital Technique Organization Australasia, “Clearing Food Sensitivities Using CMRT”, 2011 and again for Sacro Occipital Technique Organization Europe, 2009
- Seminar series (36.0 Hours) for SORSI, San Jose, CA, “Cranial Development and Pediatric Cranial Techniques”, 2010
- Presentation (1.0 Hour) for Life West University, CA, “Cranial Development”, 2010
- Presentation (2.0 Hours) for Palmer Chiropractic College, FL “Chiropractic Care For Common Pediatric Ailments”, 2012 and “How to Establish a Pediatric Practice”, 2009 and “Holistic Health Care in Today’s Medical Environment”, 2007
- Presentation (2.0 Hours) for Xymogen Nutritional Formulas, FL, “Visceral Manipulation and Nutritional Support of the Gallbladder”, 2009
Laser Therapy: A Paradigm in Chiropractic Practice

Ronald J. Riegel D.V.M., F.A.S.L.M.S., VMLSO

Learning points:

1. Fundamental Science:
   a. The scientific evidence supporting laser therapy.
   b. Correct nomenclature.
   c. Basic laser science.
   d. How laser classes were assigned.
   e. Parameters determining the penetration of tissue.
      i. Wavelength.
      ii. Power.
   f. Explanation of emissions.
      i. CW
      ii. Pulsing, frequency and duty cycle.

2. Laser/Tissue Interaction:
   a. Mechanism of action at the cellular level.
      i. Mechanism of action resulting in the relief of pain.
      ii. Mechanism of action resulting in a reduction of the inflammatory response.
      iii. Mechanism of action resulting in an increase of circulation.
   b. Explanation of how laser therapy accelerates the healing process.

3. Basic Application Techniques:
   a. On-contact vs off-contact vs unassisted.
   b. Scanning vs point-to-point administration.
   c. Basic laser physics.
   d. Dosage
   e. Frequency of administration.

4. The Physiological Exam:
   a. Digital thermal imaging provides a roadmap to laser therapy.
   b. Explanation of DTI and its applications to laser therapy.

5. Expected Clinical Outcomes:
   a. Case examples depicting clinical results utilizing laser therapy.
   b. Applications in a sports chiropractic rehabilitation program.

6. Laser Safety and Contraindications:
   a. OSHA standards.

7. Important Considerations when Purchasing a Therapy Laser:
   a. Power testing.
   b. Wavelength.
   c. Laboratory comparison of many current products on the market.
d. Other important considerations.
   i. Warranty.
   ii. Education.
   iii. Technical support.

8. Integration into the Chiropractic Practice.
   a. Training.
   b. Client education.
      i. Reducing client fear.
   c. Marketing.
   d. Step by step integration.

9. Return on Investment:
   a. Billing, coding and the cash model.
   b. Expected return.
   c. National average fee structures.
   d. Actual practice examples.

    a. Techniques utilized to treat each anatomical area.
    b. Treating patients holistically.
    c. Software familiarization.
RONALD J. RIEGEL D.V.M.

18070 Raymond Rd.
Marysville, Ohio   43040
Home Phone (937) 642- 9813
Cell Phone (937) 209-0271
Email: aimladvm@aol.com

Education:

1979 – DVM from University of Illinois
1989  Coursework completed examination for inclusion into the Human Academy of Neuromuscular Physiology.

Work Experience:

1975-1979  Research Fellow in Pharmacology – University of Illinois.
1979-1980  Associate Professor at The Ohio State University.
1980-2003  Sole owner of private practice in Ostrander, Ohio with a satellite clinic in Marysville, Ohio. Staff of 3 veterinarians, 3 licensed veterinary technicians and 6 support staff.
1993-2001  Founded Equistar Publications.  Purpose: Creation of the two volumes below.
2003-2012  Founded and Managed Premier Equine Health Products LLC.
2003-2006  Founded and Managed Illustrated Animal Books LLC. Purpose: Creation of From Bones to Biscuits.
2005-2009  Consultant for LiteCure LLC.
2009-Present  Co-founder and manager for the American Institute of Medical Laser Applications

Publications:

1987     Infrared Thermography – Adds New Dimension To Equine Joint Diagnosis
Published in the Norden News.

Paper presented at the Equine Sports Medicine Conference

1993     The Use of Warm Moist Heat as a Modality of Physical Therapy in the Equine.
Study presented at Florida Equine Sports Medicine Conference

Study presented at Equitana

Study done for EquiFlite Technologies.

Volume One.
ISBN # 0-9654461-0-7

1996     The Efficacy of Capsaicin Medicated Poultice on the Reduction of Inflammation Within the Tissues of the Equine Foot.
Study done for EquiFlite Technologies.
1997  *Efficacy Study of the Thermotex™ Infrared Therapy Blanket Upon the Standardbred Racehorse.*
Study done for Thermotex™ Therapy Systems Ltd.

1998  *Thermotex™ Therapy System Infrared Heating Pad Versus a Conventional Heating Pad and a Hot Towel*
Study done for Thermotex™ Therapy Systems Ltd.

ISBN # 0-9654461-1-5

2000  *Efficacy of Therapeutic Infrasound Upon the Equine Athlete.*
Study presented at International Equine Symposium

2000  *The Correlation of Training Times, Thermographic Evidence and Serum Chemistry Levels to Provide Evidence as to the Effectiveness of the Oral Administration of MSM (Methylsulfonylmethane) Upon the Racing Standardbred.*
Study done for the Carolwood Corporation.

2003  *“From Bones to Biscuits” A Healthy, Nutritional Cookbook For Your Dog.*
ISBN # 0-9741845-0-0

2004  *Helping Horses Heal.*
ISBN # 0-9741845-1-9

2007  *Laser Therapy for the Equine Athlete.*
ISBN # 978-0-9741845-1-7

2008  *Clinical Overview and Applications of Class IV Therapy Lasers in the Human.*
ISBN # 978-1-56592-197-9

ISBN # 978-1-60725-391-4

Contributing author on The Use of Therapeutic Lasers in the Feline Practice.

2011  *Seminars in the fields of Veterinary Medicine, Sports Medicine, Rehabilitation, Physical Therapy and Chiropractic: 42.*
This includes speaking engagements in the U.K. and Tokyo, Japan

2012  *Seminars, labs and workshops in both the Veterinary and Human Sports Medicine Fields: 43*
All over North America, Denmark, UK, Wales, three trips to Japan.

2012  *Spoke at the second international laser science society meeting in Kyoto Japan. Only American member of the Japanese Veterinary Laser Science Society.*

2009 – 2013 Numerous articles and publications in several veterinary journals and texts.

2013  *43 seminars plus two all day Laser Therapy Symposiums all RACE approved. Seminars in Japan(8), UK(2) and all over North America.*
This includes a series of lectures on physical therapy and integration of laser therapy into the chiropractic practice.
Taking the Guesswork out of Case Management by Establishing Your Baseline Criteria for Care

Dr. Morgan Mullican and Mary Fairhurst

Course Description:
How do you know when your patient is “done”? How do you determine the length of a patient’s care? Basing care on when the patient’s pain disappears or even worse when their insurance coverage disappears is a recipe for disaster. Your plan of care should have an objectively identifiable beginning, middle and end. Points that can be documented by you and easily understood by 3rd party payers and visualized by your patients. In this session, you’ll learn the evidence-based science behind the healing process and objectively documenting it and how use it to set a practical, easily communicated baseline of your patients’ health status. This starting point will allow you to objectively set goals for care and measure your patients’ progress and function toward and the achievement of maximum improvement. Most importantly, it will establish the unshakable medical necessity for your care. This session helps you bullet-proof your work and takes the guesswork out of case management once and for all.

Course Outline
Hour 1

• What is a Baseline & Why is it Important?
  o How to develop a baseline for healing.
  o What is Normative Data?
  o Exploring Reliability
    The right device for the job
    Calibration & Standards
  o Types of Reliability
  o Why is Validity Necessary?
  o Peer Reviewed Journals
• Establishing Your Baseline Criteria for Care (C4C) with Science
  o The Healing Calendar
  o Acute Inflammation: 3–4 Days
  o Three Main Processes of Acute Inflammation
  o The Cardinal Signs of Inflammation: Dolor, Calor, Rubor, Tumor, and Functio laesa
  o The Causes of Inflammation
  o Tissue Repair/Proliferation: Day 2–6 weeks
  o What are your C4C?
  o Establishing Medical Necessity beyond Pain Relief
  o The Pain Relief Model of Care
  o Tissue Remodeling: 3 weeks–1 year
  o Angiogenesis: Months to Complete
  o Muscle, Ligament & Tendon Healing: Days to Years
  o The Healing Calendar for Ligaments, Muscles & Tendons
  o Scar Tissue Formation
  o Functional Healing
    ▪ Passive vs. Active Care
    ▪ Functional Healing = Directed Remodeling
    ▪ No Pain No Gain?
    ▪ The Importance of Full ROM
    ▪ Chronic Pain & Dysfunction
    ▪ Chronic Pain & Deconditioning
• Proprioceptive Adaptation: 8–10 weeks
  o Conscious & Unconscious Proprioception
• Documenting Your C4C
Hour 2

- Assessing Pain – Subjective Methods Overview
  - The Brief Pain Index Short Form (BPI-SF)
  - Faces Pain Scale (FPS)
  - McGill Pain Questionnaire (MPQ)
  - Multidimensional Pain Inventory (MPI)
  - Neuropathic Pain Scale (NPS)
  - Numeric Rating Scale (NRS-11)
  - Verbal Descriptor Scale (VDS)
  - Verbal Numeric Rating Scale (vNRS-11)
  - Visual Analog Scale (VAS)
  - Algometry
    - History
    - Research
    - True Algometry (computerized) vs Pressure Tolerance (manual)
  - Demonstration

- Outcome Assessment Tools - Overview
  - Why Use OATs?
  - Revised Oswestry Disability Index (rODI)
  - Roland Morris Disability/Activity Questionnaire (RM)
  - Neck Disability Index (NDI)
  - Physical Mobility Scale (PMS)
  - The Bournemouth Questionnaire
  - How to Write a Goal with OATS

- Assessing Flexibility/ROM
  - Subjective Visual vs Objective Dual Inclinometers
    - Manual inclinometers vs computerized
  - The Differences between Impairment & Disability
    - Demonstration
  - Range of Motion Template Reports

Hour 3

- Muscle Assessments
  - Big Brother Is Watching & His Name Is Colossus
  - Learning to Speak Colossus
  - Muscle Spasms
  - Contusions
  - Assessing Strength & Endurance
  - Muscle Strength Testing Methods
  - Subjective and Comparison of MMT Grades
  - Objective and computerized vs manual
  - Demonstration
  - Break vs. Make Muscle Strength Testing

- Assessing Strength with the Flexor/Extensor Ratio
  - Methods of Assessing the Flexor/Extensor Ratio

- Assessing Endurance (Dynamic Functional Testing)
  - Dynamic Endurance Tests
  - Dynamic Functional Testing Guidelines

- Assessing Balance & Coordination/Proprioception
  - Exteroceptors
- Proprioceptors
- Proprioception & Full Recovery
- Motor Control
- Mechanoreceptors
- Golgi Tendon Organ
- Facilitated Stretching
- Muscle Spindle Organs
- Other Afferents
- Changes in Proprioception with Age
- One Leg Stand Assessment & Proprioceptive Training
- Stability Trainers

**Hour 4**

- **Assessment of Posture**
  - Assessment of Posture: Visual Assessment with Plumb Line
  - The 42 Pound Head
  - Assessment of Posture: Postural Syndromes
  - Neuroplasticity Results in a New Normal
  - The First Step
  - Upper & Lower Crossed Syndromes
    - Sherrington’s Law of Reciprocal Inhibition
  - Movement Pattern Analysis
    - Muscle Imbalance & Dysfunction
    - 6 Movement Patterns
    - Prone Hip Extension
    - Hip Abduction
    - Trunk Curl
    - Seated Arm Abduction
    - Trunk Lowering from A Pushup
    - Supine Neck Flexion

- **Case Management Flow Sheets**
  - Treatment Schedules
  - No Cookie Cutters Allowed
  - Criteria for Care (C4C)
  - Reverse Protocol
  - Passive vs. Active Care
  - Track the Patient’s Visits Accurately
  - Plan of Care Tracking
  - Intelligence Imposes Order
  - No One Size Fits All
Curriculum Vitae
Morgan P. Mullican, D.C., DACBN, C.C.N., DCBCN

Personal Information
- 56 year old, married for 30 years with five children; Active in church activities and spending time with family.

Education
- Completed undergraduate studies at University of Nebraska, Omaha campus and Scott Community College in Iowa, 1979-1982.
- Doctor of Chiropractic degree from Palmer College of Chiropractic, 1988 with research honors.
- DACBN-Diplomate American Clinical Board of Nutrition, 1993.
- DCBCN-Diplomate Chiropractic Board of Clinical Nutrition-2013

Professional Licensure
- Texas Board of Chiropractic Examiners, License #4859; Certified Dietitian-Nutritionist, License #003349; Georgia Board of Chiropractic Examiners, License #CHIR007648

Professional Experience
- Full time faculty position at Palmer College of Chiropractic radiology department, 1988.
- Owned/managed two additional and separate clinics (opened in 1994 & 1996) and converted both to multidisciplinary clinics in 2000 (DC, MD & PT).
- 14 years in active chiropractic/medical/physical rehab consulting for national management company, Breakthrough Coaching, 2002-current.
- 14 years speaking to state chiropractic associations, national associations, and teaching seminars for documentation, coding, medical necessity, Medicare and compliance as well as other relicensing and practice management topics.

Professional Development
- 100 post graduate hours-clinical radiology, 60 postgraduate hours-lower back management, 300 postgraduate hours of clinical nutrition.
- Yearly license renewal continuing education hours in both chiropractic and nutrition.

Presentations
2004-2013
- Breakthrough Coaching Monthly National Seminars and Boot Camps, LACC Outpatient Clinic Training, FCA, NY State Chiropractic
- ACA, VT, American College of Chiropractic Orthopedists, Michigan State Association, GCA, NCLC, South Dakota Chiropractic Convention, Foot Levels
- Neuromechanical Innovations Seminars, Family Practice Plasker Seminar, Unified Chiropractic Assn. of Oklahoma, Logan Chiropractic College
- Nebraska Physicians Chiropractic Association, Indiana Chiropractic Association, New York Chiropractic College, Virginia Chiropractic Assoc.
- District 2 Meeting Michigan Assoc. of Chiropractors, Ohio State Chiropractic Association, Minnesota Chiropractic Association, Chiropractic Association of Louisiana, Standard Process, SD Chiropractic Assn., NHCA, GCA, WCA, NCPA, Chiropractic Society, CAL, WSCA, MO Chiropractic Association, NY State Chiropractic Assoc., WAC, MSCA, SD Chiropractic Assn, TN Chiropractic Assc
- 2014- Breakthrough Coaching Monthly National Seminars, Alaska Chiropractic Society-CEU’s in Science of Healing: Setting Your Criteria for Care and How to Survive & Avoid a Post-Payment Audit; Georgia Chiropractic Association-CEU’s in Active Care – Rehab Coding/Documentation/Performing and Could You Survive a Post Payment Audit; Missouri State Chiropractic Association-CEU’s in Active Care.
- 2015- Breakthrough Coaching Monthly National Seminars and Boot Camps, Florida Chiropractic Conferences- CEU’s in Leadership & Ethics: The Role of Ethics in Modern Health Care; Florida Chiropractic Conferences- CEU’s in Case Management without Guessing and Leadership & Ethics; The Role of Ethics in Modern Health Care; Missouri State Chiropractic Association- CEU’s in Core Stabilization & Posture Training and Overcoming Patient Drop Out; Chiropractic Association of Louisiana-CEU’s in Active Care Instruction/Documentation/Coding and Proper Writing of ICD-10 for Case Compliance; Georgia Chiropractic Association- CEU’s in Risk Management and Proper Documentation
- 2016-MSCA District 1 Re-licensure Seminar in Case Management: Set, Measure & Manage Your Criteria for Care, Virginia Chiropractic Association: CEU’s in Active Approach to Case Mgmt., New Patient Office Procedures and The Keys to Patient Retention.

Teaching/Leadership Positions
- Internship-Radiology Department-Palmer College of Chiropractic for nine months, Internship-Clinic at Palmer College of Chiropractic for three months 1988.
- Full time faculty position at Palmer College of Chiropractic in the radiology department for six months, 1988.
- Senior Coach/Consultant for Breakthrough Coaching, 2002-current.
- ACBN(American Clinical Board of Nutrition)-Examining Committee Member-2013- current

Publications/Projects/Community Service
- Annual blanket drive for the American Red Cross, teddy bear drive for the Local Police Departments and toy drive for the Marine Corps Toys for Tots 1992-2009.
- Active in inner city ministry (H.I.S. Bridge Builders with the Boys and Girls Clubs of Dallas) 1997-2005.
- Yearly mission trip to Nicaragua for chiropractic care 2001-2005
- Assistant Scout Master to Boy Scout Troop 26, 2006-2010
- Breakthrough Coaching "The Book", 2009 Contributing Author

Professional Memberships
- American Clinical Board of Nutrition (ACBN)
- Council on Nutrition-American Chiropractic Association (CON)
- International and American Associations of Clinical Nutritionists (IAACN)
- Chiropractic Board of Clinical Nutrition (CBCN)

Honors and Awards
- Eagle Scout, 1976
- Who’s Who in American Colleges and Universities, 1987
- Research Honors-Palmer College of Chiropractic, 1988