

The Virginia Voice

SPRING 2023

President's Message



We just held our Spring Convention in Richmond. We had over 150 DCs. 35 CAs. and 29 exhibitors join us. Additional doctors joined us for Lt. Governor Winsome Sears' presentation at our General Membership Meeting on Saturday morning. She talked about her own personal experience with chiropractic, small business needs and concerns, and how important it is to get to know your legislators. She left us with one clear message: legislators don't know what's important to us if we don't communicate with them.

Dr. Phil Golinsky gave an impassioned speech about donating to Virginia ChiroPAC. ChiroPAC is a fund that allows us to contribute to legislators that support our profession. The more money we raise, the more power and influence we have in our state. To donate or increase your existing donation, use the QR code below.



It was great to see so many new faces at the convention, as well as so many old friends. I may be biased but I think we have the best chiropractic association in the country!

The fall convention is October 13-15 in Roanoke and features Fab Mancini, David Seaman, Robert Silverman, Cindy Howard, and many more. Registration will open in a couple weeks, so mark your calendars now and plan to join your colleagues for fun and some education. See you there!

Dr. Michelle Rose UVCA President

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Supporting Supplier News & Tips

CHIROCODE: Save 10% on the indispensable ChiroCode Deskbook updated for 2023, along with other manuals, "cheat sheets" and reference materials. See discount code on page 21.

LASER BIOTECH INTERNATIONAL: Laser Biotech International recently published a protocol on using lasers for shingles, If you did not see that information and would like a copy, email your request to info@laserbiotech.com. See ad on page 10.

RAYUS RADIOLOGY: For your patients who've had an injury or accident and need of medical imaging, Rayus Radiology accepts letters of protection (LOP). We understand the serious nature of auto and personal injury cases, and will work closely with you and your patient throughout the process, including bills when the case settles. Visit www.RAYUSradiology.com.

SPRING CONVENTION PHOTO GALLERY PAGE 14!

A HUGE THANKS TO DR. NELSON MARQUINA OF LASER BIOTECH INTERNATIONAL FOR HIS PHOTOGRAPHIC COVERAGE OF UVCA CONVENTIONS!





It's Here!

For CAs Who Are Ready to Grow

UVCA Chiropractic Assistant Certification Program

Upon completion of this 30-hour online certification program, you'll have a thorough knowledge of healthcare terminology and methods, anatomy, physiology, and many therapies as related to the Chiropractic office. Developed by popular instructor and long-time supporter Dr. Louis Crivelli.

This program has been tailored specifically for Virginia based on the priorities voiced by Virginia DCs and CAs. Responses to Dr. Crivelli's classes at UVCA conventions over the years, as well as the success of his Maryland Chiropractic Association's CA licensure training program, make Dr. Crivelli the perfect choice to lead the UVCA's program. While CA licensure is not yet required in Virginia, we feel that being able to demonstrate that CAs are professionally trained is an important proactive step.

- 10 hours General Information/ Chiropractic
 - Intro. to a rewarding career
 - The healthcare spectrum
 - Duties of the CA
 - o Clinical vs. Non-Clinical
 - Supervision
 - $\circ \quad \text{Risk Prevention} \\$
 - Office Procedures
 - o Phone/front desk skills
 - Patient intake
 - Vital signs
 - Taking a medical history
 - o HIPPĂ∕PHI
 - Billing/Coding
 - o Clinical Duties
 - o Legal Issues

• 10 hours – Anatomy/Physiology

- Medical/Chiropractic terminology
 - Root words
 - o Prefix
 - o Suffix
 - Common diagnostic and procedural terms
- Anatomy and Physiology
 - Body systems
 - o Skeletal System
 - o Muscular System
 - o Nervous System
 - Pain and Recovery

• 10 hours – Therapeutics

- The Chiropractic Adjustment
- Rationale for PT in the Chiropractic office
- Thermotherapy
 - Methods of heat transfer
 - Hot Moist packs
 - Thermophore packs
 - Paraffin
 - Light therapy (laser and non)
 - laser)
 - Ultrasound
 - o Diathermy
- Cryotherapy

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- Methods of cryotherapy
- o Ice packs
- Ice massage
- Electrical stimulation
- Electron theory
- Wavelength and frequency
- AC vs DC currents
- IFC/Russian Stim
- Traction
 - Sustained vs intermittent
 - Ocervical traction
 - Lumbar traction
 - Intersegmental traction
 - Debeb Methodology
 - Rehab Methodology
 - Muscle physiology
 - o Isometric
 - o Isotonic

- o Isokinetic
- Stretching vs Strengthening
- New/Emerging Therapies
- Kinesiology Tape
 - Cupping
 - o Dry needling
 - Instrument Assisted Soft Tissue Mobilization
- Total body vibration
- Medicare for the CA



Strengthen learning even further by attending optional inperson classes by Dr. Crivelli and others at UVCA conventions.

Online Program Registration Fees:

CA working for a UVCA member DC: \$249 (Just \$9.96 per hour!)

CA working for a non-member DC: \$449

Questions? Email

admin@virginiachiropractic.org or call 540-932-3100.

https://marylandchiro.ce21.com/item/uvca-chiropractic-assistant-certification-program-100213

7 Essential Cervicogenic Vertigo Facts Every DC Must Own

By Dr. Tim Bertelsman

Neck pain and vertigo are common co-morbidities. One recent study of 2,361 patients concluded that up to 40% of neck pain patients will experience cervicogenic dizziness.⁽⁹⁶⁾. Fortunately, significant research, including the 2021 ChiroUp COPS synopsis of 631,970 diagnoses, found that the combination of neck pain and vertigo is one of the ten most responsive complaints to chiropractic care.

So, to ensure you're the go-to doc for patients with vertigo and neck pain, this article will review seven essential cervical vertigo facts.

1. What Causes Cervical Vertigo?

Short answer: A mismatch of sensory information that temporarily confuses the brain.

Deeper dive: Although the exact mechanism of cervical dizziness is debatable. Cervical most researchers ascribe to an altered Spine "mechanoreceptive" theory. The upper Irritation cervical (C0-3) facet joints are highly innervated, supplying up to 50% of all cervical proprioceptive input.(11,83) The cervical spine muscles, particularly the suboccipital muscles, are extensively supplied with muscle spindles providing additional contributions.(12,81,82)

Patients with neck pain and vertigo frequently exhibit muscle hypertonicity, limited upper cervical ROM, and joint position errors.⁽⁸⁴⁾ The abnormal stimulation of the articular capsule or muscular spindle mechanical receptors provides conflicting input with visual and vestibular afferents. This sensory mismatch between visual, vestibular, and cervical mechanoreceptive input "confuses" the brain into a temporary state of dizziness.^(11,13-18,78)

2. What Are the Most Common Cervicogenic Dizziness Symptoms?

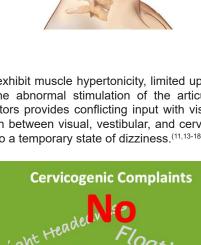
Short answer: Neck discomfort and unsteadiness.

Deeper Dive: Cervicogenic vertigo is suggested by a history of dizziness associated with cervical movement and likely concurrent neck discomfort.^(32,33) Cervical vertigo symptoms include light-headedness, floating, unsteadiness, or general imbalance, but rarely true "spinning" vertigo.^(27,97) A sensation of "spinning" (i.e., true rotary vertigo) usually suggests a non-cervicogenic origin, possibly Benign Paroxysmal Positional Vertigo (BPPV).⁽²¹⁾ Symptoms of cervical vertigo are generally episodic, provoked by movement, and eased by maintaining a stable position.

3. What Are the Key Cervicogenic Vertigo Assessment Findings?

Short answer: Upper cervical tenderness, hypertonicity, and restriction.

Deeper Dive: Findings consistent with a diagnosis of Continued on page 4



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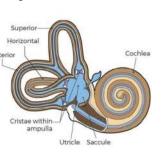
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cervicagenic vertigo include loss of cervical range of motion, upper cervical tenderness, and upper cervical segmental joint restriction. Deep palpation of the suboccipital region may reproduce vertigo in some patients.⁽⁴⁰⁾ Clinicians often note hypertonicity in the suboccipital, paracervical, trapezius, SCM, and pectoral muscles. A cyclic pattern of dysfunction has been identified between altered cervical proprioception and hypertonicity in the SCM and upper trapezius that may fuel cervicogenic vertigo.^(21,38,42)

4. What Is The Difference Between BPPV and Cervical Vertigo?



Short answer: Very subtle symptomatic differences, plus cervical involvement.

Deeper Dive: Benign Paroxysmal Positional Vertigo, or BPPV, is

responsible for 17-42% of all dizziness presentations. BPPV occurs when small otoliths dislodge from the utricle and move into one of the semicircular canals, thereby sending conflicting balance information to the brain.^(3,37) Symptoms of cervicogenic dizziness can closely mirror BPPV. However, BPPV patients typically report a "spinning vertigo" sensation, whereas cervical vertigo is more likely perceived as "drunkenness" or "light-headedness."⁽⁹⁷⁾

Another significant differentiator is that isolated cervicogenic vertigo is nearly always accompanied by loss of cervical range of motion, upper cervical tenderness, and upper cervical segmental joint restriction.^(85,86) However, clinicians should remember that cervicogenic vertigo and BPPV (or other etiologies) can co-exist.

5. What's The Best Cervical Dizziness Test?

Short answer: The cervical torsion test.

Deeper Dive: One complicating factor in the differentiation of cervicogenic vertigo versus BPPV is that most provocative movements simultaneously stimulate cervical spine proprioceptors and the vestibular apparatus. According to an October 2022 Journal of Clinical Medicine



review, the cervical torsion test is the best method for overcoming this challenge and diagnosing cervicogenic vertigo.⁽⁹⁵⁾

The Head-fixed/body-turn test (aka Neck torsion test or Fitz Ritson test) aims to isolate cervical mechanoreceptors without stimulating the vestibular apparatus.^(21,41) The neck torsion test is performed with the patient rotating their body on an exam stool while the clinician stabilizes their head, thereby minimizing vestibular input. Reproduction of dizziness or nystagmus when the head is stable suggests a cervical component.⁽⁴²⁻⁴⁴⁾

6. What's The Best Cervicogenic Dizziness Treatment?

Short answer: Spinal manipulation and manual therapy (after other etiologies have been ruled out).

DeeperDive: Cervical dizziness is quite amenable to manual therapy.

^(16,21,29, 47-49,54,57) Since cervicogenic vertigo, by definition, results from upper cervical dysfunction, spinal manipulation is a cornerstone of treatment. Several studies have demonstrated the effectiveness of spinal manipulation for cervical vertigo.^(11,59,60,87-89,92,93)

One of the world's foremost musculoskeletal experts, Karel Lewit, MD, states, "In no field is manipulation more effective than



in the treatment of disturbances of equilibrium."⁽⁶¹⁾ Fitz-Ritson demonstrated a 90.2 success rate when utilizing manipulation for the treatment of post-traumatic cervical vertigo.⁽¹⁷⁾

Because the condition is multifactorial in origin, successful cervical vertigo treatment requires a multi-faceted approach. Treatment for cervical vertigo must address associated soft tissue components. Myofascial release and stretching may be needed in the suboccipital, SCM, upper trapezius, levator, and pectoral muscles. Postural correction may be necessary for upper crossed syndrome, and breathing exercises are appropriate for those with dysfunctional respiration. Clinicians should be particularly mindful to assess and correct for weakness in the deep neck flexor muscles (i.e., longus colli and longus capitis).

7. What Other Causes of Dizziness Do Clinicians Need to Consider?

Short answer: Lots!

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Deeper Dive: Cervicogenic dizziness is a diagnosis of exclusion, as there is no pathognomonic test to confirm its presence.⁽³⁴⁻³⁵⁾ Clinicians should be particularly astute and unhurried when evaluating vertigo. The common co-existence of vertigo and upper cervical discomfort has the potential to lull clinicians into a dangerous state of diagnostic complacency. Falsely assuming that someone with concurrent dizziness and neck pain is suffering from cervicogenic vertigo, without ruling out other potentially threatening causes of dizziness, could end unfavorably.

Dizziness affects 15-20% of the population each year.⁽⁹⁸⁾ Fortunately, evidence-based chiropractors are well-equipped to

manage the most common benign culprits and appropriately refer the more threatening causes.

Bonus: Be the GO-TO Doc! Watch ChiroUp's latest on-demand webinar, Managing the Dizzy Patient, for an informative discussion on evaluating and treating the most common causes of vertigo. This webinar will include practical skills for managing cervicogenic vertigo and BPPV, plus valuable tips for identifying the more threatening presentations. And as an added incentive, we'll send you our Vertigo toolkit, including the following:

- Differential Diagnosis of Dizziness 1-page synopsis
- CAD Clinical Pearls infographic
- Epley Maneuver quick reference card
- Safety of SMT infographic and blog (Lay education)

Watch now

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Virginia Lt. Governor Winsome Earle-Sears addresses UVCA Spring Convention attendees at the April 22nd General Membership Meeting in Richmond.

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Dear Colleagues:

A heartly congratulations and thank you to staff, membership, participants, speakers and vendors for the Spring Convention held two weekends ago at the Short Pump Hilton Hotel and Conference Center. In my opinion, it was one of the best overall conventions we have ever put on. The highlight for me was the morning presentation by Lt. Governor Winsome Sears. She spoke to a packed room and received a very warm welcome. She was inspiring, sharing her chiropractic story and her understanding and commitment to small business people.

A very, very close second was the support the attendees gave to the Chiropractic Political Action Committee of Virginia aka ChiroPAC. Phil Golinsky gave an impassioned speech and was well received. Attendees dug into their wallets and contributed big time. We are still working on getting final numbers but there was a huge outpouring of support. A sincere and heartfelt THANK YOU to all who donated (including a couple of CAs!) and Phil and his team.

This show of support for the ChiroPAC was well noticed and appreciated. This was the first step to really solidifying a deeper impact in the Virginia legislative process. Thank you



again for those who stepped up and began their support, recommitted their support or increased their support. We appreciate all of you. Those that have yet to contribute, please consider joining your colleagues who have stepped up to the plate and click on the QR code to the left.

The convention had many
 other highlights that I'm sure

others will mention. For those who attended, I sincerely believe had an incredible experience. For those who couldn't make it, you missed a great chiropractic weekend. Everyone mark your calendars for more of the same at the Fall Convention in Roanoke October 13-15.

Chiropractically yours, Brad N. Robinson, DC, FICA Chairman ChiroPAC Please Support ChiroPAC Now. Your profession depends on it!

When Chronic Stress Triggers Autoimmunity

By Scott D. Banks, DC, MS

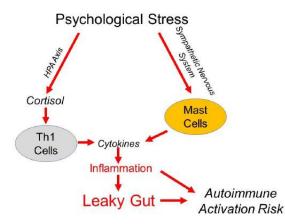
Several past studies have found a correlation between the presence of PTSD and the risk of multiple autoimmune diseases including rheumatoid arthritis, autoimmune thyroiditis, inflammatory bowel disease, multiple sclerosis, and psoriasis.⁽¹⁾ There has also been suggestion that PTSD was associated with a significantly elevated risk of systemic lupus erythematosus (SLE).

PTSD is the result of severe and sustained stress which imbalances several internal functions in the body. It makes the ideal model to study the relationship between stress and autoimmunity. In a study of more than 50,000 women over 24 years, those with PTSD had a 184% increased risk of developing SLE.⁽²⁾ Those who had sustained a significant and sustained psychological trauma had a similar increased risk even if they did not meet the diagnostic criteria of PTSD.

The mechanisms behind how stress may trigger autoimmunity are beginning to be defined. Humans do not actually have an inherent "stress response" but rather have a danger response. When confronted with danger, the fight or flight response is activated. It involves expression of large amounts of the stress hormone cortisol and activation of the sympathetic nervous system which raises blood pressure, heart rate and other functions to ready for either fight or flight. This served humans well in the early hostile world but has become injurious for modern humans.

Danger typically is short term. You fight and escape or out run the danger in a short period of time. At that point the body quickly resets operating in "rest, repair and digest" by lowering cortisol and activating the parasympathetic nervous system. Psychological stress tends to be chronic over long periods of time from a bad job, a bad relationship, chronic sickness of a loved one and other common life circumstances. The body activates the same danger response to stress but the chronicity begins to drive neuroplasticity where the brain remodels setting the fight or flight response as the new ongoing default pattern.

The result of this chronic shift to fight or flight is thought to work on 2 mechanisms which are risk factors for autoimmune activation, inflammation and gut barrier breakdown/leaky gut. The high



expression of the stress hormone cortisol increases the activity of Th1 cells, T cells that drive inflammation in response to acute infection or injury. This is a protective response if wounded in "fight". It is a punitive response if chronic. **Continued on page 9**



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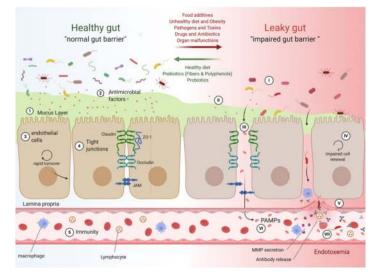
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As immune cells also have the task of cleaning up our old/dead cells increased presentation of self-tissue occurs in regional lymph nodes. This high presentation of self-antigens increases the risk that an antibody response may occur against self tissue. With inflammation, immune cells are more active and more prone to making a mistake such as assuming self-tissue fragments are foreign causing antibody production.

The second mechanism by which stress increases the risk of immune reaction against self-tissue is that stress causes the gut barrier to weaken and let inflammatory bacterial toxins from the gut enter the system causing yet more inflammation.⁽³⁾ The parasympathetic nervous system or that which activates "rest, digest and repair" maintains the integrity of the gut barrier structure. Dominance of the sympathetic nervous system which drives "fight or flight" over parasympathetic activity gradually lets the gut barrier breakdown.

Fortunately, there are many good treatment modalities that help reset the body following stress. These include vagus nerve stimulation, brain photobiomodulation and heart rate variability biofeedback. There is a wealth of study supporting the ability of transcutaneous vagal nerve stimulation to reduce systemic inflammation by Activation of the splenic cholinergic antiinflammatory pathway.

Unfortunately, life is associated with periods of very high stress. In some cases that is sustained over long periods creating "pathoneuroplasticity" resetting the new default to a proinflammatory state increasing the risk of activation of autoimmunity. Humans have a tendency to underestimate the negative impact of psychosocial stress. Searching the PubMed database of biomedical research brings up over 28,000 studies concerning



the negative health effects of stress including hypertension, heart disease, cancer and many more. Stress is not benign!

References:

1) Stojanovich L. STRESS AND AUTOIMMUNITY. Autoimmun Rev 2010; 9: A271–6.

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Dr. Scott Banks has been in practice for 40 years. He received his undergraduate degree from Alfred University **Continued on page 10**



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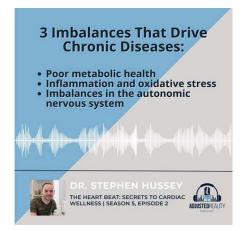
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and his DC degree from Logan College

of Chiropractic. He received his Master of Science degree in Human Nutrition from the University of Bridgeport. Dr. Banks is the past editor of "Nutritional Perspectives", the journal of the Council on Nutrition of the American Chiropractic Association He has given continuing education programs to health care professionals throughout the United States including the Southern Medical Association, The American College of Sports Medicine, The Northern Virginia Society for Continuing Medical Education. He served as a preceptor for Eastern Virginia Medical School in alternative medicine. He was named Chiropractor of the Year by the Virginia Chiropractic Association and has received a Lifetime Achievement Award from the organization. Dr. Banks is a co-editor of the UVCA's The Virginia Voice and is a frequent instructor at the association's events.

UVCA Member Dr. Stephen Hussey Featured in *Adjusted Reality* Podcast

Chiropractor, functional medicine practitioner and author Dr. Stephen Hussey was recently featured in an Adjusted Reality Podcast from the Foundation for Chiropractic Progress. He spoke about his latest book, Understanding The Heart: Surprising Insights Into The Evolutionary Origins Of Heart Disease - And Why It Matters. To hear his secrets to cardiac wellness, click on the image below.



Dr. Hussey attained both his Doctorate of Chiropractic and Masters in Human Nutrition and Functional Medicine from the University of Western States in Portland, OR. He is a health coach, speaker, and the author of two books on health; The Health Evolution: Why Understanding Evolution is the Key to Vibrant Health and Understanding The Heart: Surprising Insights Into The Evolutionary Origins Of Heart Disease - And Why It Matters. Dr. Hussey guides clients from around the world back to health by using the latest research and health-attaining strategies.

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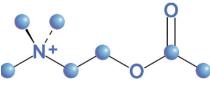
Acetylcholine: The Memory Molecule

By: James A. Munse, DC, DACNB, MPA

The previous two articles I've written for this publication have focused on the neurotransmitters known as dopamine and GABA. We've discussed their function, clinical importance, and various ways to holistically modulate and enhance their activity. This article will continue along this theme by discussing the vital importance of the neurotransmitter known as acetylcholine (ACh), which is produced by neurons in both the central and peripheral

nervous systems. In the peripheral nervous system, ACh is responsible for muscle contraction in skeletal, smooth, and cardiac muscle tissues. In the central nervous system, ACh is involved with learning, memory, and mood.

ACh is primarily utilized by the hippocampus, which is a brain region responsible for the conversion of short-term memory into long-term memory. As such, people with decreased ACh activity often experience one or more of the following symptoms: loss of visual and photographic memory, loss of verbal memory, memory lapses, decreased creativity, diminished comprehension, difficulty calculating numbers, trouble recognizing objects and faces, mental slowness, and difficulty with directions and spatial orientation.



Acetylcholine

Does this sound familiar? Unfortunately, these symptoms are becoming increasing common in today's aging and younger populations. It's important to note that the early signs of ACh impairment are the exact same as Alzheimer's disease and dementia. Consequently, these symptoms should not be overlooked because early detection and the formulation of an appropriate response is critical for the patient's progression and quality of life.

As stated above – ACh is important for the conversion of shortterm to long-term memory, which occurs in the hippocampus. Unfortunately, the hippocampus is the first brain region to degenerate in various forms of dementia and Alzheimer's disease. As such, someone in the early stages of Alzheimer's disease struggles with short-term memory tasks. This can manifest in a multitude of ways. For instance, they may vividly remember their wedding 30 years earlier but completely forget what they had for lunch 30 minutes ago. Memory lapses in the middle of a conversation is a common issue...as well as walking confusedly through a parking lot and having completely forgotten where they parked. Because loss of visual (aka photographic) memory is **Continued on page 12**



another hallmark of ACh depletion these patients have a hard time learning new information because they struggle to remember what they just read. They also often lose things because they can't form a picture in their mind of where they left it. And because the hippocampus is also responsible for maintaining one's verbal memory...their creativity, comprehension, and even ability to calculate numbers is impaired. The hippocampus is also responsible for spatial orientation (our sense of direction). And as ACh activity declines, these patients get lost easily and lose direction. As the deficiency progresses, they will tend to lose their way through well-traveled routes and even

potentially forget their way home.

Unfortunately, many patients with dementia are not diagnosed until their hippocampus deteriorates to a point where it is extremely hard to manage and treat. It should be noted that we often expect older people to experience "senior moments" from time-to-time. However, these episodes should not be ignored because they may signal the onset of serious neurological decline. Close observation and awareness can identify early signs and symptoms of dementia (which often materialize decades earlier), and steps can then be taken to dramatically slow, postpone, and/ or alter the course of the disease. If these symptoms are present in a younger person (as is increasingly common nowadays) it may indicate early brain degeneration, brain inflammation due to traumatic brain injury, or nutritional deficiencies.

What can you do if you notice symptoms associated with low ACh activity and/ or there is a hereditary predilection for Alzheimer's disease? Well - you could make dietary modifications and/or consider indesting nutritional compounds that have been shown to optimize the production and utilization of ACh. Acetylcholine is synthesized from "choline" and "acetyl



coenzyme A" - the important detail to note is that the formation of ACh requires choline. The nutritional compounds listed below have been shown in the research to support ACh pathways by either reducing its breakdown and/or they contain precursors for ACh synthesis. In addition, many of these compounds protect against the development of brain plaques found in Alzheimer's disease. These nutritional compounds include: Alpha-GPC (a form of choline that is easily absorbable and crosses the blood brain barrier), Huperzine A, N-acetyl L-carnitine (an amino acid that has a similar structure to ACh and activates ACh receptors), and pantothenic acid (Vitamin B5 - required for the synthesis of ACh). It should be noted that supporting neurotransmitter activity is dependent on symptoms, not body size. As such, you should gradually increase your dosage until you notice an improvement (if you choose to supplement with one or more of these compounds). As always, the patient and provider should consider medications already being taken when adding a nutritional compound.

One of the benefits of ACh receptors compared to those of other neurotransmitters is that they are not subject to the "laws of homotropic modulation." Repeated stimulation of the ACh receptor sites will not cause them to become resistant or lose their sensitivity. This is not the case with serotonin, GABA, and dopamine. This is why patients taking SSRI's must increase their dosage to obtain the same effect. Meanwhile, the opposite happens with ACh receptors... constant stimulation makes them more responsive and sensitive (less ACh is needed for the same effect)! As such, daily supplementation with the nutritional compounds mentioned above is considered safe. I personally know multiple neurologists, academics, and researchers that increase their ACh support during times of intense cognitive work.

Foods that positively impact ACh activity are those high in natural fats - particularly animal fats (processed vegetable oils do not help). As mentioned above - choline is required for ACh production and we must obtain choline from our diet. If the brain needs ACh and is not getting choline from adequate dietary fat, then it will breakdown brain tissue from which it can be synthesized. This process is very inefficient, and the supply will not meet the demand.

If a patient has symptoms associated with low ACh activity - it's important to ask if they eat sufficient dietary fats (or do they follow a low-fat diet and/or a vegan diet lacking choline-rich foods)? If they eat nuts, eggs, beef, and cheese - then they are likely getting enough choline from their diet. Foods rich in choline include: liver and organ meats, egg yolk, beef, tofu, nuts, cream, milk with fat, and cheeses. It's critical to ensure that the patient is obtaining enough choline from their diet! If a low-fat diet is not the patient's problem... and neither is energy production (because it requires energy to make ACh)...then the condition is likely more serious. And as stated above (and worth repeating again) – the symptoms of ACh deficiency are identical to early Alzheimer's disease. If Alzheimer's disease is in fact the culprit - the patient will still benefit from supporting ACh activity because it will help the remaining neurons stay healthy and potentially slow and/or postpone the progression of the disease. It may be too late to undo the damage already done - but you could make the existing ACh pathways more efficient to maintain what's left and boost their quality of life.

I would like to thank Dr. Datis Kharrazian and his book "Why Isn't My Brain Working?" - where most of the material for this article was derived.

James A. Munse, DC, DACNB, MA of Chantilly Chiropractic Center in Chantilly, VA is a Diplomate of the American Chiropractic Neurology Board earned through the Carrick Institute. He is proficient in Full Spine Diversified (Palmer Package), Gonstead, Activator, Extremity Thompson. Adjusting, Flexion-Distraction, and Functional Neurology diagnosis and rehabilitation. In addition to practice, Dr. Munse serves as an adjunct professor at George Mason University and an assistant coach for the Westfield High School varsity football team.

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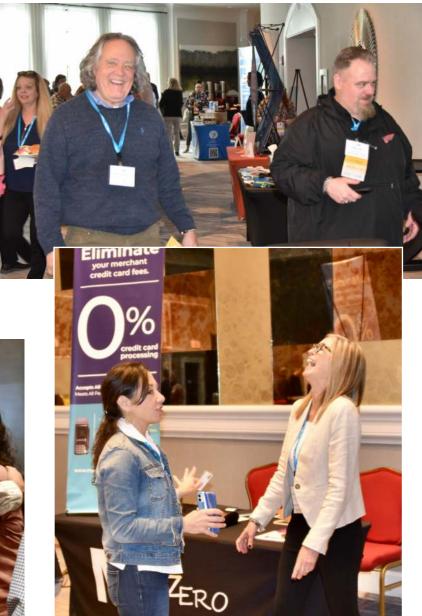


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DiTommaso, DC, Guy A Glen Allen, VA Phone: (239) 565-2109 Member Type: DC - Second Year

Dobrucky, Tanner Smyrna, GA Phone: (804) 955-5194 Member Type: Student/New Grad

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Ely, Jennifer Warrenton, VA Phone: (540) 222-6444 Member Type: Student/New Grad

Kang, DC, Yeongki RxWellness Spine & Health -Herndon Centreville, VA Phone: (703) 964-7202 kang.yeongki90@gmail.com

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O'Kane, DC, Samantha

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Marilyn Porras from CMC (left) and Josh Walker from C1S (right) at the recent Spring Convention in Richmond.



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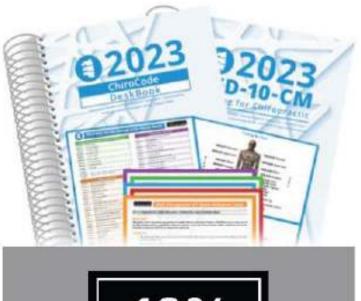
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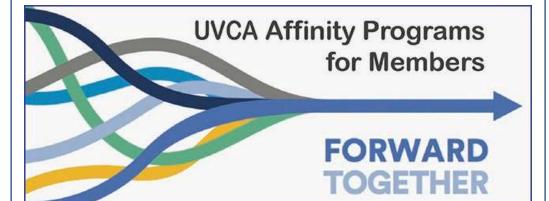
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The Joint Chiropractic is seeking DC talent in our Virginia Beach market. These clinics are under the corporate portfolio which means support and resources are abundant. Both part time and full time positions are available. Full time positions include salary, bonus opportunity, benefits, 401k, PTO & sick pay. Please contact dr.diana.brewer@thejoint.com or visit

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Live at the beach and have the practice of your dreams! Well established two doctor family practice seeking associate to complement our team. Ideal candidate should have an energetic personality with great communication and leadership abilities. Buy in opportunity for partnership/ownership available. Generous salary, bonus structure and benefits. Looking to fill position by end of the year. Contact: 757-287-3525 or Trjarrett3@gmail.com. www. jarrettchiropractic.com

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Immediate opening for Chiropractic physician in our rapidly expanding Clinicin Northern Virginia located just 30 minutes from Washington D.C. Excellent base salary, bonus system, health benefits, malpractice benefits, continuing educational benefits. Come join our experienced professional Chiropractic family. Must have Virginia license, excellent adjusting skills, and willing to contribute to our winning team. Email resumes to DrChiroMed@ aol.com.

EQUIPMENT

Denbigh Chiropractic in Newport News chiropractic office closed. Go to michael denbighnn on facebook and you can see what's for sale with pricing. Please contact me through FB or email dc2bme@aol.com. Thank you, all has to go by the end of month so all offers are considered.

Closing 40 y/o office; buy whole office or what you need. 4 US 54 muscle/ ultrasounds, 1 Animator traction, 5 stain less tables, 4 flat tables, Varidesk, 5 leather TX room chairs, 7 waiting room chairs, book shelf, books, 7 medical wall charts, front desk computer, laser printer, 3000 patient mailing list, 1 refrigerator, 2 Infrared heat lamps, x-ray shields - full body and body parts. \$7,000 or best offer for all. Email eiban@msn.com.

Edan Acclarix AX3 Diagnostic Ultrasound Unit. Less than 1 year old. The PM&R doc in my office needs a slightly more powerful unit for some of the more specialized procedures she is performing. This unit is perfect for imaging shoulders, hips, upper and lower extremities, soft tissues and most spine. We paid \$13,500.00 less than a year ago and are asking \$8,000.00. Pls call 757-880-1564 or email drrobertpinto@pintochiro.com.

IC POSITION AVAILABLE

Seeking Independent Contractor (not limited to chiropractic) - add synergy to our group of two chiropractors and one massage therapist in Leesburg, Va. We have agreat location in the company of many other walk-in businesses. We have a gorgeous office, andare happy to empower a new doctor or therapist to grow their ownpatient base within the practice. We will also equip you with our frontdesk team for scheduling by both phone and internet utilities, as well as patient processing during visits to the office. Contact us at OfficeManagement25@gmail.com.

IC Opportunity in Richmond Suburbs: Established, busy office looking for IC ready to start or move an established practice. We know how to launch & grow a successful practice providing amazing support in all aspects of practice management with a highly trained staff. Our office of professionals is eager to offer this opportunity to the right dr, new or experienced. Send CV/resume to rva.chiro.doctor@gmail. com.

Independent contractor space available for chiropractor in Roanoke, VA. Either shared or not shared (Tuesday and Thursday afternoons, and Saturdays we are not in the office). Well established chiropractic solo practice offering acupuncture and nutrition (23 years in Roanoke) with fully furnished, four treatment-room office with digital x-ray system and two massage tables. Very convenient and busy location with good potential for growth. Plenty of parking. We will assist you in kick-starting your Continued on page 24

practice. Call 540-343-6636.

Independent Contractor position available in Loudoun County VA--Sterling. Space is available for an independent contractor looking to either start a business, scale down their business, or just to share space with a colleague. Please send an email to: drwill@lifewellnessnova.com. Or call 703-244-6008 — Will Sonak.

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Activator practice for sale in Chesapeake Virginia. Busy, waiting list practice with many Activator - loving wellness patients. Please call 757-642-3455 for more information.

44 year old, very successful and busy chiropractic/acupuncture practice for sale in Chester, Virginia. Owner retiring but willing to work with new doctor until doctor and patients are comfortable. Will consider help with partial financing and practice expansions also considered. About our doctor: www.drgeorgechirkinian. com, Phone: 804-318-1929, Email: midchiropractic@gmail.com.

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Practice for sale, Harrisonburg, VAThriving two doctor practice for sale, been in Harrisonburg 33 years. Specializing in low force and activator family care with a flexion distraction table. Certified in Webster, prenatal and pediatric techniques. Also provides acupuncture and NAET. Building sold separately. Good location with 7 treatment rooms, two doctor offices and spacious front office and waiting room. Contact wellspringhealthgroup@gmail.com.

Excellent chiropractor business for sale in Virginia Beach. \$300,000 in annual collections with an asking price of \$295,000 including goodwill, client list and the equipment. The business sees roughly 450 patients each a month and receives 12-15 new patients monthly from internal referrals and Google searches (strong Google reviews). Revenues have been growing consistently during the last several years. It is anticipated that the office staff will remain postsale. This is an ideal practice for a single chiropractor who is looking for a turnkey business. It would be easy to grow the business by increasing the work hours each week and by increasing the advertising budget which is currently 1% of revenues. The business should qualify for bank financing.Owner will assist purchaser in the transition. Attn: Gavin Raphael. Phone: (804) 355-2458 Email: Gavin@lightandraphael.com.

Virginia Beach Virginia. Over 350k in collections. Well Established practice techniques include Diversified, Gonstead, Cox, Thompson Drop, Activator and SOT. In Virginia Beach since 1982, current location since 2004. 1600 sq ft building on main road with great visibility. It has a flexible layout ideal for individual treatment rooms, open common room or combination of both. Emailpatrickpatzer@gmail.com.

Practice in Williamsburg, doctor retiring. Turnkey, 3,000 sq ft office fully furnished & equipped. 65% cash collections. Digital X-Ray, 10 treatment rooms, 5 Lloyd Cox tables, 2 Earthlite electric lift massage tables, 2 Acupuncture Tables, Acugraph Software, exam table, rehab equipment, Foot Levelers scanner/ software, consult room, 11 computers, Chirotouch software, up to date HIPAA program, lots more. The price is negotiable for the right buyer. Contact wqqwork@gmail.com.

Yorktown VA Practice for Sale. Doctor retiring. Home/office complex. IDEAL location with exceptional visibility. Located on a well traveled road within a great school district. Very low overhead. Selling patient list, equipment, supplies, and building/ property together or separately. Patient book of business, supplies, and equipment \$59,000. Owner financing of patient book of business, supplies, and equipment possible with 20% down payment. Email questions to cpksjk@cox.net.

PRODUCTS & SERVICES

FREE Video and Chiro Guide. 2 MUST SEE websites: www.bestchirovideo. com and www.bestchiroguide.com.



Creating Public Awareness is a Vital Part of your UVCA's Strategic Plan.

Feedback from members like you suggests that:

- 1. You'd prefer to participate in activities that focus on your local community.
- 2. You'd like to have more flexibility in the type(s) of PR activities you participate in.

Based on your feedback, we're shifting our approach to supporting your PR campaigns. In addition to supporting the annual national ChiroCares project, we are excited to:

- 1. SHARE how YOU are engaging with your community as a chiropractor and on behalf of the chiropractic profession.
- 2. BUILD A TOOL CHEST of SOPs and ideas for a variety of public relations/education projects for all members to utilize based on their interests, time, and resources.
- 3. RECOGNIZE AND REWARD those practices who make the time to participate in vital PR activities.

Step 1: SHARE

Let us know what you're doing! The easiest way to see what is happening across the state and inspire others is through social.

- When your social media person is posting something, please use the following hashtags.
 - o #UVCA
 - o #VAChiropractor
 - o #VAChiro
 - o #Chiropractic
- Follow UVCA on Facebook and Instagram.

Step 2: WE'LL COLLECT & COMPILE

We'll reach out to learn what's worked and what hasn't, so we can put together a "tool box" of PR projects and activities. Let's reinforce each other's work instead of reinventing the wheel!

Step 2: PRIZES

We will have prizes at the end of this year for the best PR activities and the most engaging posts you share about those PR projects.

Go to VirginiaChiropracticAssociation on Facebook to see what other chiropractors across the Commonwealth are doing to engage with their communities. We'll acknowledge, recognize, and reward your activities.

Need assistance in sharing your PR activities on social media? Other questions? Feel free to reach out to Dr. Alli Totzke, UVCA PR Committee Chair, at drtotzkedc@gmail.com.

MEMBERSHIP THAT MEANS MORE

Membership in the Unified Virginia Chiropractic Association is more than an affiliation. It is a relationship that gives you the resources and connections you need to succeed in practice, care for your patients, and make a difference in your community, your state, and your profession.

IMPROVE

CARE

CONNECT

- VCAdoctalk
- Mentor program
- Specialists and consultants
- "District Connections"
- Searchable Find-a-Doc
- Directory listing
- Time for "hallway learning" at conventions

GET TOOLS TO SUCCEED

- "\/CA \/ault"
- Experts on laws, regs, and scope.
- Insurance help
- Turnkey social media
- Cash practice insights
- Practice marketing roadmaps
- Patient education
- New DC checklist
- Practice exit strategies
- Nuts & Bolts Lunch n Learns
- Online and face-to-face CEUs and staff training
- The Virginia Voice newsletter
- Billing code and helpdesk
- Compliance helpdesk

ACCOMPLISHMENTS

- Confirmed right to perform dry needling under
- Protected right to record-keeping.
- Codified right to conduct physical exams
- Established Va. Chiropractic Health Week
- Restored right to conduct DOT physicals
- Restored right to certify handicap parking
- Increased advertising equality

- Benefits materials and guidelines
- Ensured right to provide and market
- is covered by the current scope, plus continued work to further codify and clarify
- Clarified approved preceptorships
- Secured the right to bill MedPay

IMPROVE YOUR PATIENT CARE

- Hone your adjusting skills
- Explore new certifications
- Focus more on healing patients
- Professional development and inspiration
- Patient education tools
- Research references

HAVE AN IMPACT

- State and national strategic planning
- The Foundation for Chiropractic Progress •
- State and national PR projects
- Legislative clout
- ChiroCongress
- "Unification without uniformity"
- Influence association priorities

SAVE MONEY

- Discounted or free events
- Free classified listings
- Flexible dues based on years in practice
- Premier DC Upgrade
- Discounts on products and services through top affinity partners

"I often times feel like one of the hardest parts is simply finding information. VCA makes this process a lot less scary." - Dr. Jenny Ely





CONNECT

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For CAs Who Are Ready to Grow UVCA Chiropractic Assistant Certification Program 30 Online Hours See Page 2 positional vertigo: a prospective study 1. Clinical Otolaryngology & Allied Sciences. 1999 Feb;24(1):43-6. Link

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Active Shooter in the Workplace

Whether it's an active shooter, a person armed with a knife, or bomb threats in your neighborhood, being prepared is key to the outcome.

It's not fun to talk about. But if the unthinkable happens, you need to be prepared to act quickly. NCMIC's Chiropractical talks to Lieutenant Mark Rehberg about how to handle dangerous situations in your practice.

NCMIC recently published this important podcast for the benefit of the profession. In addition to the podcast, you'll receive:

- Transcript (PDF)
- Active Shooter Pocket Card
- Active Shooter Preparedness Video
- Security Awareness for Healthcare Facilities
- De-escalation and Conflict Resolution Training Video

Go to: https://www.ncmic.com/resources/ podcasts/active-shooter-in-theworkplace/



HR Risks for Small Business

Ray Foxworth, DC, FICC

What's the biggest HR risk in any business? The answer is a lack of awareness among the HR staff members themselves regarding the numerous inhouse threats to smooth operations. Let's discuss some of the most common HR risks for small businesses and what can be done to counter them.

Failing to Audit

A yearly HR audit can reveal problems, positively address existing issues, and prevent others. All audits have some basic qualities:

- Consensus on what constitutes an operational threat. Problems can't be solved unless people agree on their definition.
- Group-approved responses to risks.
- Priority-focus on problems with the most harmful potential threats, such as turnover, absenteeism, and performance.
- Reassessment of existing HR policies in line with new data.

The "right" audit framework is business specific. Here are some templates to consider.

Lack of Legal Awareness

Not every small business has a legal team. It can fall to your HR "department" to stay abreast of the latest regulations. If they don't, there's no way to ensure team members are operating compliantly.

This can lead to steep regulatory fines and/ or disciplinary action. The higher these penalties are, the less small businesses can bear them without a strong insurance policy.

An outdated legal profile can disrespect team members rights or subject them to unacceptable working conditions. This can lead to employee lawsuits which can further damage a small business' finances and reputation.

Lack of Role Clarity

Clearly defined team member roles are essential to an integrated team and effective team performance. Trouble starts when employees are either working too broadly on their own or clashing with colleagues about who is in charge of certain tasks. This leads to burnout, resentment, and low morale, all of which can cripple productivity and set HR's phone ringing.

Poor Documentation and Record Keeping

Office confusion is one result of these two flaws. Irate patients are another. Inaccurate records and documents are also open invitations for regulatory bodies to conduct their own audits on you. The following must be accurately recorded:

- Personnel and patient files.
- Time sheets.
- Wages.
- Insurance details.
- Compliance documents.

Remember that "small" businesses can have dozens of employees, multiple internal processes, and who knows how many patients. HR must ensure paperwork is impeccable.

Failing to be Future-Proof

HR can't predict the future. But, they can examine past patterns and use their imagination to create a short list of potential problems that might arise. This helps create buffers against the unforeseen. Some things to plan for are:

- Global Events (such as pandemics) or Personal Issues Which Might Impact Employee Attendance. Can the tasks of one or more employees be covered by others in their absence or will that role simply disappear or be poorly performed? Cross-training is a good way to get ahead of this HR nightmare and avoid the expense of onboarding temps.
- Keeping Pace with Technology and Administrative Automation. Are there any manual tasks that could be handled by programs, or by outsourcing? A low-tech business employees often means are overworked (with all the HR issues that can bring) and unable to be productive elsewhere. Even high-tech businesses may need to outsource to prevent being overwhelmed in-house. Avoidina Digital Disasters. Cybercrimes increase every year. HR must ensure all staff members are trained and aware to prevent risks from becoming realities. Here's a comprehensive guide on creating a cybersecurity culture specific to your small business.



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.

Dr. Foxworth's company, ChiroHealth-USA, a UVCA member affinity partner, helps running a small business easier, regardless of your clinic size. Their expertise can help you with documentation and compliance and provide insurance against penalties and proceedings. To learn more, visit www.chirohealthusa.com.

UVCA FALL 2023 CONVENTION **OCTOBER 13-15**

HOTEL ROANOKE & CONFERENCE CENTER **ROANOKE, VIRGINIA**

A MOUNTAIN OF EDUCATION & INSPIRATION

Join us at UVCA's Fall Convention, nestled in the picturesque Roanoke Valley and surrounded by the Blue Ridge Mountains. Relax and unwind at the luxurious hotel or take a short stroll to Roanoke's bustling downtown filled with history, culture, dining, and shopping. Earn CEUs and be inspired by informative sessions and expert speakers. Registration opens soon!

ADVANCE HIGHLIGHTS





"Why Chiropractic" by Dr. Fabrizio Mancini

In this inspiring talk, Dr. Fab Mancini, Chiropractic Celebrity and Leader, will share the basic Principles and Science of our profession. He will share how the consumer is looking more for us than ever and how to engage them into understanding the value of Chiropractic Care. This is a presentation not only for the DCs but also for CAs. The whole team will leave prepared and inspired to serve more people.

Keynote "Let's Talk About S-E-X" by Dr. Cindy Howard Sponsored by Protocol and Stopain

Even for Doctors, sex can be a tough topic to approach. It can be difficult at times to ask questions, and it can certainly be challenging to get patients to open up. This program addresses those tough questions and topics in sexual health, as well as how to evaluate concerns and make recommendations. Dr. Howard will also be presenting "Fatigue: Causes, Correlations and Corrections"

"Protocols for the New Paradigm in Healthcare" by Dr. Robert Silverman, Sponsored by Erchonia Corp.

Dr. Silverman addresses key areas of practice that are changing the way Chiropractors and other MDs practice. His far-reaching discussion will include immunity/autoimmunity issues, concussions, and musculoskeletal issues.

WWW.VIRGINIACHIROPRACTIC.ORG



Nutrition by Dr. David Seaman

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Compliance Training by Dr. Ty Talcott Sponsored by HIPAA **Compliance Services**

AND...

- Exhibit Hall
- Receptions
- Plenty of Time to Relax and Socialize
- Legal/Legislative Fund Prize Raffle
- Much More for DCs, CAs, and the Whole Team



UVCA Education & Events for DCs & Their Team

Thursday, May 11 12:45-2:00 p.m.	Lunch at Rubino's - Lunch/Social DISTRICT 2 CONNECTION Ashburn, VA
Thursday, May 18 1:00-2:00 p.m.	Nuts & Bolts Lunch n Learns - FREE Webinar SOCIAL MEDIA & SCHOOLS by Dr. Carly Swift For the Whole Team
Thursday, June 8 12:45-2:00 p.m.	Lunch at Rubino's - Lunch/Social DISTRICT 2 CONNECTION Ashburn, VA
Wednesday, July 19 1:00-6:00 p.m.	CRITICAL COMPLIANCE LAW CHANGES by Dr. Ty Talcott - In-Person Seminar Virginia Beach, VA
Thursday, July 20 1:00-6:00 p.m.	CRITICAL COMPLIANCE LAW CHANGES by Dr. Ty Talcott - In-Person Seminar Charlottesville, VA
Thursday, July 20 1:00-2:00 p.m.	Nuts & Bolts Lunch n Learns - FREE Webinar MOBILIZATION OF CHIROPRACTIC & ALLIED HEALTH PROFESSIONALS by Dr. Cynthia Chapman For the Whole Team
Saturday, July 22 8:30 a.m 1:30 p.m.	CRITICAL COMPLIANCE LAW CHANGES by Dr. Ty Talcott - In-Person Seminar Sterling, VA
Friday-Sunday, October 13-14	UVCA FALL CONVENTION - In-Person Roanoke, VA Various Topics & Speakers; See Preceding Page!
Ongoing	 Online/On-Demand for DCs & CAs: UVCA CA Certification Program - See Page 2! CA Training from Assistants for Chiropractic Excellence CEUs through ChiroCredit.com & EON! DOT Testing through TeamCME & NYCC New Rad Tech Ltd. Program to be Announced Soon!
Supplier Member Events	UVCA Supporting Supplier Programs Visit the calendar on UVCA's website especially for programs & events from supplier members.

For more details, updates, and/or to register, visit the Calendar of Events on UVCA's new website at www.virginiachiropractic.org!



CRITICAL COMPLIANCE LAW CHANGES by Dr. Ty Talcott - In-Person Seminar

3 Dates & Locations to Choose From!

- 1. Wednesday, July 19, Virginia Beach
- 2. Thursday, July 20, Charlottesville
- 3. Saturday, July 22, Sterling

See Page 31

The Virginia Voice

Spring 2023

The Virginia Voice is the quarterly newsletter of the Virginia Chiropractic Association, dba Unified VCA, PO Box 15, Afton, VA 22920, virginiachiropractic.org.

Editor: Julie K. Connolly, FICC, Executive Director.

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Editorial Policy: Articles published in The Virginia Voice are screened by the Editorial Committee. However, neither the Unified VCA nor its officers or staff investigate, endorse, or approve any statements of fact or opinion, which are solely the responsibility of the authors/sources of information. They are published on the authority of the writer(s) over whose name they appear and are not to be regarded as expressing the views of the VCA. Articles accepted for publication are subject to editing.

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Dues & Taxes

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



Critical Compliance Law Changes: HIPAA, OIG, CURES & No Surprises Act

The inevitable audit can bring astronomical penalties and office closings.

Find out what your vulnerabilities are and how to construct iron-clad protection.

Improved Clinical Documentation & Patient Care Continuity Requirements

- A 5-Hour In-Person Seminar for the Whole Team
- 5 Type 1 CEUs Approved for VA, MD, & Wash., DC

EVERY SINGLE doctor investigated said the same thing: 'I never thought it would happen to me!' Doctors need to stop asking, 'What would I do IF I got audited for a HIPAA violation?' and start asking, 'What will I do WHEN I get investigated'? -- HHS

3 Dates & Locations!

Wednesday, July 19 Virginia Beach, VA 1:00 - 6:00 p.m.

Thursday, July 20 Charlottesville, VA 1:00 - 6:00 p.m.

Saturday, July 22 Sterling, VA 8:30 a.m. – 1:30 p.m.



Instructor Ty Talcott, DC, CHPSE Certified HIPAA Privacy & Security Expert President of HIPAA Compliance Services

To Register or For More Info.

Go to www.virginiachiropractic.org. Scroll down to "Mark Your Calendar." Click on "View All Events."

- If you "think" you're compliant... you're probably NOT!
- Compliance does not happen by accident. If you know the law (and all the annual requirements), then you KNOW if you're compliant.
- "If doctors do not have a risk analysis and are not performing recent ISARs, they will be fined at the maximum amounts." -- Washington, DC HIPAA and Cybersecurity Symposium
- "I didn't know" has been deemed willful neglect with minimum fines of \$59,255 and up to 1.7 million in punitive damanges.
- "You are more likely to suffer a major financial loss from a government compliance fine than a malpractice suit. A bullet-proof HIPAA program is the only real defense against astronomical fines." -- Major Malpractice Insurers

"With all the government regulations I'm supposed to comply with, when am I going to have time with my patients!?"

Dr. Talcott has helped thousands of healthcare professionals focus on what they do best -- treating their patients -by taking the pain and complication out of compliance.



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& HIPAA Compliance Services