

LOGAN SPEAKS

SPRING 2011

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LOGAN

COLLEGE OF CHIROPRACTIC
UNIVERSITY PROGRAMS

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New Master's Degree in Nutrition
and Human Performance

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Logan Satisfies Students' Hunger for Master's Degree in Nutrition and Human Performance

It came as a subtle call to action from Logan College students. As interest in Logan's offered nutrition curriculum grew, so did the student inquiries for adding master-level nutrition classes.

Logan's response: the creation of the fully accredited Master of Science in Nutrition and Human Performance—Logan's second graduate-degree program.

Dr. Elizabeth A. Goodman, dean of university programs, said while nutrition has always been a part of the doctor of chiropractic (DC) degree curriculum at Logan, the time was right to formalize and accelerate the program.

"It is second nature for DCs to counsel on nutrition and lifestyle changes for their patients' benefit," she said. "As the patient population grows savvier, they are seeking out DCs who are more academically in tune with techniques and resources available to enhance their nutrition and performance. Having a master's degree in addition to a doctor of chiropractic degree gives our students the Logan advantage."



Tri-7 Logan student Christine Labadie was just two classes away from completing her sports science and sports rehabilitation master's degree when she heard that the nutrition master's program received accreditation.

After reviewing the nutrition curriculum, Christine decided to apply for Logan's new master's degree program.

"I had planned to incorporate nutrition into my practice, regardless of whether I received my nutrition-focused education at Logan or after graduation," she said. "It makes me happy to know my patients will be better taken care of now that I can graduate from Logan with my DC and master's degrees in hand."

Dr. Goodman said the new master's degree program will provide not only cutting-edge curriculum but also a team of new and existing faculty who bring an array of nutritional backgrounds and evidence-based clinical experience to the classroom. One of those instructors is Dr. Weiwan Chai, who was hired recently as Logan's director of nutritional studies.



Dr. Weiwan Chai

Dr. Chai, who has a PhD in nutrition and participated in a two-year fellowship with the Cancer Research Center of Hawaii at the University of Hawaii in Honolulu, said she is thrilled to be leading the new master's degree program. Dr. Chai said she's been relying on her nutrition expertise to help write the curriculum and select student textbooks.

"I think this program really fits quite well with Logan's agenda, which takes a more holistic approach to preventive medicine," she said. "Additionally, we've tried to make the program distinct from the clinical degree curriculum, gearing coursework toward the general public as opposed to just chiropractic students."

Dr. Chai has spent the last few months visiting classrooms, talking to prospective students about the curriculum and learning what they hope to gain from their master-level studies.

For students like Christine, the master's program will provide the education base needed to offer patients a higher level of care. "Treating patients today requires more than adjusting," she said. "We have to be able to effectively examine patients' nutritional needs throughout their lifecycles, from infancy through geriatric."

One of the master's degree classes will examine how nutrition can have an impact on emergency, terminal, surgical and traumatic care.

"I look forward to the opportunity to care for people in a more full-body sense, whether it's modifying a patient's lifestyle with nutrition or helping a patient through cancer treatments by identifying nutritional needs with their MD," Christine said.

Dr. Goodman said Logan students and their patients will enjoy an advantage thanks to the expanded curriculum offerings of two master-level degrees and the DC program ... and prospective students are taking notice. At a recent Slice of Logan event, Dr. Goodman asked how many students had come to Logan because of its master's degree programs. "Seventy-five percent of the students raised their hands," she said. "That's a great sign of not only the sustained program interest but also the caliber of students Logan continues to attract."

MISSION

LOGAN UNIVERSITY

Logan University is a diverse and engaging community committed to excellence in health sciences, education and service, guided by integrity, commitment and passion.

MISSION

LOGAN COLLEGE OF CHIROPRACTIC

Logan College of Chiropractic prepares students to become doctors of chiropractic who are superbly educated and clinically competent, practicing portal-of-entry chiropractic physicians. This mission is accomplished through our dedicated faculty, recognized for student-centered excellence; comprehensive science-driven, knowledge-based and information-facilitated curriculum; enhanced by community and public service. The institution is committed to the conduct of research and other scholarly activities.

About the Master of Science in Nutrition and Human Performance Degree

Degree Qualifications

- A baccalaureate degree from an accredited university or bachelor's degree at Logan.
- Cumulative GPA of 2.5/4.0 in the baccalaureate degree.
- Successfully pass all parts of Part I of the Chiropractic National Board Exam or take the Graduate Record Exam (GRE) resulting in a composite score of 750 on the general sections (verbal and quantitative).
- Applicant must be in good professional standing.
- Completion of graduate application.



Who can apply?

Students interested in nutritional studies and the application of nutrition to daily living and human performance.

How long will it take?

Expected completion is two and a half years. However, students can take five years to complete it. The degree can be completed concurrently with the doctor of chiropractic degree in 10 trimesters.

When are the MS classes offered?

Students are able to start coursework three times per year (January, May and September).

Do I need a bachelor's degree?

Yes, either through Logan's concurrent B.S. degree programs in human biology or life science or from another undergraduate university. A specific major is not required. Prerequisite coursework includes six credit hours of human anatomy and physiology with a minimum of two credit hours in each course; four credit hours of biochemistry (organic chemistry with at least one lab may be substituted); and three credit hours of general college math.



What classes are involved?

The Master of Science in Nutrition and Human Performance has a total of 38 credit hours for completion. A student enrolled concurrently in the master's program and the doctor of chiropractic program may apply 10 credit hours from the doctoral degree to this master's degree. The additional 28 credit hours needed to complete this Master of Science degree is inclusive of a six-credit-hour thesis.

Nutrition and Human Performance Curriculum

Nutritional Science I - Macronutrients
Nutritional & Physical Performance
Survey of Natural Therapies
Research Methodology
Nutritional Science II - Micronutrients
Assessment of Nutritional Status
Clinical Nutrition in Human Systems
Survey of Sustainable Food Systems
Lifecycle Nutrition
Exercise/Cardiorespiratory Physiology*
Sports Exercise Testing and Prescription Practicum*
Nutritional Assessment of Athletes Practicum*
Clinical Nutrition and Human Performance Practicum*
Clinical Internship
Thesis
Comp Exam
* Denotes elective

“As the patient population grows savvier, they are seeking out DCs who are more academically in tune with techniques and resources available to enhance their nutrition and performance. Having a master's degree in addition to a doctor of chiropractic degree gives our students the Logan advantage.”

— Dr. Elizabeth A. Goodman
Dean of University Programs

How do I apply?

Visit the Logan website (www.logan.edu) or stop by the Logan Admissions Office for a paper application.

Chiropractic Investigations Warrant Health Care Integration

Logan Researchers Present Findings at ACC-RAC, Support Chiropractic's Role in Integrated Health System

When chiropractors apply their healing hands to the human physique, their expertise is supported by another important body: the growing body of chiropractic evidence. Evidence-based DCs must master both manual therapy techniques **and** demonstrate a firm grasp of chiropractic research to promote best practices and advance chiropractic's role in the interprofessional health care system.

While chiropractic care's successful results are embodied in the patients DCs treat every day, positive word-of-mouth exchanges can only expand the profession's reputation to a certain extent. Patient anecdotes remain largely unheard by important gatekeepers, including:

- Policymakers
- Health care leaders from the medical community
- Insurance companies

Evidence is the key for unlocking chiropractic's potential. With the profession's renewed focus on chiropractic research and participation at conferences such as the Association of Chiropractic Colleges-Research Agenda Conference (ACC-RAC), documented proof of chiropractic's efficacy is mounting.

Exhibit A

Logan's researchers spend their days writing grants; designing and conducting studies;

collecting and analyzing data; drafting manuscripts; and submitting their research to scientific journals and conferences like ACC-RAC. Their efforts were recently acknowledged by the ACC-RAC organizers, who accepted a total of 15 research posters, platform presentations and professional workshops from Logan College of Chiropractic. At the conference held in Las Vegas this past March, Logan emerged as one of the leading research-focused chiropractic colleges.

"The quality and quantity of Logan's accepted research at ACC-RAC is noteworthy, as the competition to have research accepted at this conference is intense," said Rodger Tepe, PhD, Logan's dean of research and development.

Dr. Tepe's election as chair of the Research Representatives Council (RRC) and his service on the ACC-RAC planning committee has also enhanced Logan's research presence at ACC-RAC. As RRC chair, a position he has held for the past

two years with a recent re-election to serve another two years, Dr. Tepe develops the council's meeting agenda and moderates the exchange of ideas among the council members.

Using the 2011 conference's theme—"Integration"—Dr. Tepe and his ACC-RAC colleagues discussed how best to leverage research in support of chiropractic acceptance and reimbursement. Dr. Tepe says their focus remains on meeting the needs and interests of practicing chiropractors.

"When we talk about integration, we're often referring to improving the posture of chiropractic in an interprofessional setting," Dr. Tepe said. "We cannot overemphasize the importance of promoting collaboration over competition among chiropractic colleges and their research departments. By sharing our research findings and fostering dialogue among researchers and colleges, we are, essentially, working to unify our voice as a profession and build a body of research to support the safety and efficacy of chiropractic."

Logan's contributions in research continue to shape patient and provider perceptions, as well as insulate the profession from ill-founded criticisms. According to Dr. Tepe, evidence from the chiropractic research community, included in studies and presented at forums like ACC-RAC, will provide policymakers with the



Left to right: HanSuk Jung, Moderator; Lisa Rubin, Life University; Drew Rubin, Life University; Phillip Yalden, McTimoney College of Chiropractic; Chabha Tepe, Logan College of Chiropractic.

information needed to increase access to chiropractic care. Research findings, he says, will also impact third-party decisions about chiropractic reimbursements, as health care payors favor evidence-based practices and penalize “unsubstantiated” forms of treatment.

The Student Factor

While still more evidence is needed to confirm chiropractic’s future place in integrated health care, the profession’s best indicators remain with the future of chiropractic itself: the Logan student.

Consequently, Logan’s Learning Resources (LRC) Center Director Chabha Tepe, MA, MSLIS, and Dr. Rodger Tepe conducted a survey to evaluate the opinions of Logan students about the importance of research. Their efforts resulted in one of Logan’s accepted platform presentations at ACC-RAC, the first formal research presentation ever made by a Logan library faculty member.

“Supporting students’ scholarly interests by providing resources and services to enhance their informational literacy is an important part of the LRC’s educational role,” said Chabha Tepe. “The study and the presentation provided a great opportunity to show what librarians, faculty members and researchers can accomplish collectively. After all, librarians are the gatekeepers of information, and there is so much we can do for the community that we need to educate people about what we have to offer.”

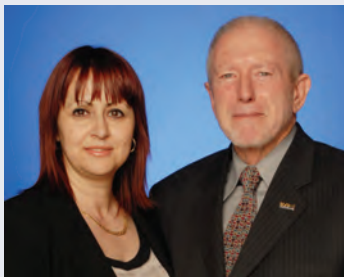
According to Dr. Rodger Tepe, the survey project also offers useful information for a new Logan program to enhance interest in evidence-based education. “Much credit is due to our Logan leadership under President Dr. George A. Goodman and his guidance in bolstering the Logan curriculum, which now provides students with an educational platform for reading, critiquing and understanding research.”

Dr. Tepe says, ultimately, our future DCs and their ability to adopt clinical reasoning skills and provide evidence-based treatments will help cement chiropractic’s place in the integrated health care system.

ABSTRACT

A survey of chiropractic students’ opinions about the importance of research

Chabha Tepe, MA, MSLIS, and Rodger Tepe, PhD



Chabha Tepe, MA, MSLIS
Rodger Tepe, PhD

Objective: The objective of this study was to survey chiropractic students’ opinions about the importance of research to the chiropractic profession in four content domains: chiropractic education, chiropractic practice, cultural authority and political/economic areas. The intended hope is that the survey results may be of value in curricular planning to ensure students receive the necessary education to prepare them to be information-literate and life-long learners.

Methods: Participants were chiropractic students in trimesters 1 through 9 during the summer 2010 trimester. Students received instructions that their participation was voluntary, anonymous and that there would be no penalty for not taking the survey. Participants self-administered a 10-item, paper-and-pencil questionnaire.

Results: A total of 640 participants completed the survey, which represents 88 percent of all students in trimesters 1 through 9. Sixty-two percent were male (mean age 26, SD = 4.4) and 38 percent were female (mean age 25.2, SD = 4.2). Students’ responses that research is important, or very important, to chiropractic varied from 79.2 percent to 93.1 percent.

Conclusion: This study shows that the chiropractic students surveyed place a high value on the importance of research and supports the trend identified in other studies that students’ perceptions of the value of research are increasing over time.

This survey provides a pertinent example of how self-study can inform evidence-based educational decision-making and demonstrates Logan’s ongoing commitment to improving its educational program. The results of this study are currently under consideration by Logan’s administration for curriculum planning. The review is part of Logan’s ongoing efforts to cultivate students’ informational literacy and stimulate their interest in becoming life-long learners.

Correction:

In the March issue of *The Tower*, Dr. Gary Guebert’s platform presentation, detailed below, was inadvertently omitted from the Logan listing of ACC-RAC-accepted research works.

Evaluation of Three Different Methods of Distance Learning for Postgraduate Radiology Education: A Pilot Study

Jean-Nicolas Poirier, Jeffrey Cooley, Michelle Wessely, Gary Guebert, Kristina Petrocco-Napuli

A Balanced Health Care Approach for the Senior Population

Dr. Dennis Enix Leads Logan's Research Advances in Year Two of HRSA Grant Funding

Every 18 seconds, an older adult is treated for a fall in an emergency department. Every 35 minutes, a senior citizen dies as a result of the injuries sustained from a fall.

Perhaps most shocking about these statistics is that they are not mere figures. They are men and women who deserve a better fate and quality of life. The personification of these tragic fall reports motivates Dennis Enix, DC, MBA, assistant professor in Logan's Research Division, to work for improved balance among this fragile patient population and our integrated health care system.

In 2009, Dr. Enix made a critical move. He initiated his first grant-writing endeavor to study the effects of chiropractic care on low back pain (LBP) and balance in the geriatric population. His goal: to better define effective treatment protocols and create new patient options that include chiropractic in the standard of care.

The efforts were rewarded with a \$1.2 million grant from the U.S. Health Resources and Services Administration (HRSA), the largest federal grant Logan has ever received, to fund three years of study. At the time of the grant award, Dr. Enix and his research co-investigators—Joseph Flaherty, MD, and Theodore Malmstrom, PhD, with Saint Louis University (SLU) School of Medicine—had little time to celebrate.

With the funding in hand, mounds of paperwork and countless hours of preparation awaited the team before they could ever evaluate a single patient. The

team also had to address the challenge of conducting the same research project at two different health care institutions. While both of the sites shared in their lack of exposure to chiropractic care, they are each governed by unique procedures and research cultures. For instance, each member of the research team, which today totals six health care professionals, was required to complete seven training classes to earn credentialing as research providers within the St. Louis Veterans Affairs (VA) Medical Center. Additionally, the team had to obtain Institutional Review Board (IRB) approval.

Fast-forward 16 months and the HRSA grant is no longer a certificate and funding source, it's a change agent.

Saint Louis University School of Medicine Research Co-investigators

Dr. Flaherty, *assistant professor of medicine in the Department of Internal Medicine and the Division of Gerontology & Geriatric Medicine*

Dr. Malmstrom, *assistant professor and statistician in the Department of Neurology & Psychiatry*

oriented health care facilities, you'll now discover chiropractic integral to the care of senior citizens.



Joseph Flaherty, MD, and Dennis Enix, DC, MBA

In addition to Drs. Enix, Flaherty and Malmstrom, the HRSA-grant research team has expanded to include two Logan DC graduates, Drs. Alex Gafford and Matt Frenzel; SLU graduate Kasey Sudkamp, PT, DPT; and research nurse coordinator Patti Flynn, RN. Collectively, this diverse team of health care providers works together in the double-blinded, randomized, controlled study led by Dr. Enix.

"Balance problems are multifactorial in nature," said Dr. Enix. "Low back pain is the most frequently reported musculoskeletal condition among the elderly population and represents the leading comorbid factor directly linked to the incidence of falls. There are many studies that demonstrate the merit of a team approach to patient care. Co-managing patients, especially the senior population, with a health-care mix of chiropractic, medical and physical or occupational therapies has shown the best treatment progression."

Even with a highly skilled and trained research consortium, the volume of geriatric patients involved in the study carries a heavy dose of case complexity for the care providers.

"Because we are recruiting primarily from the geriatric clinicians based at the VA and SLU hospitals, the patients we are treating represent a frail population," Dr. Enix said. "We are not caring for patients who are suffering from simple low back pain. These men and women present

with multiple comorbidities and risk factors for falls and are usually on a heavy pharmacological load. Many of them have a history of falls and a fear of falling, which is a predictor for future accidents.”

Time for Testing

With the aid of Patti Flynn, RN, who serves as the clinical trial coordinator, the volunteer patients are thoroughly screened and randomly assigned to one of two care groups to receive either chiropractic care or physical therapy. Each group of patients undergoes care three times per week for six weeks. The patients are tested prior to the care they receive at either the SLU or VA treatment site, after their treatment programs and again six weeks after treatment completion. The study’s patients also have the opportunity to receive care from the non-selected treatment group following the research portion of the program. Researchers will not factor this second round of care into the study findings but will track these patients’ satisfaction of care.

Patients in the physical therapy group receive exercise, rehabilitation and balance training. In the chiropractic group, doctors provide adjusting, manual therapies, mobilization, stretching and flexion-distraction. Both groups’ care providers are blinded to the testing and reported results to safeguard the validity of the findings, which Dr. Enix hypothesizes will show standard manual therapy reduces low back pain among older adults and improves balance more than standard physical therapy.

It will be next year before the researchers and statistician will have collected and evaluated the data; and the following year before Dr. Enix will know the accuracy of his hypothesis. Even though Dr. Enix, the study’s principal investigator, is not allowed to see any of the data or clinical findings at this time, he can confirm that patients have expressed they “love the care” they are receiving.

Despite his confidence in the effectiveness of chiropractic care, he admits there have been surprises along this research journey.

“During our patient screening process, the question was raised regarding the safety of chiropractic care in treating patients with disc herniations,” Dr. Enix recalled.

“Because we are working with doctors, many of whom are not familiar with the chiropractor’s role in successfully and safely managing disc herniations, I saw it as an opportunity to inform my medical colleagues rather than an obstacle to patient care. I reviewed the literature supporting chiropractic care for disc herniations and shared the information regarding chiropractic’s role as spine care specialists with the medical physicians.”

Upon reviewing Dr. Enix’s response, patients with disc herniations were admitted to the program.

One day, perhaps chiropractors faced with a similar question about the role and safety of chiropractic care may share the findings from this HRSA study with their health care counterparts. In the meantime, Dr. Enix and his team are sharing their research milestones with health care leaders at conferences, such as the joint National Institutes of Health-Yale University symposium held in Bethesda, Md., and in international journal publications. For example, a recent article titled “Balance Problems in the Geriatric Patient,” which emanated from the multidisciplinary collaboration between Drs. Enix, Flaherty and Sudkamp, was published in *Topics in Integrative Health Care* (available online at www.tihcij.com).

Spanning the Global Research Base

While the HRSA-funded study demands much of Dr. Enix’s time, he continues to advance areas of Logan research beyond the geriatric back pain and balance study.

Recently, his research endeavors on behalf of Logan College have led him thousands of miles from home to Rio de Janeiro, Brazil, for the 11th Annual World Congress of Chiropractic. There, Dr. Enix presented initial findings from a finite element modeling study. The seminal research represents the work of Dr. Enix;

Dr. Douglas E. Smith, an associate professor in the Mechanical and Aerospace Engineering Department at the University of Missouri; and Logan graduate Dr. Frank Scali, anatomical dissector at St. George’s University School of Medicine.

The team examined 10 cadavers, creating polymer molds of the articular surface of the sacrum. Next, the researchers created a digital model with a laser scanner. From the scans, the team used an advanced computer program called finite element modeling to create a 3D model.

“We used finite element modeling because material properties can be added to a model to predict stresses and material failures in a physical structure,” said Dr. Enix. “Our model of the sacrum includes the actual properties of bone and cartilage, so it behaves like a real sacrum.”

At the Congress, Dr. Enix shared information on surface topographies from five of the scanned sacrum and changes in sacroiliac (SI) joint stresses at different pelvic angles. Findings from the ongoing study will be submitted to *Spine*, which Dr. Enix hopes will show another mechanism behind SI joint pain and rationale for care. If the study and findings progress as Dr. Enix expects, the team could add a significant piece of research to the current literature, one that supports manual therapy for SI joint pain and treatment.

“The research potential for this finite element model study and investigation of the SI joint is exceptionally promising,” said Dr. Enix. “I’m particularly intrigued in the SI joint because of its mechanical complexities, in part because of my background in mechanical engineering.”

The demands of his research and case load would prove daunting to many, but Dr. Enix counts himself fortunate. “I have the best job in the world,” he said. “I do what I love and, at the same time, feel like I am contributing to our profession’s body of knowledge.”

The Write Stuff, Part II

Sharing News With Your Intended Audience



by Jennifer Reynolds-Reed, Director of Health Centers Marketing

In the February issue of *Logan Speaks*, we offered tips for writing an effective news release. Still, a well-written news release offers little

benefit if it fails to reach your target audience. Now, it's time to hone your pitching skills with reporters.

Long gone are the days of sending news releases through the post office. Today, reporters prefer to be pitched by email over snail mail, fax and cold calling. Email is less intrusive and allows reporters to review your news at their leisure. It also gives you the opportunity to carefully craft your words and provide more information—still, keep it brief—than phone calls allow.

Do Your Homework

There's nothing more insulting to reporters than failing to understand what they cover. Take the time to visit the website of your local newspaper to determine the appropriate contact for your news release. Conduct an Internet search to familiarize yourself with the reporter's recent articles or topics of interest.

Many small publications employ just one editor or reporter who handles news tips and releases. However, mid-sized to large newspapers often divide sections of the newspaper into beats. Determine the appropriate contact before initiating correspondence with a reporter or editor.

For example, if your news release reports information about your new practice or a practice expansion, contact the business reporter. If your release offers tips for relieving stress, reach out to the health reporter. If your release touts an event, touch base with the entertainment or community events reporter and look for ways to upload your event information or

release on the outlet's website or community calendar posting. If you're not sure who to reach, give the publication a call to determine the best point of contact.

Once you've identified whom to email, it's important to address your contact by name to personalize the correspondence. Follow your introduction with a few sentences or "pitch" that gets right to the point. The same rules apply with crafting your pitch as with your news release: it's about the reader. Use your pitch to offer the reporter a synopsis of the information provided in your news release, providing the 5 Ws (who, what, where, when and why) and why he or she might consider this information relevant for the outlet's readers. Note that more information is included in your attached news release. (You may also want to copy and paste the content of the news release in the body of the email.) Do not attach photos or large files unless requested and approved by the reporter. End your pitch with your name, title, contact information and website, if applicable.

Follow-up Etiquette

If you don't elicit any response after a few days, you may want to follow up. Be sensitive to the fact that reporters receive dozens of pitches and news releases a week, so don't assume they received or remember your news release.

Before you call, make sure you are not phoning the reporter on deadline and have your pitch whittled down to about 10 seconds. Avoid calling a reporter just to confirm he or she received your release. Rather, be prepared to offer something of merit, such as access to a patient (with expressed, advanced consent and in compliance with HIPAA), print-quality photos, industry data or recently published research that supports your release content.

Also consider additional story angles that might be of interest to the reporter and appeal to the news outlet's broad audience.

For example, "My name is Bob Jones and I'm calling from Jones Chiropractic Center in downtown River Grove. I emailed a release to your attention last week and am calling to gauge your interest in covering our upcoming expansion. If interested, I can provide you with high-resolution architectural renderings of our plans and can connect you with our local chamber of commerce director who can talk about recent business expansions and impact on the local economy."

Should the reporter decline to cover your news, be polite and don't press the reporter. Consider these responses: "Thank you for your time and consideration. If I can ever serve as a resource on chiropractic care or health and wellness matters, please don't hesitate to contact me" or "I don't want to waste your time or fill your inbox with irrelevant content, so may I ask if there are any certain trends or topics you are currently following so I can better meet your reporting needs in the future?"

Keep it short, simple and avoid self-serving promotion. Articles are not advertisements. The onus is on you to demonstrate you can provide readers with news they can use.

Additional Tips

- Avoid mass emailing your pitches. Tailor emails to each individual reporter.
- Confirm spelling of the reporter's name before clicking send.
- Avoid pitching a topic that a reporter just wrote about. Try to think about alternative story angles or how your news may be part of a broader story.
- It never hurts to contact a reporter without the intention of pitching yourself or your practice. Consider drafting a complementary email to the reporter on a recent story you enjoyed. This shows the reporter that you are following his or her stories and will help keep your name top of mind for future articles.

Did You Know?

In an effort to keep you informed about recent news and industry changes that may affect the profession and your practice, we've collected the following news briefs from various trade publications and news articles. We hope you find this synopsis beneficial.

Excerpts

Dynamic Chiropractic

Spine Surgeries Not "Backed" by Understanding of Pain Origin

According to spine researcher Chien-Jen Hsu, MD, and a report published in the *Journal of Neurosurgery: Spine*, "By far the number one reason back surgeries are not effective, and why some patients experience continued pain after surgery, is because the disc lesion that was operated on is not, in fact, the cause of the patient's pain."



Spine Study Supports Maintenance Care

A new study published in *Spine* addresses the question, "Does Maintained Spinal Manipulation Therapy for Chronic Non-Specific Low Back Pain Result in Better Long-Term Outcome?" The study suggests patients with low back pain of at least six months duration experience greater improvement following one month (12 treatments) of spinal manipulative therapy followed by "maintenance spinal manipulation" every two weeks for nine months. After 10 months, only the group receiving maintenance care reported significant improvement, whereas the group that did not receive maintenance care experienced pain and disability scores "near to their pretreatment level."

Consensus Terminology Helps Substantiate Chiropractic Care

The American Chiropractic Association's (ACA) Insurance and Managed Care committee partnered with the Council on Chiropractic Guidelines and Practice Parameters (CCGPP) to develop the paper "Consensus Terminology for Stages of Care: Acute, Chronic, Recurrent and Wellness." The report, published in the July/August issue of the *Journal of Manipulative and Physiological Therapeutics*, reflects the CCGPP's collection of evidence across the spectrum of chiropractic care over the past five years to "better position the chiropractic profession within the health care arena." According to the article, these published definitions will provide chiropractors with scientific evidence to substantiate appropriate chiropractic care for patients and warrants documentation with patient encounters.

Chiropractic Economics Incentives/Penalties for EHR System Implementation

Under the American Recovery and Reinvestment Act of 2009, scheduled for implementation this year, physicians, including DCs, are eligible for incentive payments totaling more than \$40,000 for meeting electronic health records (EHRs) standards developed by the U.S. Department of Health and Human Services. Health care providers who have not implemented EHR technology by 2014 will face Medicare fee schedule reductions.

CMS Releases New Provider Enrollment Policies

The Centers for Medicare and Medicaid Services (CMS) recently released its changes to Medicare's enrollment and revalidation policies. CMS will apply the changes, designed to reduce fraud and abuse, to newly enrolling providers and providers who revalidate their enrollment information beginning on March 25, 2011.

Additionally, CMS has assigned levels of risk to different provider and suppliers, which will dictate enrollment policies. Doctors of chiropractic are considered a "limited risk" to the Medicare system, which is the lowest risk level.

ACA Legislative News

ACA Joins Class-Action Suit Against UnitedHealthcare

The American Chiropractic Association's (ACA) Board of Governors has voted to join an existing class-action lawsuit against UnitedHealthcare (United) initiated by the Ohio State Chiropractic Association, the Congress of Chiropractic State Associations and others. ACA's involvement will expand the litigation to include reported problems with United's claims review, tiering and payment policies.

Legislation to Improve Chiropractic Access

The ACA is urging all members of Congress to support H.R. 531, the "Access to Frontline Health Care Act 2011," introduced by Bruce Braley (D-Ia.) The Access Act will help place health care providers in underserved areas through a student loan repayment program.

The Missouri Chiropractor

The Missouri State Chiropractors Association will host its summer convention at the Lodge of the Four Seasons at Lake Ozark July 28-30. The agenda includes 24 hours of required continuing education, 12 hours of acupuncture, two hours of general continuing education and the association's general membership meeting. To register, call 573-636-2553.

Doctor ^{TO} Doctor



Logan College and the Logan Alumni Association have partnered to sponsor Doctor to Doctor, a practice tips section featuring effective practice management methods from

successful DCs. Doctor to Doctor is spearheaded by Dr. Ralph Barrale, vice president of chiropractic affairs and dean of postgraduate education. If you would like to submit a practice tip to Doctor to Doctor, please contact Dr. Barrale at 800-782-3344, or e-mail your tip to tower@logan.edu.

This installment of Doctor-to-Doctor features information from Dr. Terry Shaw, a September 1969 Logan graduate who now practices as a risk management and wellness consultant at the Shaw Clinic in Quincy, Ill. Dr. Shaw is Board Certified in rehabilitation and is a licensed acupuncturist.

Dr. Shaw shares this article with Logan College of Chiropractic/University Programs for publication in Logan Speaks. Logan claims no copyright interests in Dr. Shaw's work.

Bullet Proof Your Practice from Insurance Audits

Part two of Dr. Terry Shaw's series, continued from the February issue of Logan Speaks

The Treatment Plan

"Your treatment plan must include the diagnosis, level of subluxation (for Medicare), and all diagnostic testing performed in arriving at the diagnosis. The plan must also include the treatments to be provided for each diagnosis. All items must be consistent with each other, meaning that if you have a diagnosis of cervical degenerative disc disease and cervical radiculopathy, the diagnostic testing, adjustment, therapy/rehab and your billing must all match with that diagnosis. With the above diagnosis X-rays, adjusting and/or therapy and billing for procedures to the lumbar spine would be denied since there was no diagnosis for those services. All treatments, testing and billing must match the diagnosis and be appropriate for that diagnosis."

Outcome assessment forms like Oswestry or Neck Disability Index are very important. If you use therapy modalities, active rehabilitation care and acupuncture with your chiropractic manipulative therapy (CMT), you need to record that information on the treatment plan as well. If providing modalities, create a therapy sheet that will show the area treated, corresponding to the history and diagnosis, time, and settings for each. Each time you use the modality, you or your staff therapist needs to date and initial the therapy sheet. For Medicare, and most insurance, you should list the type of CMT and location that is reflected in your history and diagnosis. For example, a cervical diagnosis with cervical, thoracic and lumbar treated and billed would result in an audit. MATCH EVERYTHING UP: the history, exam, diagnostic testing, diagnosis, treatment plan and treatments.



Dr. Terry Shaw

The treatment plan should specify goals for each condition/diagnosis. Draft a new treatment plan monthly or when there is any change in the frequency, condition or procedures. The new plan must have new goals with notes regarding whether the set goals were achieved and, if not, what percent of the goal was achieved. (Unfortunately, goals are somewhat general because we really never know how a patient is going to cooperate or respond.) Note why a patient did not improve, e.g., exacerbation by falling, poor compliance, very chronic or simply a slower response. Invest the time to make a general form for treatment plans and therapy sheets, and fill in the blanks for improved efficiency and adherence.

Following Established Guidelines

Do not continue to treat a patient for more than what is considered standard in the profession. The Mercy Guidelines are still very useful and are quite generous, if you document. If a patient is not responding, document this. Try additional exams or diagnostics and use another approach in care. Extended durations of active care with multiple sites adjusted during each visit will subject you to insurance audits and, perhaps, even questions about your license to practice.

The best free manual/seminar on how to protect yourself and your practice from an audit comes from our federal government. The manual is called "Medicare Guides to Physical Medicine and Rehabilitation" and can be found on the Internet. Remember that Medicare is the law of the land for all insurance carriers. Unfortunately, there are several hundred pages of information that you will need to sift through to find relevant instructions for chiropractic. If you follow these guidelines and receive an adverse review from an insurance carrier, you will stand in a better position to support your actions and rationale by referring to the specific Medicare reference and page number.

To review Dr. Shaw's forms, including his generic treatment plans, exam and therapy forms and fee slip, email him at twshawdc@hotmail.com and specify the forms you'd like to receive.

June 4-5
Internal Health Specialist #3
Instructor: Howard F. Loomis, Jr., DC, FIACA

Documentation, Coding and Compliance
Instructor: Mario P. Fucinari, DC, CCSP®, MCS-P

June 11-12
Basic Acupuncture #4
Instructor: Dennis Baker: DC, FIAMA, FASA

Certified Chiropractic Posture Therapy Specialist #1
Instructor: Steven P. Weiniger, DC

June 18 (Saturday Only)
Advanced Acupuncture Men's Health
Instructor: A. Rand Olson, DC, Dipl.Ac.

June 18-19
Whiplash Certification Program #2
Review of Injuries Following MVA
Instructor: William Huber, DC, DACAN, DCBCN, MS

July 9-10
Internal Health Specialist #4
Instructor: Howard F. Loomis, Jr., DC, FIACA

Low Back Pain: Diagnosis and Treatment
Instructors: Michael Wittmer, DC, Anthony Miller, DC, and Michael Jula, DC

July 16-17
Advanced Acupuncture: Microsystems Acupuncture
Instructor: Gary Ditson, DC, L.Ac.

Certified Chiropractic Posture Therapy Specialist #2
Instructor: Steven P. Weiniger, DC

July 23-24
Whiplash Certification Program #3
History and Examination Procedures
Instructor: Glenn Bub, DC, DCBCN

Clinical Nutrition for Chiropractic Practice: The Chiropractic Nutrition Specialist #1
Instructor: David Seaman, DC, DABCN

July 30 (Saturday Only)
Acupuncture Review
Instructor: Dennis Baker, DC, FIAMA, FASA

July 30-31
On-the-Job C.A.R.E.
Instructor: K. Jeffrey Miller, DC, DABCO, CSCS, CCSP®

August 6-7
Internal Health Specialist #5
Instructor: Howard F. Loomis, Jr., DC, FIACA

Advanced Acupuncture Tongue and Pulse Diagnosis
Instructor: Zev Myerowitz, DC, Dipl.Ac. (NCCAOM), L.Ac. DABCA, FICC

August 13-14
Clinical Nutrition for Chiropractic Practice: The Chiropractic Nutrition Specialist #2
Instructor: David Seaman, DC, DABCN

August 20-21
Certified Chiropractic Posture Therapy Specialist #3
Instructor: Steven P. Weiniger, DC

Whiplash Certification Program #4
Advanced Diagnostics for Cervical Spine Injury
Instructor: D. Robert Kuhn, DC, DACBR, ART®

August 27-28
Introduction to Rehabilitative Ultrasound Imaging for the Practicing Chiropractor
Instructors: Daniel Haun, DC, DACBR and Manuel Duarte, DC, DABCO, DACBSP®, CSCS

September 10-11
Internal Health Specialist #6
Instructor: Howard F. Loomis, Jr., DC, FIACA

Certified Laser Practitioner #1 (Online)
Instructor: Nelson Marquina, DC, PhD

Scoliosis: Reversing the Disease the Chiropractic Way
Instructor: Gary Smouse, DC

September 23-25
Performance Academy
Multiple Instructors

September 24
Chiropractic Assistant Program #1
Instructor: Courtney Lehmen, DC

September 24-25
Whiplash Certification Program #5
IME and Peer Review
Instructor: Mario Fucinari, DC, CCSP®, MCS-P

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LOGAN SPEAKS

Spring 2011

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Thomas F. Keller
Associate Vice President, Public Relations
Logan Speaks Editor

LOGAN SPEAKS

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Save the Date **The Performance Academy** September 23-25 | Logan College of Chiropractic

Neurosurgeon Dr. Scott Gibbs of the Brain & NeuroSpine Clinic of Missouri, LLC and Dr. Laney Nelson, director of Logan's Sports & Rehabilitation Center, invite you to participate in The Performance Academy. The academy offers a three-day forum where medical and chiropractic doctors and physical therapists will gather to:

- **Discuss protocols for conservative and surgical spinal stabilization**
- **Exchange ideas and information**
- **Enhance patient results**

The forum is open to students, practicing physicians, faculty and staff interested in learning how to strengthen patient and practice performance through an improved understanding of the surgical decision-making process and the role of chiropractic stabilization and strengthening for effective spinal care.

Each participant will leave with integrated care best practices to help patients achieve their optimal personal performance. Additionally, doctors will receive step-by-step instruction for developing collaborative partnerships and hospital-based spine care programs in their communities.

Registration

- \$275** Participant
- \$250** Exhibitor
- \$200** Non-Logan chiropractic faculty/senior rate (over 60)
- \$50** Medical/osteopathic, non-chiropractic students
- Free** Southeast Missouri State University and Hospital staff
Logan students and faculty

Scheduled Speakers

- | | |
|---------------------------------|--------------------------------------|
| Laney Nelson, DC, DACBSP | Kathy Vickery, MS, RN |
| Scott Gibbs, MD | Laurie Hill, MS, RN |
| Danielle Spath, MS, DC, CCSP | Laura McLaughlin,
General Counsel |
| Norman Kettner, DC, DACBR, FICC | Daniel Haun, DC, DACBR |
| Brian McGaughran, DC | |
| Kyle Colle, MD | |

Conference Topics

- Nursing Demands for Spine Surgical Care
- Differential Diagnosis for Post-Op Pain in the Lumbar Spine
- Rehabilitative Ultrasound Imaging: Applications in the Lumbar Spine
- Disc/Low Back Surgical Workshop
- Stable and Unstable—Pain vs. Weakness
- Discussing the 10 Determinates for Successful Spine Case Management
- Pre-Surgical Chiropractic Management
- Symmetrical Pre/Post Surgical Gait Patterns and Affect for Lumbar Stability
- Surgical Options for Cervical Spine
- Post-Surgical Chiropractic Assessment and Rehabilitation Management
- Failed Back Syndrome—Second and Third Spinal Procedures
- Advances in Spinal Pain and Function Management
- Hospital Education for Chiropractic Rotations
- Hospital Affiliation Agreements and Liability Concerns

Registration forms are available on the Logan College of Chiropractic website at www.logan.edu. To register, mail, email or fax completed forms to: Logan College of Chiropractic, Attn: Postgraduate Department, 1851 Schoettler Road, PO Box 1065, Chesterfield, MO 63006-1065.
Email: postgrad@logan.edu | *Fax:* 636-207-2400
For more information, call: 1-800-842-3234