Looking Past the Elections: ICA Focuses on the New Congress and the Prospects for Chiropractic in 2017

By Beth Clay
Chief ICA Congressional Lobbyist

The November elections will certainly provide for a new playing field. It is already clear that in 2017, as has been the case for decades, the chiropractic profession must look to the Congress to facilitate change and, not simply leave it to any new Administration to chart a friendlier policy course to expand inclusion of chiropractic services across the entire federal landscape of programs; and to advance our goals to end discriminatory practices and policies that have hindered this full and fair inclusion for far too long.

ICA began setting the stage for a higher and more positive profile for chiropractic early in this campaign cycle when over a thousand personalized letters were sent to US Senate and Congressional candidates from ICA Assembly Representatives asking for their positions on key chiropractic issues. Those responses continue to be tabulated and thank you letters have been sent to incumbents and challengers who have responded, as have thank you letters for all sitting Members of Congress who have sponsored or co-sponsored any pro-chiropractic bill.

There have been challenges this year as well, including a new report from the US Department of Health and Human Services Office of the Inspector General that claimed most payments for chiropractic services should have been unallowable. ICA

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New Gallup-Palmer College Survey:
Three in four patients describe chiropractic care as ‘very effective’

A Gallup-Palmer College of Chiropractic study released recently about Americans’ perceptions of chiropractic found that nearly two-thirds of U.S. adults (65 percent) report having had neck or back pain significant enough that they saw a health-care professional at some point in their lives, demonstrating a significant need for back-pain treatment in the U.S. The “Gallup-Palmer College of Chiropractic Annual Report: Americans’ Perceptions of Chiropractic” comes from the second annual Gallup-Palmer survey of American attitudes about chiropractic care.

This year’s study also found that among the myriad of treatment options available for back and neck pain, perceptions among U.S. adults vary regarding the effectiveness and risks associated with each. U.S. adults are more likely to describe chiropractic care as “very safe” and “very effective” than to say this about pain medications or back surgery. “Many Americans reported dealing with significant neck or back pain,” said Cynthia English, Gallup research consultant in charge of the study. “Among U.S. adults who sought professional care for neck or back pain, seven in 10 (71 percent) tell us they have been to a doctor of chiropractic.”

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Annual Conference on Chiropractics & Pediatrics

LAST CALL

December 9-11, 2016
Ritz Carlton Kapalua, Maui, Hawaii
Click here to register/make reservations
6 Recommendations for D.C.s

In my 35-year career, I’ve seen a lot, including what factors really make a difference in a malpractice lawsuit. Among my recommendations …

Michele Quattlebaum, J.D.

You Need Support

The filing of a lawsuit is disturbing to any doctor. They are distracted by the allegations and worried about the outcome. They worry how the alleged damages will affect their assets and whether their insurance coverage will be sufficient to protect their practice or their children’s college funds. They start to be suspicious of all patients and worried about other lawsuits. If this happens to you, you need a solid foundation of support.

You need the support of insurance professionals who care about your reputation and practice, as well as the profession in general. You need attorneys who understand chiropractic and know how to navigate the allegations specific to chiropractic practice.

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Learn about Michele’s other recommendations by going to www.ncmic.com/Recommends
Or, find out more about NCMIC by calling 800-769-2000, ext. 3118.
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ICA Launches Special Patient Education Outreach Program with VAXXED Video Resource

Serve Our Veterans: Join Patriot Project

The Real Facts About CAD and Stroke

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ICA Spreading The Word

In the 1920’s Dr. BJ Palmer, the founder of the ICA, traveled extensively around the world taking the message of chiropractic across the globe.

Ninety years later the ICA continues this tradition by spreading the word of chiropractic and supporting chiropractic initiatives outside the United States.

In Haiti, the ICA supports the mission work and orphanage of Life Mission International established by Dr. Peter Morgan and Dr. Steve Simonetti. These ICA leaders have given selflessly for years to bring chiropractic to a part of the world that many have forgotten. Hundreds of chiropractors and students have come back from these mission trips of service with a renewed sense of purpose.

ICA, in cooperation with Life Chiropractic College West and the Indian Association of Chiropractic Doctors (IACD) participates twice a year in the Sant Nirankari Mission retreat in India where nearly 1.5 million people gather to hear the message of chiropractic. More than 30,000 people have had their spines checked and adjusted during this multi-day event that takes place every January and November.

ICA leaders, under the guidance of Dr. Joel Hund recently organized a similar mission trip to impoverished areas in Lima, Peru.

There is no doubt that chiropractic is expanding globally. Chiropractic schools are opening up in unprecedented numbers in countries around the world and chiropractic is being embraced in parts of the world where Big Pharma has yet to have a stranglehold in the minds of the people.

The ICA’s dynamic Pediatrics Council has also traveled the world with its exceptional educational program so more DCs can confidently care for children and pregnant women with better patient outcomes. Pediatric Council leaders are also involved in humanitarian projects in countries like Fiji, Africa, Samoa and S. America, making inroads, quietly but effectively that could have far reaching consequences in the health care of that nation’s population, especially children.

In this issue the Chiropractic Choice features Pediatric Council members and instructors, Dr Ramneek and Stephanie Bhogal from Iowa and their humanitarian efforts for the past few years to spread the message of hope and health through chiropractic in the underserved region of Fiji.

Establishing chiropractic as a profession can sometimes be a political football and ICA is aware that some countries are struggling with regulatory challenges. But if an opportunity presents itself to promote, establish or help chiropractic or chiropractors in any country, the ICA stands ready to assist in any way it can.

This year ICA celebrates 90 years of service to the profession. We are proud that members who comprise our organization represent 52 countries around the world. We want and need to promote global utilization of chiropractic.

I invite all DCs and students to become involved as we push forward to promote chiropractic awareness worldwide. If you are not a member I invite you to join. The more there are of us the more effective we can be.

The ICA Mission

To promote and protect the chiropractic profession throughout the world as a distinct, drugless healthcare profession based upon its unique philosophy, science and art.
The other challenge is the recent high profile California fatal injury claim, one that has been very effectively dealt with by ICA’s exclusive professional liability partner, ChiroSecure. If you have not already, I highly recommend that you view their responses which are available on the ChiroSecure website.

While the exact complexion of the new Congress remains to be seen, at this moment, it is likely that most existing legislators will remain. We will continue building upon the efforts already undertaken to connect with and educate lawmakers and their key staff. The 2016 efforts will have been time well spent.

Over the past 12 months, ICA’s focus has been on the Ways and Means Committee of the US House and the Senate Finance Committee, bodies with primary jurisdiction over Medicare. Countless meetings have been held with those Members and their staff and ICA’s positions on key issues, including adding an “opt-out” provision to the current Medicare law and maintaining the current subluxation language made clear.

What the realistic prospects are for expanding coverage for any additional chiropractic services remains to be seen but it is certain, because of very stringent budget concerns, that any additional service coverage will need to be hard fought. It will need to be demonstrated that opening up wider coverage for chiropractic services, such
as exams and x-rays will, in the bigger picture, ultimately save the program money since this added coverage will allow the DC to more fully meet patient needs and they will not be driven onto much more expensive and less effective medical care.

Key Members of Congress themselves are also looking forward to the next session and just recently, Senators Hatch, Wyden, Issakson and Warner have posted a discussion draft of a Medicare reform bill focused on improving management of chronic conditions – heart disease, diabetes, and Alzheimer’s, which they state consume 93% of the spending in Medicare. My initial read of both the discussion draft and the staff prepared outline finds no mention of chiropractic, alternative or integrative care pathways in the actual text of the bill draft. There is only a reference in the staff analysis of acupuncture and ‘other alternatives’ if patients opt in the Medicare Advantage program. There are already lots of complaints that there are unintended negative consequences if this became law as written. I would agree. I anticipate a federalism objection by the states because the bill would insert more federal control of Medicaid, which is partly funded and primarily managed by states. There is clearly much room for improvement in the overall bill.

From the chiropractic and integrative health perspective, as I was reading the bill, my thought was the failure of those involved to be inclusive. I believe there is an opportunity for ICA to actively engage on this and provide constructive language to broaden inclusion. Meeting requests are in process to discuss this bill and ICA’s perspectives with staff and lay the groundwork for our input to be included. As this goes forward, this will require ICA member participation down the road.

I believe the draft bill posted now sets the stage for 2017 Medicare Reform. Obviously if there is a change in Senate control in the election, this could change the timeline and structure of any bill. At the end of a Congressional session, there is always a desire to show accomplishments, and this discussion draft can now be included in the end of session accomplishments list.

ICA will be carefully monitoring the progress of this draft bill and engaging with the key lawmakers involved. It is certain this draft will be modified significantly before formal introduction. Rest assured that the ICA will be on the scene representing chiropractic’s best interests on this and all other new legislation that may surface in the new session.
Reaching Out to Make a Difference
The Bhogals and Peak Potential Outreach

Humanitarian work requires a certain kind of individual. The ICA gives a shout out to all doctors of chiropractic and students who have and are going on missions to other countries to provide services to those in need and helping to spread the message of hope, love and chiropractic.

For this issue *The Chiropractic Choice* interviewed a husband and wife team who are ICA and ICA Pediatric Council members and have made reaching out beyond their practice an integral part of their lives. We wanted to find out how they started and why they are so passionate about helping those who are less fortunate than they are.

Ramneek and Stephanie (O’Neill) Bhogal live in Davenport, Iowa. They established Peak Potential Outreach, a non-profit foundation in 2010 to provide healthcare to impoverished and underserved populations. Both had served as volunteers on trips organized by non-chiropractic groups since 2002, and though they enjoyed serving they felt they had more to give as chiropractors with specific clinical and organizational skills and expertise.
Since 2011 Peak Potential Outreach (PPO) has coordinated more than 20 multidisciplinary teams to Jamaica, Morocco, India, Haiti and Fiji. Most of their service is now concentrated in Fiji. Going back to Fiji at least twice a year has allowed Drs. Ramneck and Stephanie to track the impact of their care and build relationships with the community, local authorities and medical community. This, they believe helps the patients, health care and the future of chiropractic in that country. The Foundation does not only organize teams and trips, it takes supplies that are in short supply, especially for babies and children at an orphanage that is very close to their hearts. PPO also provides funding for patients it refers to Shriner’s Children’s Hospital in Hawaii and other facilities for complex problems or critical care.

Interview on following pages
ICA: Why did you decide to start the Peak Potential Outreach Foundation?

Dr. Ramneek: Stephanie and I had served on multiple health service trips since 2002 through various other organizations and found a deep sense of fulfillment in helping others in need, especially children. Between the two of us we have totaled over 35 trips. Not all of the trips we served on were chiropractic and those organizations that were new to chiropractic volunteers had a challenging time integrating our skill set into their procedures and clinical flow. As such, we felt we could create a multi-disciplinary team that could be inclusive and comprehensive in how we dealt with the health of patients... and still remain focused on chiropractic care. Out of these experiences Peak Potential Outreach was established in 2010 and our first trip to Fiji took place in February 2011.

ICA: What was your first step?

Dr. Ramneek: The first step was determining feasibility and logistics. We had to ask ourselves. Would there be interest and commitment on the part of health care providers and volunteers to pay their way to serve on trips like this? Given our experiences in other countries, we found that there were like-minded souls out there that were willing to take time out and serve. Once we had a participant base, the rest of the process included organizing the foundation as a 501c3 charity and working with the IRS to obtain a tax-exempt status. This was a long and technical process but certainly worth the work and patience.

ICA: How and why did you choose the country or countries for your visits?

Dr. Ramneek: Currently Fiji is the country where we are most active with our long term sights set on expanding within the Pacific Rim and also to Jamaica. Fiji was a natural choice for me because of my connection to the culture and language. Approximately half of Fiji’s diverse population are Indo-Fijian.

ICA: What were your thoughts after the first trip?

Dr. Stephanie: Oddly, an overwhelming sense of relief that everything had gone well and the trip was successful. Organizing the international travel details of 10-15 participants from across the US, planning for travel, accommodations, clinic venues, appropriate visas, customs for professional equipment, professional licenses, and the safety of the team is both stressful and rewarding. That aside, we were simply amazed at the impact that was made in 10 days of service. Not only were lives being impacted from a healthcare perspective but from a spiritual and emotional as-

Dr. Ramneek gets supplies ready for customs and shipping.

Taking a patient’s history.

Dr. Stephanie with a baby at the orphanage they support.
pect as well. Our team members were in awe of how affected they were as individuals and felt the love, respect, and gratitude of the children and people they were serving.

ICA: Who do you include in your team?

Dr. Ramneek: Each team is anywhere from 10-15 members. We generally have 8-10 chiropractors with varying degrees of experience and expertise. The more diversity we can find among the DCs, the better. We try to balance them out from a male/female perspective also. Culturally, Indian and Fijian women feel more comfortable with a female doctor. We generally take 2-3 non-chiropractic health care professionals. We have travelled on teams with PAs, RNs, DDS, PTs and paramedics. This makes our screening process far more comprehensive and thorough. We also take volunteers to simply help keep our clinic sites organized. School teachers have amazing organizational and logistics skills and we have invited chiropractic students to serve as well. Many of the students have come back to serve as doctors after graduating.

ICA: Can you describe any particular incident during these trips that stand out?

Dr. Ramneek: We have been serving in Fiji since 2002. Many school children in the towns that we travel to know who Stephanie and I are, they recognize us in public places like the store, market, or on the bus. In 2012 we went to a rural community to provide care to a village school of 250 students and teachers. In the middle of the day, a young teenage girl approached me shyly and said, “Hi, Dr. Bhogal, I remember you.” Such a sweet face and big smile…it just warmed my heart. I asked her how and when she met me. It turned out that 7 years prior, I had served a community on one of Fiji’s remote islands and she remembered me from there. In that moment, it struck me how years of work with Fiji’s youth is impacting and shaping the perception of chiropractic by tomorrow’s leaders and professionals. A very humbling and soul filling moment.

Dr. Stephanie: I remember in 2015, we travelled to a village in the mountains just 75 miles south of the main city. We encountered a young woman who was having extreme difficulty with a recurrent infection in her foot. After a thorough evaluation, it was determined that she was dangerously close to a systemic infection. As a Shriner and having a working relationship with Shriner’s Hospital, we were able to help expedite her visit to Hawaii, the closest Shriner’s Hospital. In the end, she had her leg amputated below the knee but her life was saved. PPO has committed financial resources to help provide this young lady with the prosthetics she will need until she is an adult.

Dr. Ramneek: During our trip in June 2016, on the day we landed in Fiji, we were asked if we would provide chiropractic care to the soccer team who were playing in the regional competitions that day. Despite being tired and jet lagged, we were excited to have an impromptu clinic. We took care of approximately 40 athletes that evening where we worked by the light of a setting sun and into the night. As it turned out, the team went on to win its next two matches and then the championship. I received a call from the Mayor during our last day there and he

Continued on next page
thanked us for our service and shared that the team felt stronger and more resilient than they ever had going into competition. Four of those athletes have since then been drafted into Fiji’s national team.

ICA: Can you track the positive effects of your service from the first trip to most recent?

Dr. Stephanie: Yes, we can and that I think makes a tremendous difference. We report all of our findings to the regional medical officer or school district nurse. We often look at absenteeism from year to year and since our visits are to the same regional schools and villages, we’re able to see the positive impact of our care. One other crucial part of our clinic work is classroom education. Our team members all take turns visiting classrooms and deliver 20-30 minute presentations on topics such as hygiene, wellness, fitness, and chiropractic. As a result of this educational outreach, we see more and more patients coming back to see us when we visit and what is even more encouraging is they bring others to share the wonders of chiropractic.

ICA: Are there other non-chiropractic groups that you work with?

Dr. Stephanie: Peak Potential Outreach is a referral organization to Shriner’s Hospital in Honolulu, Hawaii. That particular branch has a Pacific Rim outreach program that casts a wide net of service in the Pacific and takes on a certain number of cases per year based on need and severity. We have helped three children with referrals and financial support to receive advanced care in Honolulu. We generally take 2-3 non-chiropractic team members on each trip. We welcome all disciplines of health care providers to apply to serve on a team. We love diversity and integration.

ICA: Have you experienced any obstacles with local authorities?

Dr. Ramneek: We certainly had some
The International Chiropractors Association

Growing pains during the first few years. One year we had a local medical doctor, who was originally from Australia, write a full page op-ed article in the newspaper. Her goal was to discredit chiropractic and emphasize that we were not real doctors. Chiropractic’s presence in the healthcare system in Fiji is still relatively minute, but we’ve come a long way. On a positive note, I truly believe that our 14 years of service has helped shape the image of chiropractic in that country. We presently work with the Ministry of Health and the local Medical Council. Each practitioner receives a temporary medical license and malpractice coverage while serving in that country. We now have a healthy working relationship with local doctors and the local hospitals.

ICA: What motivates you to continue this service?

Dr. Ramneek: I grew up with service emphasized as a lifelong value by my mother. In January she passed away and I realized now, more than ever, how important selfless devotion or ‘seva’ is to me. It’s that feeling of completeness, accomplishment, and balance that I feel when we all work together to bring peace, health, and happiness to those around us. Like my mother, I hope to impart that onto my kids.

ICA: What is your vision for the future?

Dr. Ramneek: In the immediate future, we would like to add additional trips during the year to another location. This would require closing our private practice, but after 15 years of active private practice, I can see it happening. Long term, in Fiji specifically, we want to work closely with the Health Ministry and begin a formal education program and bring to light how our existing program is a very feasible way of bringing chiropractic to those in need. Much like the other practitioners that come into school systems and do screenings and evaluations, chiropractic is on the cusp of having a welcome seat at the healthcare table. I believe it will take another 5-10 years of quality service, hard work, and responsible education... but without a doubt, I can see it happening. I think retirement in Fiji is likely in our future!

About Drs. Stephanie and Ramneek

Stephanie O’Neill Bhogal, DC, DICCP did her undergraduate studies at McGill University in Montreal, Canada and received her DC degree from Palmer College in Davenport, Iowa.

Peak Potential Outreach was established in 2010 to provide comprehensive healthcare to underserved populations around the world. Multidisciplinary healthcare teams assess each patient and provide them with individualized care.

Patients receive chiropractic care, physical exams, and lifestyle recommendations. When appropriate, they work with local doctors and hospitals to arrange for ongoing care. Peak Potential Outreach is also a direct referral organization to Shriners Hospitals for Children.

Peak Potential Outreach values patient education. They focus on teaching patients about a healthy lifestyle — exercise, nutrition, and stress reduction. They strive to empower patients to take control of their health.

Dr. Stephanie examines a patient complaining of pain.
enport in 2002. She completed her Pediatrics Residency at Palmer College in 2005 when she also received her Diplomate in Clinical Chiropractic Pediatrics (DICCP) from the ICA. Currently Dr. Stephanie serves as Associate Professor at Palmer College Davenport, teaching Obstetrics and Pediatrics. She is in private practice with her husband Dr. Ramneek, with her focus being on routine and complex pediatric and pregnancy cases. A popular instructor who is always encouraging students interested in looking after women and children to continue their education with postgraduate studies in pediatrics, she teaches on the ICA Pediatric Council’s DICCP program and presents at national and international conferences. Dr. Stephanie finds meeting and serving pregnant women and children in other countries most rewarding. She enjoys traveling with her family and spending time outdoors with her sons.

Ramneek Bhogal, BSc, DC, DABCI received his Bachelor's degree from the University of Nebraska-Lincoln in 1998, DC degree from Palmer College in 2002, Diplomate from the American Board of Chiropractic Internists/National University of Health Sciences in 2010 and certification in Functional Medicine/Clinical Nutrition from the Institute of Functional Medicine in 2012. He is an Associate Professor at Palmer College and also in private practice with his wife Dr. Stephanie in Davenport, Iowa. Dr. Ramneek's focus in practice is managing patients with complex presentations like adrenal spectrum disorders, digestive imbalances, toxicities and hormonal concerns. He is an engaging speaker and has presented regularly at the ICA Pediatric Council's Annual Conferences and international symposiums for the past few years. He also serves as a technique instructor on the DICCP program. Dr. Ramneek is committed to Peak Potential Outreach and he hopes to expand their services to other countries along the Pacific Rim. He enjoys practicing with his wife Dr. Stephanie, being outdoors with his three boys and cycling.

DCs interested in serving with Peak Potential Outreach or providing support should visit the website or contact them by phone at 563-359-1455.
The Gallup-Palmer report found that many Americans are choosing chiropractic, and a large majority of those who do, describe the care as “very effective” and a good value for the money they pay.

**Adults who’ve seen a chiropractor in the last 12 months are generally very positive about their experience. About three in four of these adults (77 percent) describe the treatment they received as “very effective.” Eighty-eight percent of recent chiropractic patients agree the quality of care they received was a good value for the money.**

“Low-back pain and neck pain place a tremendous burden on our society,” said Christine Goertz, D.C., Ph.D., vice chancellor for research and health policy at Palmer College of Chiropractic. “The opioid-overuse epidemic in the United States demonstrates that Americans need safe, effective, conservative health-care alternatives to prescription pain killers.”

Nearly 62 million U.S. adults (25 percent) went to a chiropractor in the last five years, with more than half (35.5 million) saying they went in the last 12 months. Adults who’ve seen a chiropractor in the last 12 months are generally very positive about their experience. About three in four of these adults (77 percent) describe the treatment they received as “very effective.” Eighty-eight percent of recent chiropractic patients agree the quality of care they received was a good value for the money.

Results of the Gallup-Palmer report are based on a Gallup Panel study of 7,645 national adults, aged 18 and older, conducted Feb. 8 to March 11, 2016, via the Web and by mail. The maximum margin of sampling error for this study is ±1.8 percentage points, with a 95 percent confidence level.

Highlights of the study may be found online.

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<th>Perceived Safety of Different Neck/Back Pain Treatments</th>
<th>Physical therapy</th>
<th>Chiropractic care</th>
<th>Over-the-counter pain medications</th>
<th>Rx pain medication</th>
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**Neck and back pain affect many U.S. adults’ lives — a majority report having significant enough pain that they saw a healthcare professional for care at some point in their lives, and one-fourth say they sought medical care for this type of pain within the past year. However, Americans’ perceptions of the effectiveness and risks associated with treatment methods for neck or back pain are highly varied. Americans are most likely to describe physical therapy as “very safe” and “very effective,” followed by chiropractic care, with pain medications and back surgery further behind. A majority of U.S. adults say they would most like to see a medical doctor for significant neck or back pain, while more than one in four would choose to see a chiropractor. Roughly one-fourth of U.S. adults say they have seen a chiropractor in the past five years, with more than half (35.5 million) doing so in the past 12 months.**
JOIN THE CELEBRATION
25TH ANNIVERSARY
December 9-11, 2016 Ritz Carlton Kapalua
Maui
Hawaii
ICA Council on Chiropractic Pediatrics
Annual Conference on Chiropractic & Pediatrics
Raising the bar on Pediatric Education since 1991
INTRODUCTION:
The Council on Chiropractic Pediatrics is a chiropractic specialty of the International Chiropractors Association noted for the development and establishment of the first Diplomat in chiropractic pediatrics (DICCP), now recognized worldwide for its excellence in pediatric postgraduate education. This year the Council celebrates the 25th Anniversary of its Conference on Chiropractic & Pediatrics. The first conference was held in San Diego in 1991. Since then the Council has provided doctors of chiropractic annually with a continuing education program that has raised the bar on chiropractic pediatric education. The conference program is designed to enhance the professional development of the chiropractor who looks after children and pregnant women and help improve and expand their clinical skills and adjusting techniques for better patient outcomes. One of the unique features of the Conference is that lectures and workshops are customized for this program and its special audience, and not run of the mill lectures.

WHO SHOULD ATTEND:
All DCs who look after children and pregnant women. Students who are interested in a family practice or have not yet decided what kind of practice they will focus on once they graduate should also attend. Hearing from successful, focus committed pediatric practitioners who love what they do may impact their decision about their practice in the future.

HOW TO REGISTER:
Online: www.icapediatrics.com
By Fax: Fill out form and fax
By phone: 571-765-7554 (direct) or 1-800-423-4690 (US & Canada)

CE CREDITS: Continuing education is administered by Palmer College of Chiropractic. Many states are pre-approved and Palmer College applies to all other states. Attendees should note that some states all only a certain number of hours for out of state programs. Maximum number of CE credits: 17. To receive credit for a session, doctors must attend the session. Monitors sign the attendance forms during the lectures. These attendance forms are later verified and forwarded to Palmer College that renitifies the CE hours and issues attendees with a certificate of hours attended.

CONFERENCE HOURS
FRIDAY, DECEMBER 9
Registration desk opens........................................7:30 a.m.
Continental breakfast with vendors........8:00 a.m. - 9:00 a.m.
Conference starts........................................9:00 a.m.
Ends.....................................................................5:15 p.m.

SATURDAY, DECEMBER 10
Continental Breakfast with vendors........7:30 a.m. - 8:00 a.m.
Conference starts........................................8:00 a.m.
Ends.....................................................................4:45 p.m.

SATURDAY EVENING LUAU..................................6:30 p.m.
Buffet dinner:
Hawaiian Show
Speaker: Dr. Brian Kelly, Life-West President
Graduation of 2016 Diplomates in Clinical Chiropractic Pediatrics (DICCPs)

SUNDAY, DECEMBER 11
Continental Breakfast with vendors........7:15 a.m. - 8:00 a.m.
Conference starts........................................8:00 a.m.
Ends.....................................................................12:50 p.m.
JOHN K. MALTBY, DC, graduated from Palmer College in 1977. He has been in private practice in Byline, Calif. since 1978. Throughout his professional career, Dr. Maltby has been active at the national and state levels involving legislation, education, and licensure. He has also served in different leadership positions including two terms as the President of the International Chiropractors Association (2009-2009) and as Chairman of the Board (2009-2013). He is currently the President of the Distinguished Fellows of the ICA. In his home state of California, he has served as President of the ICA of California (ICAC) and is currently on their Board of Directors. Dr. Maltby is an experienced speaker and his lectures include topics on genetics, disc pathology, chiropractic ethics, and technique applications. His 12-hour seminar on “Documentation” is pre-approved in most US States for license renewal credits. In 2003 he was named Educator of the Year by the ICAC and in 2007 as Chiropractor of the Year by the International Chiropractors Association. Dr. Maltby and his wife Debbie have a son, also a chiropractor, a daughter and several grandchildren.

STEPHANIE O'NEILL-BHOGAL, DC, DCCP did her undergraduate studies at McGill University in Montreal, Canada and received her DC degree from Palmer College in Davenport in 1999. She completed her Pediatric Residency at Palmer College in 2006 when she also received her Diplomate in Clinical Chiropractic Pediatrics (DCCP). Currently Dr. Stephanie serves as Associate Professor at Palmer College Davenport, teaching Obstetrics and Pediatrics. She is in private practice with her husband Dr. Ramneek, with her focus being on routine and complex pediatric and pregnancy cases. A popular instructor who is always encouraging students interested in looking after women and children to continue their education with postgraduate study in pediatrics, she teaches on the ICA Pediatric Council's DCCP program and presents at national and international conferences. Dr. Stephanie travels abroad frequently to underdeveloped countries for Peak Potential outreach, a non-profit foundation she and her husband founded to provide healthcare to impoverished countries around the world. She finds teaching and serving pregnant women and children in these countries most rewarding. Dr. Stephanie enjoys spending time outdoors with her family.

PERRY NICKELSTON, DC, NKT, FNS, SFMA is a 1997 graduate of Palmer College with primary focus on performance enhancement, corrective exercise, and movement assessment. He is an expert in movement assessment and diagnosis as well as myofascial, orthopedic, trigger point and soft tissue therapy. Certified and trained as a Functional Movement Specialist (FMS) and Selective Functional Movement Assessment Specialist (SFMA), Dr. Perry uses programs designed to find the source of pain dysfunction and correct it. He is a regular columnist for Dynamic Chiropractic Practice Insights, Chiropractic Economics, To Your Health Magazine, Advance Physical Therapy, LiveStrong and other publications on health and fitness. Perry suffered from obesity as a teenager and getting back in shape and overcoming all the emotional trauma that accompanies being overweight was an experience that made an impact on his life. An enthusiastic and energetic speaker, Dr. Perry is now dedicated to teaching others how to get in shape and lead a healthy lifestyle. He currently is publishing several books on health, fitness, laser therapy and business success.

ANDREW WAKEFIELD, MBBS, is an academic gastroenterologist and film producer/director. He received his medical degree from St. Mary's Hospital Medical School, University of London, in 1981. He pursued a career in gastrointestinal surgery with a particular interest in inflammatory bowel disease. He qualified as Fellow of the Royal College of Surgeons in 1985 and was awarded a Fellowship of the Royal College of Pathologists in 2001. He has published over 140 original scientific articles, book chapters, and invited scientific commentaries. In the pursuit of possible links between childhood vaccines, autism, intestinal inflammation, and neurological injury in children, Dr. Wakefield left his job, his career, his fellowships, and his medical license. He currently resides in the US, as the author of the national bestseller Caused the Earthquake and an award-winning film director and co-founder of the Autism Media Channel, an award-winning documentary and movie production company that brings cutting-edge stories to public attention.

RAMNEEK BHOGAL, BSC, DC, DABCO received his Bachelor's degree from the University of Nebraska-Lincoln, DC degree from Palmer College in 2002, Diplomate from the American Board of Chiropractic Internists/National University of Health Sciences in 2010 and certification in Functional Medicine/Clinical Nutrition from the Institute of Functional Medicine in 2012. He is an Associate Professor at Palmer College and also in private practice with his wife Dr. Stephanie O'Neill in Davenport, Iowa. As a chiropractic internist and functional medicine practitioner, Dr. Bhogal's focus is to practice in managing patients with complex presentations like adrenal spectrum disorders, digestive imbalances, toxicology and hormonal concerns. In 2010 Drs. Ramneek and Stephanie decided to extend their reach outside the US and established Peak Potential Outreach, a non-profit Foundation to provide healthcare to underserved and impoverished communities around the world. In the past few years, the Bhogals have coordinated multidisciplinary healthcare teams to Haiti, Jamaica, Fiji, India and Tanzania. Peak Potential Outreach is now affiliated with Shriners Hospitals for Children providing a direct referral and support for those who may be in need of more complex care. Dr. Bhogal enjoys practicing with his wife Dr. Stephanie, being outdoors with his three boys and cycling.

PATRICIA McLEAN, DC received her undergraduate degree from Dominion University and her DC from Life University in 1984. Since then she has taken many different certification programs including DNT, Laser Therapy, Activator Methods and 100 Year Lifestyle. She has been in practice for 28 years but also has extensive experience in leadership and teaching. Before starting her practice on the island of Maui in 2013, Dr. Pat practiced in Virginia where she and her husband, Dr. Mike McLean still have one of the largest practices in that state. Dr. Pat has been involved in state and national associations throughout her professional career. She served as co-founder and Secretary of the Virginia Society of Chiropractic and as the Virginia Assembly Representative for the International Chiropractors Association for several years. She is the Founding member and current President of the League of Chiropractic Women. Dr. Pat enjoys being involved in different projects, has a zest for living, and an enthusiasm that is contagious. In 1994 the ICA made her a Distinguished Fellow and in 1997 the Virginia Society of Chiropractic recognized her as the Chiropractor of the Year. Dr. Pat has received 9 Life Dynamic Essentials Team Speakers Awards.

SAM COLLINS, DC is the billing expert on claims. Sam's experience with Chiropractic began in the office of his father, also a chiropractor. Inspired by his father's example of caring service, Sam managed a successful practice for 17 years. Sam is currently recognized nationally as an authority on billing, coding, collection, and documentation and serves as a guest on the Dynamic Chiropractic column. "The Billing Expert." Sam shares his incredibly valuable information. Sam provides at his seminars, doctors appreciate his energy, humor, and enthusiasm. His presenting style is clear and easy to follow, leaving one with a sense of relief and knowledge. Sam also serves as an expert on court and board hearings on behalf of the profession and a member of Oights Health's (formerly ACN) Remunera
tment and Technology Committee. Sam always emphasizes the importance of billing both ethically and properly the first time in order to ensure timely and properly payment. Besides his extensive professional achievements, Sam is also an athlete. He competed competitively around the world in track and field, specifically hurdles. He was also a member of the 1988 US Olympic Team. Sam is a devoted family man to his wife and two sons.
Program December 9-11, 2016

FRIDAY, DECEMBER 9
7:30 a.m. ..........................................................REGISTRATION DESK OPENS
8:00 a.m. ..........................................................Continental Breakfast with Exhibitors

Session 1
9:00 a.m. - 10:30 a.m. .................. Diagnosis and management of pediatric headaches
Speaker: Lora Tanis, DC, DICCP

10:30 a.m. – 11:00 a.m. ..................................REFRESHMENT & EXHIBITOR BREAK

Session 2
11:00 – 1:00 p.m. ...............Evidenced based documentation of scoliosis and other conditions in pediatric patients
Speaker: John Mattby, DC

1:00 p.m. – 2:15 p.m. .............................................LUNCH BREAK

Session 3
2:15 p.m. – 3:15 p.m. ...........................................Fetal position – Impact on development
Speaker: Stephanie O’Neill, DC, DICCP

Session 4
3:15 p.m. – 5:15 p.m. ...........................................Fundamentals of movement: a return to basics
Speaker: Perry Nickelston, DC

SATURDAY, DECEMBER 10
7:30 a.m. ..........................................................Continental breakfast with Exhibitors

Session 5 (Keynote)
8:00 a.m. – 10:00 a.m. ...............Whistleblowing in the Patient’s Interest: Research vaccines, autism and more
Speaker: Andrew Wakefield, MB BS

10:00 a.m. – 10:30 a.m. ..................................REFRESHMENT & EXHIBITOR BREAK

Session 6
10:30 a.m. – 12:00 p.m. ...............Epigenetics and development: How chiropractic and wellness influence change
Speaker: Ramneek Bhogal, DC, DABCII

Session 7
12:00 p.m. – 1:00 p.m. ...........................................Presentation of research papers (3 presenters)
Moderator: Sharon Vallone, DC, DICCP, FICCP
1:00 p.m. – 2:15 p.m .................................................................LUNCH BREAK

Session 8
2:15 p.m. – 3:15 p.m .................................................................The Limbic system and childhood stress
Speaker: Patricia McLean, DC

Session 9 (Technique Workshops)
3:15 p.m. – 4:45 p.m
Workshop A
Modified techniques for adjusting the Atlas and upper cervical spine in the infant............Speaker: Lora Tanis, DC, DICCP

Workshop B
Techniques for adjusting the pregnant patient...........................................Speaker: Stephanie O’Neill, DC, DICCP

6:30 p.m.................................................................LUAU
Buffet dinner • Hawaiian Show • Speaker: Dr. Brian Kolly, President, Life Chiropractic College West • DICCP Graduation

SUNDAY, DECEMBER 11
Session 10
8:00 a.m. – 10:00 a.m.................................................................Coding and billing for the chiropractic pediatric practice
Speaker: Sam Collins, DC

10:00 a.m – 10:20 a.m.................................................................LAST OPPORTUNITY TO VISIT EXHIBITORS

Session 11
10:20 a.m. – 11:20 a.m.................................................................Presentation of Research Papers (4 presenters)
Moderator: Sharon Vallone, DC, DICCP, FICCP

Session 12 (Technique Workshops)
10:20 a.m. – 12:50 p.m
Workshop A
Modified techniques for adjusting the Atlas and upper cervical spine in the infant. Speaker: Lora Tanis, DC, DICCP

Workshop B
Techniques for adjusting the pregnant patient...........................................Speaker: Stephanie O’Neill, DC, DICCP

END -
Continuing Education credits will be administered and applied for by Palmer College of Chiropractic. Please note that all states do not approve all hours. Also some states take more time than others to respond for CE approval.
ABOUT THE HOTEL

Ritz-Carlton, Kapalua One Ritz-Carlton Drive Maui, Hawaii 96761 | Phone: 808-669-6200 | website: www.ritzcarlton.com/kapalua

For online reservations at the ICA rate you must reserve through the Council website at www.icapediatrics.com

The Ritz Carlton is a secluded luxury paradise steeped in rich cultural tradition and a warm Aloha Spirit. Kapalua is on the northwest coast and translated means “arms embracing the sea.” This is a popular resort for travelers trying to escape bustling Lahaina. Rooms are spacious, airy with a refined atmosphere and Hawaiian inspired touches designed to bring the Hawaiian outdoors in.

The hotel itself sits on 54 stunning acres and proudly maintains the Honokakhua Preservation site, a recognized “wahi pana” (sacred site) that lies adjacent to the resort and serves as a destination where Native Hawaiians can gather to conduct its ceremonies. Nestled within the 22,000 acre Kapalua Resort, Ritz-Carlton guests have exclusive access to amenities and activities hosted within the hotel and within the legendary resort which includes:

- One of Hawaii’s largest nature preserves with two marine sanctuaries
- Six dining experiences featuring local ingredients from the resort’s sustainable organic garden, fresh seafood and Pacific cuisine
- A Spa featuring an array of treatments inspired by ancient Hawaiian traditions
- On-property and nearby recreational activities including surfing, boogie boarding, kayaking, outrigger canoeing, standup paddling. Other activities are available through the Ambassadors of the Environment program
- A shuttle service that provides transportation to nearby restaurants, shopping and golf courses within the Kapalua resort.

TRANSPORTATION FROM OGG AIRPORT

The Ritz does not have shuttle service to and from the airport. Your options:

- Rent a car. If you are meeting up with colleagues or traveling with family this may be the best option as it will allow you the freedom to go wherever you want, whenever you want, and weekend and weekly rates are cheaper than taking a taxi. The drive from the airport is scenic and takes between 45-60 minutes.
- SpeediShuttle, a shared shuttle service. Roundrip tickets are often discounted when reserved online.
- You should also contact the hotel for alternative shuttle or limo transportation services that may be comparable in price. Email concierge at concierge@rckapalua.com or call 808-669-6200.
- Taxi: This is the most expensive if you are traveling alone, costs about $100 each way. However, if you are with a colleague you could share the costs. Later, if you wish to sightsee you could rent a car at the hotel as they have Enterprise Car Rental on site.

THE WALHUA SPA

The Spa at the Ritz Carlton is one of the most luxurious in Maui. It offers a variety of treatments and therapies based on native Hawaiian healing traditions and the potent plants, flowers, fruits abundant in Hawaii as well as the fresh herbs harvested from the resort’s on-site organic garden. The spa is 17,500 square feet and offers private outdoor gardens as well as spacious and private cabanas. (10% discount)
KIDS AMBASSADOR'S PROGRAM

A Kids program that is unique to the Ritz Carlton is the Jean-Michel Cousteau Ambassadors of the Environment program for kids between the ages of 5-14. Introducing them to the natural wonders of the world through immersive and adventurous activities, kids get to experience the beauty of coral reefs and forests to recycling even food. The naturalists of the world are not just guides, they are experts in their fields and have experience with First Aid, CPR certified and are part of the team. Additional trainings are provided for our in-house experts and educators, with the Cousteau's for more than 40 activities visit the Ritz Carlton website and click on ACTIVITIES. (10% discount)

SPECIAL RATES AND DISCOUNTS FOR PEDIATRIC CONFERENCE ATTENDEES

Group rates will apply (if available) pre and post Conference. When you make your reservations online through the link on the Council website it will indicate what days the group rate is available. Please note that our group rate is much lower than online rates so room rates will increase once the block is full.

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<tr>
<td>Residential 1 bedroom Suite</td>
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<td>(Garden or Mountain View)</td>
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<tr>
<td>1 bedroom Ocean View Suite</td>
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**OTHER DISCOUNTS**
- Reduced resort fee: $20 instead of $35
- 10% discount on spa treatment at the Walhua Spa
- 10% discount on Jean Michael Cousteau’s Ambassador of the Environment, cultural, educational and recreational activities
- Complimentary self-parking (savings of $22 per day)
2016 Annual Conference on Chiropractic & Pediatrics  
December 9-11, The Ritz-Carlton Kapalua, Maui, Hawaii

☐ Yes, I want to register

Name:__________________________________________________________
Address:_______________________________________________________
City: __________________________________________________________
State/Province:________________________________________________
Zip/Postal Code:_______ Country:__________

Chiropractic College:___________________________________________
Year of graduation:____________________________________________

Phone # (please indicate if office, home, cell):_______________________

Email Address (All communication will be by email):________________

REGISTRATION FEES

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| Total for Registrations | $ |

I AM PAYING BY

☐ Check (Make payable to ICA Pediatrics Conference)

☐ Mastercard ☐ Visa ☐ American Express

Adults $75.00 X ________ $:

Kids (5-12) $35.00 X ________ $:

Total for tickets $:

TOTAL for Registration & tickets $:

D R B R I A N K E L L Y is president of Life Chiropractic College West and the first non-American appointed to a US chiropractic college. He was president of the New Zealand College of Chiropractic from 2002-2011. During his presidency at NZCC he brought the ICA Pediatric Council’s DICCP program to that college, making it available to DCs in Australia and New Zealand.

Dr. Kelly is a New Zealander who built a successful multi-doctor practice in Melbourne, Australia, and practiced for 11 years. He is committed to true health and helping people reach their true potential. Dr. Kelly travels extensively, and has travelled 1 million air miles over the past 4 years – the equivalent to flying around the world 40 times! Is he tired? No, he is inspired about “what’s possible.” He is an inspiring, and thought provoking speaker. In 2013, 2014 and 2015 Dr. Kelly spoke in Delhi, India to an audience of over 1 million people. In his spare time, he plays the trombone and has toured with groups such as the Temptations and the 4.

CANCELLATION POLICY: Money refunded less 15% administrative fee if cancelled by November 7, 2016. 25% of registration if cancelled after November 7. Full refund for event tickets if cancelled by November 7. After that 50% refund. No refunds for registrations or event tickets if cancelled on or after December 8 and for no show. Please allow 30 days from date of cancellation for refund to apply.

CANCELLATIONS SHOULD BE EMAILED TO: mraungath@chiropractic.org

Your Signature: ______________________  Today’s date: ____________________

4 WAYS TO REGISTER

MAIL: ICA Pediatrics Conference, 6400 Arlington Blvd, Suite 800, Falls Church, VA 22042 USA  •  FAX: 703-351-7893 (outside N. America add +001)

ONLINE: www.icapediatrics.com  •  PHONE: 571-765-7554 (direct) Outside N. America use country code +001
Informed Consent and Patient Choice Are Issues of National Concern In the Face of Efforts to Enforce Mandatory Vaccinations

By Corey B. Rodnick, DC, FICA
ICA Legal Action Fund Chair

Serious threats to fundamental personal freedom and basic human rights continue to emerge in the context of the national campaign to put into place a national schedule of mandatory vaccinations for people of all ages. The federal government, in February 2015, rolled out their adult vaccination plan when the Centers for Disease Control (CDC) National Vaccine Program Office published their draft adult immunization plan. In an April 1, 2015 post on his website, Dr. Joseph Mercola cited special concerns over the government’s electronic tracking plans. This post reads in part:

The government is urging Americans to fulfill their obligation to support and comply with the anti-choice requirement to relinquish responsibility for personal health and well-being to federally appointed health officials through pharmaceutical enhancements. Public health officials will be monitoring Twitter and Facebook posts for anti-vaccine chatter that may indicate non-compliance with federal vaccine recommendations and state vaccine mandates.

This is part of a clear national plan to address any and all possible health needs and threats through a massive expansion of vaccinations. In recent months, the prospect of a new and dramatic federal authority to detain and isolate any party, citizen or non-citizen, if a TSA or other “official” determines they might be a threat to public health has taken the national stage. Under a Notice of Proposed Rulemaking (NPRM) for Control of Communicable Diseases: Interstate (Domestic) and Foreign Quarantine published in the Federal Register in August 2016, the Centers for Disease Control (CDC) have proposed and asking for public comment on over 1,000 pages of rules that if enacted, would have profound implications for personal freedom in the United States. According to the CEC, the purpose of these new rules is:

...to amend the current interstate (domestic) and foreign quarantine regulations for the control of communicable diseases. These proposed updates will provide greater transparency and improve the efficiency of HHS/CDC operations by codifying many current HHS/CDC practices and procedures. The NPRM explains the tools currently in place to protect US public health, assure due process for people whose movement or travel might be restricted under federal public health authority, and safeguard private information. (Notice of Proposed Rulemaking (NPRM) by CDC and HHS Concerning Quarantine CDC Docket No. CDC-2016-0068)

According to information published by the National Vaccine Information Center (NVIC) a highly respected advocacy and information organization active on vaccination injury, informed consent and patients’ rights issues, had this to say about the new rules:

• The proposed rule is a violation of civil liberties. U.S. health officials could hold a person in custody for 72 hours without the right to contact an attorney to appeal the detention. Detainees could be asked to sign a contract with the CDC that gives consent to the “public health measures” being applied to the adult or a minor child, which may include “quarantine, isolation, conditional release, medical examination, hospitalization, vaccination, and treatment.” The proposed rule states that “the individual’s consent shall not be considered a prerequisite to any exercise of any authority” by the CDC. After release, the person can be electronically tracked and monitored, including by electronic tracking devices attached to the body.

• The proposed rule is a clear case of federal government overreach. Federal and state laws are already in place to address the control of outbreaks of serious communicable diseases. When
similar rules have been proposed in the past they have been withdrawn over concerns of civil rights violations and the cost to implement.

- The proposed rule has very subjective and unreasonably broad definitions of illness. The proposed rule defines a potentially “ill” person deserving of special government scrutiny to be someone with “areas of the skin with multiple red bumps, red, flat spots or blister like bumps filled with fluid or pus that are intact or partially crusted over,” warning ominously that “the presence of skin rash, along with fever, may indicate that the traveler has measles, rubella (German measles), varicella (chickenpox) meningococcal disease or smallpox.” These definitions (on pages 54239-40) are very subjective and will open the door for travelers to be detained for something as simple as a skin rash while suffering from a bad sunburn, acne, rosacea, eczema, psoriasis, the hives, or severe allergies and a mild fever that could be due to an old fashioned cold. Measles is not Ebola and chickenpox is not smallpox.

If the NPRM becomes law, it will affect American and non-American travelers entering the U.S. or traveling between states, particularly on commercial airlines and ships. The CDC is proposing to enlist commercial airlines and other public transportation personnel to step up surveillance on and report “unwell” passengers with rashes, cough, diarrhea and other symptoms of illness.

The ICA has launched a special patient education program to support access to information on vaccination issues for the public. Doctors are encouraged to call the ICA offices at 1-800-423-4690 or 703-528-5000.

The public comment period on these proposed regulations closed on October 14 and it is certain that thousands of individuals and hundreds of organizations, including the International Chiropractors Association, expressed grave concern over the implications of these new rules, especially since there is no clear evidence of any need for or the effectiveness of these new rules.

I believe there is even more reason for concern because the discovery efforts of “officials” enforcing these rules will almost certainly start with demanding vaccination records of any individual they find suspect. It is not at all beyond the possibility that these regulations will rapidly transition into policies that require proof of vaccinations before an individual can be issued a passport, board an airplane, bus or train or even obtain a driver’s license. Even more alarming is the prospect of those same officials, having discovered a non-vaccinated individual, being given the authority to administer vaccines without that individual’s consent, or even knowledge. Unacceptable.

Even though the official CDC comment period has closed, you can still write to your US Members of Congress and urge that these alarming new regulations be withdrawn. The NVIC has developed a model letter to Congress that is available on their website at www.nvic.org.

I want to thank and commend the NVIC for their extraordinary public education efforts and encourage all in the profession and every concerned citizen to support their efforts.

Plaintiffs Withdraw California SB 277 Lawsuit and Prepare to File a New Case

On August 22, 2016 Judge Dana Makato Sabraw of the federal district court for the southern district of California denied the request for a preliminary

Continued on next page
injunction that would have blocked the enforcement of SB 277 and allowed approximately 33,000 California schoolchildren to enter school while the legality of SB 277 was being challenged. After evaluation of the judge’s detailed legal opinion, the legal team pressing the case against SB 277, which makes California the first and only state to legislatively eliminate personal belief exemptions from mandatory vaccination laws, decided to withdraw the case without prejudice and to reformulate and refile it in the near future.

James Turner, lead counsel for the 17 families and the four health and education associations bringing the suit, said, “Judge Sabraw provided a detailed and thoughtful analysis of the more than 100 year-old mandatory vaccine law, and how courts have recently interpreted it. This analysis provides a specific roadmap for how to challenge an ‘aggressive’ (Judge Sabraw’s word) vaccine law such as SB 277.”

The legal team is preparing the next legal action in light of Judge Sabraw’s analysis. SB 277 makes California only the third state in which no personal or religious belief exemptions are recognized. West Virginia has never had such an exemption and Mississippi courts eliminated that state’s exemption by a decision widely seen as based on unsound legal analysis. The legal team is confident that its next case will focus the court’s attention on the facts of vaccine mandates and that California’s law is outside what is permitted under the more than 100 years of vaccine law analyzed by Judge Sabraw.

Because of the certainty of further legal action on this vital issue of personal freedom and choice, ICA will continue to raise funds that are dedicated to support this ongoing legal effort. It is the right thing to do and I personally want to encourage every doctor of chiropractic and concerned citizen to become familiar with the issues and to support this vitally important effort.

ICA launches special patient education outreach program with VAXXED video resources

The ICA has launched a special patient education program to support access to information on vaccination issues for the public. As part of ICA’s Legal Action fundraising efforts dedicated to supporting the California mandatory vaccination lawsuit seeking to restore the loss of personal or religious belief exemptions withdrawn by the passage of the controversial SB 277 last year, doctors making donations of $50 or more are provided a complimentary DVD copy of the powerful documentary, “VAXXED” to view and share with patients in their practice lending libraries. It is vital that members of the public are more fully informed of the issues, developments and concerns with mandatory medication and vaccine safety. If this national policy trend is to be halted or reversed, it is essential that people are better informed about their options and have the ability for informed decision-making.

Doctors may call the ICA offices at 1-800-423-4690 or 703-528-5000 and make their donation by phone; a copy of the DVD of VAXXED will be shipped to them. Doctors may also go online to contribute to this vital cause.
On November 11th many nations around the world honor their military veterans for their service and sacrifice and remember those who paid the ultimate price in service of their nation.

In the United States Veterans Day is a national holiday. In New Zealand it is called Poppy Day. The poppy, famous from the World War I poem “In Flanders Fields” is recognized in the US and elsewhere as a symbol of honor and remembrance of those who gave their lives in past wars.

In Canada, Australia and the United Kingdom, November 11 is called Remembrance Day and people traditionally observe two minutes of silence at 11am on this special day.

In an effort to help returning veterans with a single chiropractic referral source, the ICA has merged its ICA Cares program with The Patriot Project.

The ICA has acknowledged this special day each and every year. There are over 25 million military veterans in the United States, with over 2.5 million having served in Iraq and Afghanistan. Veterans have served and sacrificed greatly in defense of our beliefs and freedoms. Their example, their message — that “What we believe in is worth fighting for” — is especially poignant and meaningful to chiropractors.

However, though it is important that we acknowledge these men and women in uniform on Veteran’s Day, what is even more important is to recognize that those who have returned from serving abroad need more than just an acknowledgement. They more often than not need professional health care services that they cannot get or don’t know where to get it from. They deserve the best of care, the greatest degree of understanding and the widest possible community support as they seek to resume civilian life.

In an effort to help returning veterans, several years ago the ICA started an ICA Cares program that brought together DCs volunteering free chiropractic care. Recently, in order to make it easier for the veteran seeking chiropractic care and for the DC who wishes to volunteer his or her services, the ICA combined its ICA Cares program with The Patriot Project.

The need for chiropractic care continues to grow, and ICA encourages all DCs regardless of their political affiliation to join in and participate in the profession’s most important veterans’ support efforts. To access the combined patient referral data base or to sign up as a volunteer doctor of chiropractic, visit The Patriot Project website at: http://www.patriot-project.org/
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25TH ANNUAL
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with ARNOLD SCHWARZENEGGER

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Thursday, Friday, Saturday
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The real facts about CAD and stroke

The Foundation of Chiropractic Progress recently released some facts about cervical manipulation that are worth noting.

• Arterial dissection of the cervical (neck) arteries is a very rare condition occurring in 2-3 persons per 100,000 population per year. As this condition often produces neck pain and headaches, many times individuals will consult with their health care providers for advice or treatment in response to the discomfort.

• Whether a person consults a medical doctor or doctor of chiropractic, stroke can follow at an equal rate regardless of the type of provider. Epidemiologic studies over many years with millions of patients do not reveal any greater association of stroke for persons under chiropractic care compared with persons under medical care.

• In February 2016, a team of neurosurgeons at the University of Pennsylvania Hershey Medical Center published research concluding, “There is no convincing evidence to support a causal link between chiropractic manipulation and cervical artery dissection (CAD)”.

• Chiropractic manipulation has shown to be safe, effective treatment for neck, mid back and lower back pain. A comprehensive review of scientific evidence noted that there is as much evidence supporting chiropractic care as for other treatments such as prescription and non-prescription drugs and surgery.

New leadership at Life Chiropractic College West

Dr. Ron Oberstein, chair of the Board of Regents has been appointed interim president of Life Chiropractic College West (LCCW). Dr. Brian Kelly left in October 2016, after serving as president for six years. The college announced that a presidential search is now underway.

Dr. Oberstein is a 1981 graduate of Life University in Marietta, Ga., resides in San Diego, Calif., the past vice-president of the International Chiropractors Association (ICA) and currently a member of ICA’s Board of Directors. Dr. Oberstein has left LCCW’s Board of Regents to assume the responsibilities of the Office of the President.

The Board of Regents unanimously elected Dr. Amit Nanda to fill the position of chair vacated by Dr. Oberstein’s appointment. Dr. Nanda has served on Life-West’s board since 2014 and as chair of the Governance Committee since 2015. A 2003 graduate of LCCW, Dr. Nanda is an Ontario-based chiropractor and founder of the Indian Association of Chiropractic Doctors. He has focused his efforts on promoting diversity, both in recruitment of students and at his international seminars.

In addition to electing Dr. Nanda as chair, the Board of Regents elected Dr Kristen Giles as vice-chair. Dr. Giles is a 2002 graduate of Parker University and practices in Napa, California.

Palmer College offers ICA’s DICCP program in Davenport and Port Orange

Palmer College of Chiropractic will be offering the pediatrics diplomate program of the ICA Council on Chiropractic Pediatrics at its campuses in Davenport and Port Orange starting early in 2017. The Diplomate in Clinical Chiropractic Pediatrics (DICCP) is recognized world-wide for its excellence in pediatric postgraduate education and DICCPs are on faculty in many of the chiropractic institutions in the US, Quebec, New Zealand and Australia.

The program takes 2.5 years to complete, with a board eligibility exam at the end of Year 3 and an external Board Certification Exam that includes several written and oral exams. “We are very pleased that Palmer College is going to administer the program in Davenport and Port Orange. PCC has not only supported our pediatrics program but it was started with their input and cooperation in 1993,” said ICA Pediatric Council Chair Dr. Lora Tanis. DCs interested in enrolling in the DICCP program at either of the PCC campuses should contact Palmer College at 1-800-452-5032. For the Year 1 schedule visit Palmer’s website.

Children watching too much TV at risk of violent and antisocial behavior

Results of a new study led by Linda Pagani, professor at the University of Montreal’s School of Psychoeduca-
tion, show that young children who watch too much television are at risk of victimization and social isolation and adopting violent and antisocial behavior toward other students at age 13.

“It is unclear to what extent excessive televiewing in early childhood — a particularly critical time in the development of areas of the brain involved in self-regulation of emotional intelligence — can adversely affect social interactions,” said Pagani.

“The detection of early modifiable factors that influence later child well-being is an important target for individual and community health. Since establishing strong peer relationships, getting along well with others, and building a positive group social identity are essential elements in the successful transition to adolescence, we undertook to examine the long-term effects of televiewing in toddlerhood on normal development based on four key indicators of social impairment in children aged 13,” she added.

To do this, Pagani and her team examined the parent-reported televiewing habits of the children at age 2, as well as the self-reported social experiences of these children at age 13.

Pagani and the co-authors of the study came to their conclusions after examining data from a Quebec longitudinal cohort born in 1997/1998. The Quebec Longitudinal Study of Child Development is a set of public data coordinated by the Institut de la statistique du Québec. Parents of the 991 girls and 1,006 boys from the Study reported the number of hours their children spent watching television at two and half years. At 13 years, the same children rated their relational difficulties associated with victimization, social isolation, intentional and planned aggression by peers, and antisocial behavior. Pagani’s team then analyzed the data to identify any significant link between such problems and early televiewing, discarding many possible confounding factors.

Study suggests gut bacteria can aid recovery from spinal cord injury

Researchers from The Ohio State University have discovered that spinal cord injury alters the type of bacteria living in the gut and that these changes can exacerbate the extent of neurological damage and impair recovery of function. The study,1 “Gut dysbiosis impairs recovery after spinal cord injury,” suggests that counteracting these changes with probiotics could aid patients’ recovery from spinal cord injuries.

The trillions of bacteria that live in the gastrointestinal tract are collectively known as the gut microbiome. Disruption of this microbial community, or dysbiosis, occurs when nonpathogenic gut bacteria are depleted or overwhelmed by pathogenic inflammatory bacteria. Autoimmune diseases (including multiple sclerosis, type 1 diabetes, and rheumatoid arthritis) have been linked to dysbiosis, and it has been implicated in the onset or progression of neurological disorders, including autism, pain, depression, anxiety, and stroke.

Traumatic spinal cord injuries have secondary effects or comorbidities, including loss of bowel control, that are likely to cause dysbiosis. The authors reasoned that if any changes in the gut microbiome occur, they might, in turn, affect recovery after spinal cord injury.

Under the direction of Phillip G. Popovich at the Center for Brain and Spinal Cord Repair, the researchers found that spinal cord injury significantly altered the gut microbiome of mice, inducing the migration of gut bacteria into other tissues of the body and the activation of proinflammatory immune cells associated with the gut. Mice that showed the largest changes in their gut bacteria tended to recover poorly from their injuries. Indeed, when mice were pretreated with antibiotics to disrupt their gut microbiomes before spinal cord injury, they showed higher levels of spinal inflammation and reduced functional recovery. In contrast, when injured mice were given daily doses of probiotics to restore the levels of healthy gut bacteria, they showed less spinal damage and regained more hindlimb movement.

Continued on next page
“Our data highlight a previously unappreciated role for the gut-central nervous system–immune axis in regulating recovery after spinal cord injury,” Popovich said. “No longer should ‘spinal-centric’ repair approaches dominate research or standards of clinical care for affected individuals.”


New study says females and older workers more vulnerable for back pain

A new study1 published in the September 2015 issue of *JMPT* documents which workers may be more likely to develop back pain, and finds that psychosocial and other factors put some workers at an increased risk. Analyzing a National Health Interview Survey and certain psychosocial risk factors, including aspects that relate to stress at work, researchers found that a quarter of U.S. workers experience low back pain in any given three-month period, with women who work 41-45 hours per week and younger individuals who work more than 60 hours per week experiencing an increased occurrence.

“Our recently published research, which examined work hours, occupation and other organizational factors, focuses on three emerging workplace psychosocial factors for low back pain: work-family imbalance, hostile work environments and job insecurity,” states lead author Haiou Yang, PhD. “I would like to refer to them as the “unholy trinities” – the three strong workplace risk factors, among others, that can affect back pain.”

Dr. Yang asserts that this study is of importance because it provides new insight for a deeper understanding of risk factors related to low back pain among the U.S. working population within our current global economic context. Understanding work-related risk factors is specifically valuable for health care practitioners, employers, policy makers and individuals to manage and prevent low back pain.

According to Dr. Yang how the workplace psychosocial factors impact musculoskeletal disorders is still unclear. “However,” she says, “exposure to these three emerging workplace psychosocial factors is likely to increase psychosocial strain, which may result in increased and/or sustained muscle tension in the musculoskeletal system.” Yang adds that these risk factors are also likely to drain the psychological and physical resources, leading to unhealthy behaviors, such as alcohol and tobacco use, as well as decreased leisure-time physical activity.

“These unhealthy behaviors may be harmful to our musculoskeletal health,” she said. “These possible pathways between workplace psychosocial factors and the musculoskeletal disorders are important for health care practitioners — including nurses, psychologists, physicians, physical therapists and chiropractors — to keep in mind when counseling low back pain patients.”

Doctors of chiropractic (DCs) are professionals who address spinal health, including low back pain. DCs can help to provide relief from many conditions found in today’s work environment.

1. Haiou Yang, Phd, Scott Haldeman, DC, MD, PhD, FRCPC, Ming-Lun Lu, PhD, et. al. Low back pain prevalence and related psychosocial risk factors: a study using data from the 2010 National Health Interim Survey.

ICA stresses use of chiropractic as drugless care pathway for opioid abuse

The International Chiropractors Association (ICA) has mobilized on a wide range of fronts to assist public policy makers, the media and consumers in understanding the importance and urgency of utilizing the proven, highly cost-effective drugless chiropractic care pathway as a first line of intervention for many common conditions and situations, rather than rush to prescribe addictive opioids. ICA is working through the Integrative Health Policy Consortium (IHPC), a coalition of health care
professions, organizations and educational institutions to develop a model state policy on opioids and to produce educational materials on the importance of opening up access to drugless healers as a first step in care for patients who will otherwise likely be prescribed these drugs. The IHPC Task Force on Opioids is co-chaired by ICA Vice President Dr. Stephen Welsh. ICA is also participating in a similar effort, centered on the chiropractic profession, being organized by The Chiropractic Summit, a coalition of more than 40 associations, educational institutions and key vendors.

ICA has expressed strong concerns and objections to the recently released Centers for Disease Control (CDC) guidelines on opioid use and abuse for their omission of any reference to the utilization of drugless healers or care pathways, even though those vital resources were in an initial draft of the document. ICA Representatives have sought the intervention of key members of Congress, including Connecticut Senator Richard Blumenthal to investigate the deletion or mention of any non-medical care provider or pathway in the CDC opioids guidelines. The concern is that states will simply adopt the CDC guidelines as a basis for action in their respective jurisdictions, extending and compounding its failure to be inclusive of some of the most important and valuable resources the nation has available, including chiropractic.

"Clearly, forces intervened to cause references to drugless care providers and pathways to be deleted," said Dr. Curry. "We are looking to our allies in Congress to expose the process and the decision-makers involved and to seek the inclusion that chiropractic so richly deserves."

Dr. Barge’s final contribution to chiropractic literature

**Explanations** is divided into two parts. The first is a compilation of quotes, opinions, principles, thoughts and personal experiences written in Dr. Barge’s inimitable style. The second includes different health problems and discussion of chiropractic care. Dr. Barge explains that though chiropractic does not “treat health care problems” he chose this format to “show that chiropractic seeks to correct vertebral subluxation to allow the body to take care of itself.”

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Knowing Your Obligations and Your Options on Informed Consent

By Stuart E. Hoffman, D.C., F.I.C.A.
ChiroSecure President

Effective risk management requires every chiropractic practitioner’s daily attention. Consistent attention to detail and regular examination and re-evaluation of the risk-management basics are essential to your practice’s protection and the practitioner’s peace of mind. It is vital, however, that on key risk management issues and procedures, you never let your guard down and do not let staff members drop the ball or cut corners on record keeping, confidentiality issues, and, on the doctor’s “MUST DO” list, make sure that informed consent documents and procedures are always in place and in play.

In recent months, high-profile issues surrounding “informed consent” have emerged in a variety of situations that make it well worth your while as a busy practitioner to stop for a moment and seriously consider this question. The impressive safety record of chiropractic, indeed the most impressive safety record of any health care profession, appears to mean very little to those organizations and individuals who have taken on the role of professional critics of our profession. Some of the anti-chiropractic organizations promoting the danger of stroke from upper cervical adjustments have hit upon the informed consent issue as a means to showcase their issues.

The research and actuarial records notwithstanding, and the failure to make anything but a casual or coincidental link between stroke and chiropractic services, will not deter those interests. Their goal is not to deal with facts or real risks but to hurt the chiropractic profession. Sadly, we have no choice but to deal with the backwash of their campaign, regardless of their destructive intent and deceitful ways and means they are employing. Our job is to do what is right and makes sense for both the patient and the practitioner.

Informed consent has become the subject of growing attention as an element in risk management procedures because the lack of it in malpractice cases has become a common and effective claim. Clever and aggressive lawyers have hit upon the informed consent issue as a means to strengthen otherwise weak claims of clinical misjudgment or injury, based on a number of landmark court decisions and trends in other professions. In a landmark 2005 Wisconsin case, the state court found:

“Chiropractors, like medical doctors, are health care professionals involved in the application of procedures and treatments to the human body. We see no reason why the scope of an individual’s right to be informed of the risk inherent in bodily intrusions via chiropractic treatment and procedures should be any different from his right to be informed of the risk inherent in bodily intrusions in medical treatment and procedures.”

Thus, the fact that chiropractic is non-invasive provides no additional margin on demands for informed consent according to the Wisconsin court, a position reaffirmed by an often cited 1999 New Jersey Supreme Court decision, which similarly held that: “…informed consent applies to both invasive and noninvasive procedures, holding that physicians must inform patients of the possible risks and benefits of all “medically reasonable” treatment options—including those he or she does not recommend. If that is not complicated enough, courts are regularly finding that during the course of care, patients must be updated throughout their course of care in terms of relative risks and alternate care choices, and that not telling a patient about other care pathways and their risks becomes an issue in itself.

In fact, actions based solely or largely on the lack of formal and written informed consent have emerged as a malpractice growth industry, even though such charges may have nothing to do with whether a chiropractor has actually committed an act or acts of malpractice as it has historically been understood.

The message here is clear: Be consistent and proactive in obtaining both written and verbal informed consent from every patient, in advance of both examination and the active delivery of care. Yes, get informed consent prior to care to cover your examination procedures, as well as in advance of delivering chiropractic adjustive care.

Informed consent starts with a standardized form. Your malpractice carrier is always a good place to obtain a model form, followed by your state
or provincial association, with, as is almost always the case, close attention paid to any direction available from your state or provincial regulatory board. On this form, the key information needed will always include the patient’s name, address and of extreme importance, the date.

The exact nature of the form’s content should reflect the requirements in your jurisdiction. This is why a visit to the regulatory board’s website or information from your local association is so vital. Different jurisdictions have different specifics on informed consent. You will need to comply with state and provincial directions as to the degree of specificity regarding risks inherent in the procedures you are about to apply. Know them and comply.

In recent months, as more and more technology and especially mechanical devices are incorporated into chiropractic practice (from mechanical adjusting devices to spinal decompression units) it is becoming important to obtain separate informed consent forms for each new level of intervention applied by your clinic. A form for the adjustment, a form for traction, a form for mechanical spinal decompression, and a form for any procedure that can be argued to be separate and different, and not arguably covered by a general form, will serve you well. Remember also that the absence of such forms becomes a problem in and of itself.

In addition to the form itself, most legal advisors will encourage that a note be added to the patient’s file stating that the form was signed and that a verbal exchange took place, with you as the provider (not a member of the staff) highlighting the contents of the form. Indeed, some malpractice experts argue that the verbal exchange is the essence of informed consent, where the patient has the opportunity to question the doctor’s choice of procedures, and that without the verbal component, the written form looses much of its meaning.

Rather than look at the informed consent exercise as a burden, practitioners should look at the interaction with the patient on relative risk and informed consent as an opportunity to orient them to what they can expect from the adjustment process, especially if they are first-time patients. While most patients feel an immediate sense of relief from the adjustment, a frank discussion on possible temporary or short-term discomfort from a first adjustment, possible stiffness, etc., helps patients keep things in a much better and more realistic perspective, and positions you as the doctor in a position of both credibility with the patient, as well as defensibility should any unforeseen issue arise. Such frank and open dialogue can only strengthen the doctor-patient relationship and enhance the positive nature of their chiropractic experience.

In today’s litigation-happy (or many might argue litigation-crazy) society, even the best, most conscientious and responsible doctors of chiropractic, applying the highest standards and most established procedures and protocols, can still be named in a malpractice claim. When it comes to informed consent, a whole new dimension of malpractice reasoning comes into play, where patients and their attorneys regularly argue that if a patient was fully informed of all risks and possible negative outcomes, then they may have decided not to receive the care and would not, as a result, been injured. The proactive doctor of chiropractic will respond accordingly, with sound and well-researched forms and procedures, all consistently applied and included in the patient’s file. It pays to do the work and, consequently, minimize the risk.

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