



The World Chiropractic Alliance Chiropractic JOURNAL

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WCA sponsors Haiti relief mission



For Haitian earthquake victims, getting clean water is the primary survival goal. Here, refugees who set up camp outside the International Committee of the Red Cross delegation receive drinking water. The Mission-Chiropractic team supported by the World Chiropractic Alliance brought water filtration units to one hard-hit community. Read more page 9. (photo ©ICRC/M. Kokic)

Michigan gov. signs expanded scope law

Earlier this month, Michigan Governor Jennifer Granholm signed legislation that will restore Michigan's chiropractic scope of practice to the level enjoyed by chiropractic patients prior to the rewrite of the Public Health Code in the late 1970s. The bills passed the legislature with strong bipartisan support.

The bill authorizes the treatment of "misalignments that cause nerve interference or joint dysfunction," rather than just the "misalignments of the human spine" currently within the scope of practice. The bill also allows the use of "imaging technology" in addition to X-rays by chiropractors.

"This is a great victory for Michigan patients and health care consumers," said Don Reno, DC, president of the Michigan Association of Chiropractors (MAC). "Increased access to chiropractic care will help lower skyrocketing health care costs while increasing patient



Michigan Gov. Jennifer Granholm signed into law an expanded chiropractic scope of practice bill

choice. Under our old scope, chiropractors across Michigan have had one hand tied behind their backs, and it's the patients who suffered, because they were not allowed to receive the full range of chiropractic services. This is a

MICHIGAN continues on page 17

WCA opposes South Africa drug proposal

Richard Barwell, DC, president of the World Chiropractic Alliance (WCA), issued a formal objection to a petition that would allow South African chiropractors to give NSAID injections. Dr. Barwell was recently in South Africa and spoke to officials from the Chiropractic Association of South Africa (CASA)



Barwell

about the proposal.

In a statement released Feb. 9, Bardwell said he was "shocked and saddened" by a petition presented to the Allied Health Professions Council of South Africa that would expand the nation's scope of practice law to include the use of the NSAIDs "and/or other injectables." The Council is South Africa's regulatory body and controls all allied health professions includ-

SOUTH AFRICA continues on page 12

The poor you will always have with you

by Tomas McFie, DC

America, as a whole, is a charitable nation. Americans give more to charity and philanthropic causes than any other country or people combined. Yet, this doesn't mean that all Americans are charitable. As T. Harv Eker puts it: "Money only makes you more of what you already are. If you're a jerk, more money will just make you jerkier." What this statement



McFie

demonstrates is that money isn't the deciding factor in why America is generous.

One reason America is generous is because of the free market system that it was built upon. It's been correctly stated, "The best you can do for the poor is not to become one of them." Many of the first Americans were very poor but because of the free market that developed and thrived here, we became the wealthiest nation in the history of the world.

At one time, Americans appreciated the American "principle"

that people don't willingly exchange freely with others unless they value what they get in exchange more highly than what they give up. It's what made America great. We had no government telling us what we had to sell something for and no government supporting others who demanded they didn't get their fair share.

Since those founding days, America seems to have forgotten the Constitution, which declares that all of us are created equal as far as opportunity is concerned.

POOR continues on page 20

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PUBLISHER'S PERSPECTIVE

Dr. Terry A. Rondberg

A day for thanks ... and giving

Although the “experts” keep telling us that the economy is awful, people all over the world appear to be as compassionate and generous as always. Last year, at the lowest point of our economic woes, Americans alone gave \$307.65 billion to charity ... the second highest amount ever! It's true that some charitable organizations have seen a drop in their income over the past few months, but even in the toughest of times, most people try to continue—and even increase—their giving.

One woman shared her reasoning during an online discussion.

She wrote: “As a small child, I learned a powerful lesson from my (widowed) mother, who...raised two children on very little money. She believed, and practiced her belief, that no one is so poor that he or she cannot give a little bit to help someone who has even less. That lesson has stayed with me all of my life. When the economy is in tough shape and it hurts members of our community, that's the time to step up. Continue to give to the causes you believe in; give more if you can.”

From what I've seen in recent months, most chiropractors share that attitude. They may tighten their belts in other areas, but they find ways to reach out to their profession, their communities and their world.

Even a quick glance at recent issues of *The Chiropractic Journal* shows just a few of the expressions of generosity and compassion demonstrated by chiropractic groups and individuals.

Doctors have travelled to some of the poorest nations in the world to provide chiropractic care, sponsored charitable events like the chiropractic marathon in Chicago, volunteered to adjust sailors on a Navy battleship, and are holding in-office fundraising campaigns for Oklahaven. Colleges are organizing humanitarian missions and one has even added “community service” as a required course.

Just as heartening to me are the many examples of individual doctors who are putting the concept of “service” back into chiropractic.

One example is a Pennsylvania chiropractor who gave free exams to anyone making a \$20 donation to a breast cancer foundation. Several chiropractic offices in Idaho provided free services in exchange for coats and jackets destined for a local crisis center. In West Virginia, a DC gave free exams, X-rays, and even care to patients who donated \$25 worth of “everyday essentials” to be sent to soldiers stationed in Iraq. Doctors around the country routinely serve as drop-off centers for the Toys for Tots program.

As chiropractors, we have much to be thankful for. Regardless of how “bad” the economy is, we have the training and ability to provide a unique service that can allow a fuller expression of the life force that gives health and meaning to our lives. This is something no recession can take away from us, no Bear Market can destroy, and no challenging times can diminish.

Thanksgiving Day offers a wonderful opportunity to celebrate our great profession and the countless gifts it's given us by offering THANKS for all we have ... and GIVING, so we can share our many blessings with others.

Before you sit down to your turkey dinner with all the trimmings, try to do at least one of these things:

- ▶ Make a financial contribution to your favorite cause (remembering what the woman's mother said: “no one is so poor that he or she cannot give a little bit to help someone who has even less.”).
- ▶ Use your office to help raise funds for local or chiropractic charities.
- ▶ Volunteer your time at a local shelter, to members of the Armed Forces, a senior citizen center, or a children's hospital.
- ▶ Exchange your services for donations to worthy causes. Your chiropractic skill is probably the greatest gift you can give!
- ▶ Send “thank you” cards to all your patients and those who have contributed to your office's success.

For my part, on Thanksgiving Day I will definitely give thanks to all those friends and colleagues who have helped, supported, inspired and challenged me over the past year. And I'll renew my commitment to GIVE as much as I have received.

Having said all that ... pass the cranberry sauce, please! ■

“It is not by a man's purse,
but by his character, that
he is rich or poor.”

— BJ Palmer, DC, PhC —



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WCA's Purpose

“Protecting and Promoting
The Principles of Chiropractic”

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NEUROLOGICALLY BASED CHIROPRACTIC



Richard Barwell, DC

What's in a name?

I thought the name was catchy but I had undersold my product to the point of a completely missed message. It had just seemed easier to focus on a simple statement rather than some thorough or more meaningful explanation. Then I realized this was the same thing we've done in chiropractic for years. If you design your message to the lowest level what you'll attract is a majority of that level.

As I'm the spokesperson for the World Chiropractic Alliance (WCA) and our new direction is Neurologically Based Chiropractic (NBC), I'm available for presentations on the subject. I've named the talks, "Chiropractic, Subluxation, and the Adjustment in High Definition" with the final talk (Part 4) titled, "Making Memories." Here's where the challenge lies. While these titles might sound just like more of the old philosophy stuff wrapped in new paper, they aren't!

Let me make my point by listing a set of alternative titles:

"Research Reveals the Need for a Review of Chiropractic Application."

Part 1. A review of current outdated terminology and definitions that create limitations of the scope of practice in chiropractic.

Part 2. Neurodynamics of the chiropractic adjustment and its effects on patterning in the central nervous system.

Part 3. Neuromuscular Reintegration as an adjunct therapy for the management of scoliosis.

Part 4. Establishing the link between the chiropractic adjustment and the alterations of synaptic thresholds that create new neural patterns.

Based on the actual content of the talks, would these be more appealing?

Now the question is, which presentation title has more value? Even though it's the same material, the second set provides a much better understanding of value in content and context.

What got me started on this?

I'm about to leave for a lecture circuit in South Africa where I'll be addressing the South African Chiropractic Congress and doing a full weekend seminar on NBC. The organizer approached one of the chiropractic colleges to have me present a one hour talk to the students on "Chiropractic in High Definition." The instructor said he felt the information would not be of value to the students as they (the chiropractic college) focused on musculoskeletal disorders.

This caused me to pause (actually, it caused me to react, trash the office and then pause). In case you didn't pick it up, I'm NOT calm about this.

What I've come to recognize is that there is no difference in this and what we've been doing for years in the profession. Selling chiropractic short because

it's easy! "Chiropractic can relieve your back pain," "Get your spine checked," etc., when the vast majority of chiropractors say that the primary focus of their care is the nervous system.

It's time to start telling the **real** story! People are well informed these days. They know that the nervous system controls everything, so it's time for us to start talking to them with information that makes sense and has value.

The research now proves that the adjustment has the ability to alter brain wave patterns. We now know that repetition builds neuronal networks—that when stimulated, the brain has the ability to create new neurons, which migrate across the brain to establish new patterns of neural activity and therefore new muscle activity, which leads to functional changes throughout the body.

Everyone knows that "stress" is the killer and that stress is linked to your nervous system. So let's start talking about chiropractic, stress and the nervous system. Every day around the world

we see, hear and read about stress and disease. It's time to stop talking about spines, back, bones and muscles and talk about the real chiropractic. It's time to stop talking at the lowest level and raise this profession to a higher standard.

It deserves much better than we have been doing.

(Dr. Richard Barwell is the founder and president of the Chiropractic Equity Offices, Inc. program, and has more than 30 years of experience in chiropractic practice. After graduating with honors from Canadian Memorial Chiropractic College in 1964, he started a family Wellness Practice in British Columbia. He has since established numerous successful practices, won several awards and guest lectured at various chiropractic institutions. Before establishing CEO, Inc. Dr. Barwell was the director of seminars and programs at Quest and executive director of the Chiropractic Leadership Alliance.) ■

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KIDS FIRST



Ogi Ressel, DC

Excuses why you don't succeed

Many chiropractors seem to have every possible excuse as to why they can't succeed.

A doctor once said to me (as he was going bankrupt): "You don't understand. The people in my state have no money for chiropractic care. No one wants to spend money on chiropractic."

Four weeks after attending the PEP

Module I, the same doctor called me on his cell phone, from his boat on the Pacific (how cool is that?) and told me that he just bought a plane and that he doubled his practice. When I asked him if he'd moved, he answered, "No, why?" I said, "Well, you told me that no one in your state has money for chiropractic. So, you must have moved." He laughed at

the absurdity of it.

Another of my favorites is this one: "My patients drop out as soon as their insurance is over."

While many doctors feel this is a real problem, I have to tell you that it's not. It's only a symptom.

Here's the *problem*. Patients have no idea why they're in your office. Do you think it's their fault? As far as they're concerned, that's what chiropractic is—an insurable "treatment" of something.

And the fact that their insurance company only pays a portion of their 12 visits must mean that this is all they should require. Makes total sense to me, so why would they think otherwise? You never told them what you really **do**. You just went along with their perception and accepted their coverage because you were hungry and in a "state of lack." I totally get that... and they do as well!

Here's another: "It's just my luck. I just have bad patients."

Right. No comment.

Or this one: "I can't get my patients to bring in their kids."

In a previous *Chiropractic Journal* column I mentioned that the percentage of children you see in your practice is directly proportional to the level of trust your patients have in what you do (ouch, that hurts!).

The level of trust isn't there because your patients don't really understand what you do. And you don't know how to explain it to them at a level they need to hear. That's it.

I've said before that if your patients really understood what you do, they would break down the doors to get in to see you. Your CAs would be in battle gear, whips in hand, beating off the crowds. There'd be a fire-breathing dragon in the moat surrounding your office, saving your life.

But the last time you checked, there was no dragon, was there? Your CAs weren't in fending off mode, were they? And, did you see any whips?

Face it. Your patients won't bring their children to see you unless they see you as an amazing doctor. If they see you as average, mediocre, ok, nice guy or gal, pretty good, even wonderful... you're starving.

Money is plentiful and so are the referrals, just not for you. You're not good enough. You don't measure up to their expectations.

Did I mention that people in your community have expectations? They absolutely do. And if you want to have your dream practice, you'd better exceed their expectations by light years—better than any other DC in your community!

I love this excuse: "In this economy, most people can't afford chiropractic."

Don't even get me started!

How about this one: "But, I work downtown and see mainly adults who don't have kids."

And these people don't know anyone who has children, *why*? Because they probably live on an island and never speak to another human being.

Please, get real.

You *know* that everybody knows people who have children who need help. That's reality. The **only** reason you're not seeing them is because your patients have no idea why it's so important. And why would that be?

Well, most likely because YOU may not understand why it's important and/or haven't imparted that information to your patients.

Somehow we expect our patients to know what we do. Somehow. By osmosis would be my guess.

I see this all the time. Doctors discuss their car, their sports team, their politics, their religious activities, their wonderful life (if they have one), their amazing weekend (if they can afford one), and their golf club benefits (if they play), etc., during regular office visit with their patients. And *that's* how patients learn about what you do! From **you** (there's a concept!).

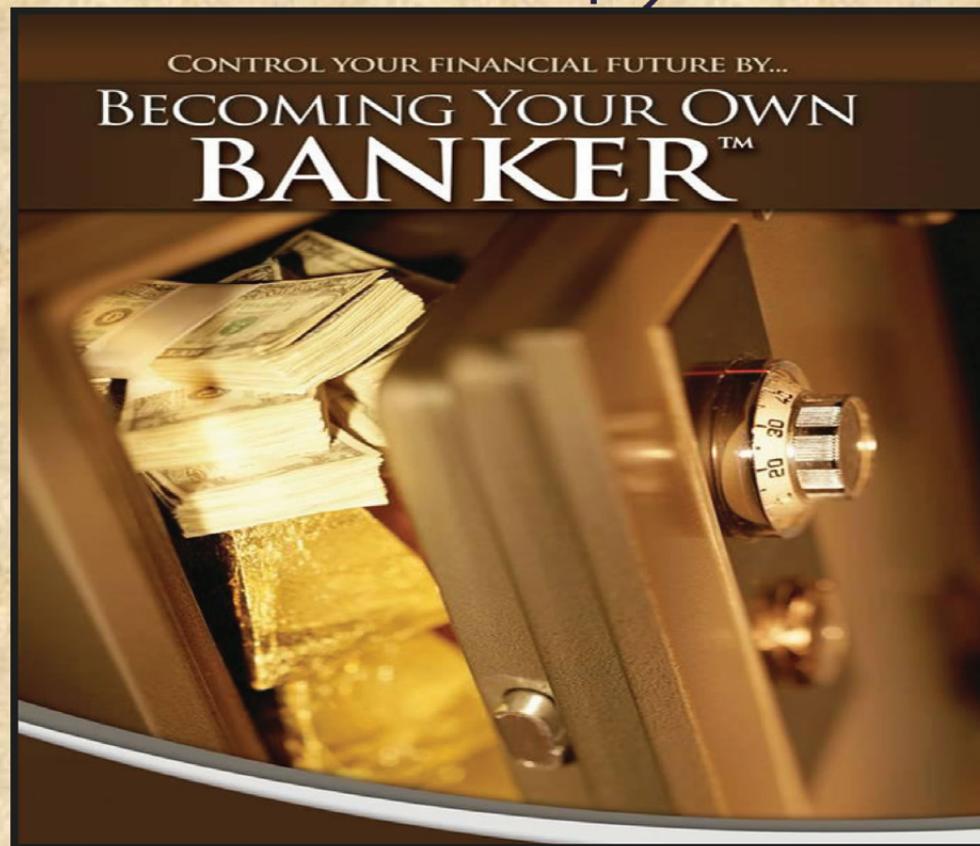
One more: "I advertise, screen at malls, have the biggest yellow page ad, and we can't seem to keep 'em. I have a bad location."

I like this one. It almost seems believable. But, that's not it either.

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POSTURAL CHIROPRACTIC

Mark R. Payne, DC

Learning the hard way with scoliosis

It seems like there are some lessons we all have to learn the hard way. At least that's true in my case. One of the best examples of this is overestimating our capabilities in dealing with scoliosis cases. I speak with many doctors from a wide range of educational backgrounds and practice styles. Some don't really think scoliosis can be managed at all in the chiropractic office. Others are confident they can correct every scoliosis case they encounter. As is often the case, the truth appears to be somewhere in the middle.

Let's take a brief look at two cases, which illustrate some of the factors which might affect your success in treating spinal curvatures.

Case #1 — Eight-year-old boy presents with mild neck and shoulder soreness following a motor vehicle accident. Both parents were under care for their injuries

and I did a cursory examination of the child upon discovering he was involved in the accident as well. His injuries from the accident were actually quite mild, a mild sprain/strain. During the exam, I noticed that Adam's test was positive and the standing posture was suggestive of scoliosis. I recommended we take films to see what was happening.

X-ray revealed a right convex lumbar scoliosis with the apex at L-3. The Cobb angle measured 12 degrees. I noted what appeared to be a possible leg length deficiency which appeared to be contribut-

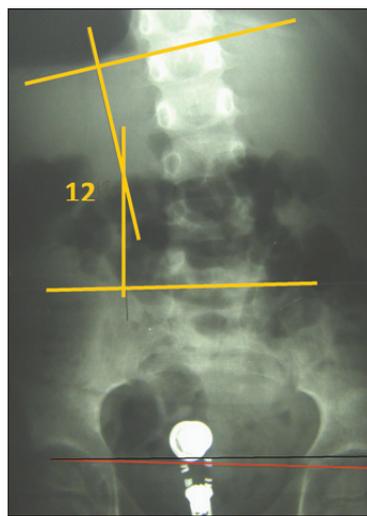


Fig. 1 — PRE—Eight year old male presents with 12 degree scoliosis.

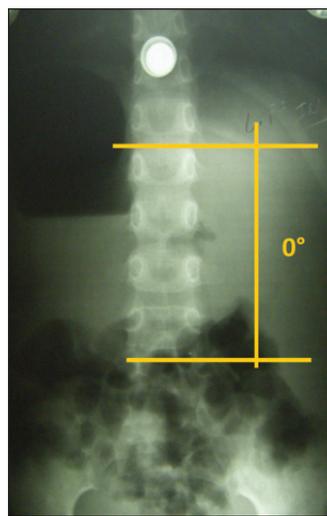


Fig. 2 — POST—Cobb angle reduced to zero degrees.

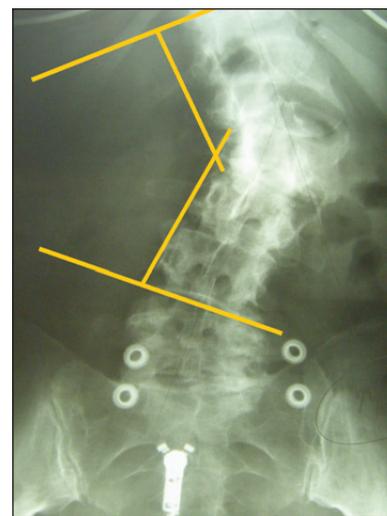


Fig. 3 — 57-year-old female with 48 degree curvature.

ing to the curvature and opted to take an additional view (A-P Femur Head) to more accurately measure the amount of leg length inequality. The right leg ultimately measured 5 mm shorter than the left and a 5 mm heel lift was provided. Over the next four-six weeks, the child was adjusted about a half dozen times and rehabbed two-three times weekly

with simple posture reversal exercises. On each visit, the parents observed the rehab activities and were tutored on how to properly observe and monitor the child's exercise at home.

Approximately six weeks later, a post care film was taken (please ignore my artifacts!) to see how things were progressing. The results were gratifying with the Cobb angle now reduced to zero degrees (see Fig. 2). Parents were instructed to make sure the child continued to use the heel lift and exercise three times weekly. Twice annual follow ups were recommended until he reached skeletal maturity.

Factors which contributed to such a successful outcome were:

- ▶ A mild curvature (Cobb angle less than 20 degrees)
- ▶ An easily corrected cause (leg length inequality)
- ▶ No vertebral wedging/deformity
- ▶ Parents who were disciplined about following home care recommendations
- ▶ Early intervention, well before skeletal maturity

help strengthen the area and minimize asymmetrical loading of the spine. Symptomatic management was successful, and she now returns as needed for relief care. No corrective care was recommended for this patient as it seemed HIGHLY unlikely to be fruitful.

Factors here which would likely complicate a successful corrective outcome are:

- ▶ Large Cobb angle
- ▶ Patient well past the age of skeletal maturity
- ▶ Significant vertebral remodeling (wedging)
- ▶ Advanced disc degeneration

Incredibly, this patient had just visited another chiropractor who recommended a *year long* "corrective care" program. Fortunately, the patient, aware of the severe nature of her scoliosis, had declined to accept the treatment plan. The chance of success here was basically zero.

I'm not opposed to corrective care programs as long as they have a reasonable chance of actually correcting the problem. Yet, chronic, advanced cases of scoliosis, as seen here, have simply

suffered too much deformity over time to be reasonably expected to respond. While most of you old hands already know how tough these cases are, if you're new in practice, don't ask me how I know but trust me this is a road you don't want to go down.

Each scoliosis case presents with a unique set of variables, which will either work in your favor or complicate the outcome greatly. Certainly, you can work wonders in some cases, but hopefully the information I've offered will make you pause to consider what's reasonable as you formulate your prognosis. Maybe you won't have to learn this one the hard way.

(A 1979 graduate of Life Chiropractic College, Dr. Mark Payne is the president of Matlin Mfg., a manufacturer and distributor of postural rehabilitation products since 1988. For more information regarding postural chiropractic methods, call 334-448-1210.) ■

Dr. Roy Sweat releases new bone book

A significant new study led by Roy Sweat, DC, in collaboration with Matthew Sweat, DC, and Andrea Paporto, DC, is now a book: "Radiographic and Photographic Dry Bone Studies of the Occiput, Atlas, Axis, and the Cervical Spine."

According to the publisher, the goal of the volume is to "further the understanding of chiropractors across the globe about the atlas bone, the top cervical bone of the neck."

Dr. Sweat is inventor of the Atlas Orthogonal Chiropractic technique, a gentle, effective approach to relief of discomfort without manipulation. This procedure is now being utilized by 250 doctors worldwide.

Sweat invented an Atlas Orthogonal x-ray frame, x-ray chair, and attachments

for the x-ray machine. He also developed an Atlas Orthogonal computerized radiographic analysis program, three radiographic analysis templates, and a right-handed Cartesian orthogonal coordinate system vector booklet, which is currently in its fourth edition.

Atlas Orthogonal Chiropractic is taught as an elective course at Palmer College of Chiropractic, Life College of Chiropractic and at Sherman College of Chiropractic. Sweat and his son, Dr. Matthew Sweat, are associate professors at Life Chiropractic College in Marietta, Ga. Both are associated with the college's research program. In addition, Dr. Matthew Sweat has taught seminars on the Atlas bone in California and Washington.

Sweat organized the Society of Chiro-

practic Orthospinology more than 60 years ago. He has written a series of four books on Chiropractic Atlas Orthogonality, as well as many articles for various chiropractic magazines. He is past president of the Georgia Chiropractic Association.

Many prestigious awards have been given to Sweat including: the Daniel David Palmer Scientific Award from Palmer College of Chiropractic (1995), the World Chiropractic Alliance Researcher of the Year Award (1999), and the 2003 William M. Harris Lifetime Achievement Award.

"Radiographic and Photographic Dry Bone Studies of the Occiput, Atlas, Axis, and the Cervical Spine" may be purchased from Sweat Institute for Orthogonal Chiropractic. Call 770-457-4430 or 770-457-4421. ■

Overweight... from page 4

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(Jim Valko is a chiropractic consultant and partner in NuLean Inc. NuLean offers an all-natural method of losing weight through gentle detoxification. For more information go to www.newpatientsuccess.com or call 800-948-5307.) ■

Is financial freedom eluding you?

by **Bruce Rhymer**

Chiropractors teach sound health principles, but neglect to learn sound wealth principles. The rules that govern both have many similarities.

When you answer the question as to why so few patients achieve their full health potential you may be surprised that it also reveals the answer to why so few chiropractors reach their full wealth potential.

Every chiropractor knows he or she can't expect a patient to achieve optimal wellness without the patient's active participation in the healing process. Yet, why do so many chiropractors blindly turn over their financial health to planners with the expectation that they'll be made wealthy?

Who are you turning *your* money over to? Just as pharmaceutical drugs address symptoms, often at the expense of a person's overall health, many financial products peddled by mainstream financial institutions and professionals address financial "symptoms" at the expense of your overall financial health.

When it comes to your financial well-being, knowledge, understanding, and discipline win the game.

It may seem strange that so few chiropractors are able to achieve financial freedom. After all, we're in the midst of an unprecedented wellness revolution, with a movement that's on track to having more

than \$1 trillion annually going towards wellness products and services.

So, what causes this phenomenon and why does financial failure routinely become a chiropractor's destiny? Let's not fool ourselves. Just as not every patient will achieve optimum wellness, not every chiropractor can or will be financially free or independent, no matter what system, philosophy or well-intended plan is put into place.

Understanding the forces and principles that favor/disfavor financial wellness is the first step in your quest for a life of prosperity.

Although less than five percent of all chiropractors will achieve their financial goals, my experience and belief is that the number can be much greater.

Let's list the reasons that cause this dramatic fallout. Once understood, one can then move forward and create a workable plan of action.

1. Lack of involvement in one's financial affairs. Leaving it up to your accountant, bookkeeper or financial planner is the beginning of your demise. You must be intimately involved in your day-to-day cash flow and know where all of your money is going. Without a creative cash flow management system, it isn't likely you'll succeed in achieving your financial goals.

2. No structured plan that ensures a guaranteed outcome. So-called profes-

sional financial advice abounds. Much of it is based on speculation and hearsay and lacks a predictable outcome. A plan can't work unless contingencies for death, disability, and a failing stock market are put into place. One must be able to count on a plan that works under most, if not all, circumstances.

3. No system for effectively eliminating debt. A majority of chiropractors have significant debt and history has shown us that they'll continue to perpetuate the cycle over and over. Current debt pay-down systems may have some value but fail to address what happens after the debt has been paid. When all debt has been paid, what happens when you purchase your next home, car, boat, or business equipment? It's back to the bank or financial institution for another loan—and more debt.

4. Learning to "become your own banker" can eliminate this downward spiral. It can transfer the interest you're paying to other financial institutions back to yourself. This can amount to millions of dollars in your working lifetime. Additionally, you'll be providing a sound financial platform that ensures you and your family's financial future will always be secure. This bolsters confidence and encourages disciplined action.

5. Not knowing where to start. Many chiropractors I speak to are confused about what to do and where to start. Everyone

seems to have a story that promises financial success. My suggestion is, don't make any major financial decisions until you understand most or all of your options. At least get a cursory or foundational understanding of your overall personal situation, how you relate to money, and what's holding you back from achieving financial success. Then, look at what's commonly being recommended by the so-called experts, and the results they're delivering. You can't manage what you can't measure so, learn to measure *everything*.

Being in the top three- to-five percent of chiropractors that reach the pinnacle of financial freedom requires knowledge, understanding, and discipline. The really wonderful part of this is that the model for financial success is available to anyone willing to do the work.

(Bruce Rhymer's experience spans more than 30 years in working with high level executives. Over the last decade he has been dedicated to teaching the chiropractic profession the keys to building and protecting wealth. Bruce has a degree in Naturopathic Medicine, is a student of quantum physics and is an expert in direct response marketing. He can be contacted at Chirowealth Learning Systems by calling 800-892-3107 or by visiting www.chirowealth.com) ■



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Ogi Ressel, DC

Facebook – be careful out there

I've been thinking about the best way of tackling this pillar of social networking, this sacrament of social media—Facebook.

Let me pre-frame this by stating emphatically that I'm not against Facebook in the least. On the contrary, Facebook is a fabulous way to keep in touch with others—many others—whoever they may be. And for that reason, it's fun!

My daughter, Christie, who's an image consultant, suggested that I join. I was a bit resistant at first, not having been born glued to a computer keyboard, but I must say that I'm having fun with it.

My purpose has always been to be able to teach doctors how to reach and help more

tween it and the school work.

Suddenly he asks, "Mom, what's the name of that doctor you saw today?" She mentions your name and the kid searches for you and pulls up your page. There you are. No secrets. All is revealed! They scan through ALL of your posted photos, including the ones where you're guzzling beer on the beach, or standing on your head at some party, or with some scantily clad partner, or acting like a moron (we all do this). Enraptured, they all watch your cool videos. You know, the ones you wouldn't want your mother to see—but these are okay for your patients. Uh-huh.

And after they've perused your page, your new patient utters a single word that sums

"On Facebook, I've seen photos of doctors that I'm certain they would never want their patients to see."

children and their parents. Facebook represents a wonderful vehicle to help with this mission.

But there are pitfalls.

Here's a common scenario. You've just seen a new patient. You did an amazing work-up, the patient was impressed, and wants to refer her whole family to you, and pay cash. She even schedules all of her children to see you on her way out of your office!

She's excited and places you on a pedestal. You're delighted and walk around all day with that silly grin on your face that all doctors who've been complimented by their patients wear. Fabulous. You deserve it. Life's great!

The next day, your new patient doesn't show up, cancels all the appointments for the children, and leaves no explanation. She doesn't return your calls and e-mails, and you're absolutely crushed. What's going on? What could possibly have happened to cause this turn-around?

Let me take you behind the scenes for a moment, to your new patient's home just as the family's relaxing after dinner and your patient recounts her wonderful experience in your office. Everyone's excited and the kids—both teenagers—are looking forward to their visit with you.

One of them is doing his homework on the computer, and you know how it is, he's also got Facebook open and toggles be-

up and mirrors exactly how they all feel: "idiot."

You've just lost a new patient, *and* her family, *and* all her future referrals. Nice. And you have no clue.

In the short time I've been on Facebook, I've seen photos and pictures of doctors that I'm certain they would never want their patients to see.

Somehow we forget that this social networking carries an incredible responsibility. You, as a chiropractor, represent our profession. There are no secrets. You can't hide behind your veil of professionalism, this transparency of staging, this alter ego. No.

And here's the zinger. If your patients and community don't resonate with what they see, you're done. If you don't at least meet their expectation of you as their doctor, you might as well move out of town. You're toast!

Some of you are feeling crushed. You've earned that right.

Facebook's fun but don't forget for a moment that it's open to everyone. How people in your community perceive you means everything! Will their perception be one you're proud to hear, or do you need to fix your Facebook image? Remember, it's your life and your practice. You get to decide!

For those of you who may not be aware, you can make different types of "friends lists," you can create different privacy set-

RESSEL continues on page 31

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"New 'cracked egg' poster gets referrals like crazy!"

Remember the last patient who asked you for a 'good crack?' Don't you cringe every time you hear that! Not to mention all the valuable REFERRALS you're losing when they tell family & friends about getting 'cracked' at the Chiropractor's office.

Well there's a new poster that fixes that. It's called the 'Eggs Get Cracked Poster' and DC's across the country are using it to get more respect & more family referrals.

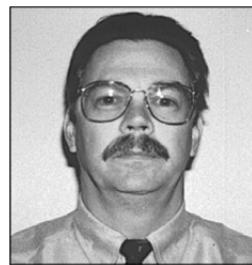
The next time a patient uses the 'crack' word, don't get hot under the collar. Just smile, point to your new adorable poster and share its heart warming story. Voila! Your patients will finally get it. They'll have a new appreciation for what you do and guaranteed they'll never use the 'crack' word again. See for yourself...

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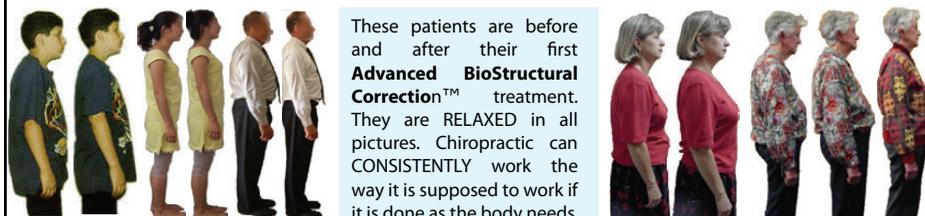
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Sincerely, Dr. Jesse Jutkowitz

The mission continues ...**Destination: The Dominican Republic**by **Peter Morgan, DC**

(NOTE: Part I of this series followed Dr. Morgan and his Mission-Chiropractic team's trip to Haiti earlier this year.)

We drove on roads with potholes the size of moon craters. Fifteen miles from the border, we witnessed people covered in mud running through the swamp. They were escaping Haiti for a better life in the Dominican Republic. After our voyage to Haiti we needed to spend the next day in chiropractic meditation before proceeding on with our mission.

Finally we arrived at our oasis: Camp David, a retreat high atop the mountains overlooking the city of Santiago in the Dominican Republic. It has spectacular views and the location serves as a training site for the leaders of the different Mission-Chiropractic teams. There, we read passages from D.D. Palmer's 1914 book, "The Chiropractor," before meditating and hiking through the mountains.

The next day we proceeded (chiropractic tables in hand) to the Caribbean's highest peak, Pico Duarte, and within a few hours we arrived in Arribicoa, a beautiful city lush with tropical plants, fruits and palm trees that lies below this majestic mountain. We immediately drove to the Arribicoa central police station, set up our tables and adjusted every police officer and employee.

Policemen handed their shot guns to other officers as they took their turn on our tables. Others phoned friends, family and other officers and told them to come to the station ASAP. After adjusting about 80 people, a group of policeman took us out to lunch and we had the best chicken, rice and



beans we've ever tasted. A strong brew of Dominican coffee launched us on our way.

Next, we set up our tables in the center of the city and adjusted 200 people in the next four to five hours. While that sounds like a lot of people, in third-world countries people line up and can't wait to get on the table. God guides our hands to areas that need adjusting. Full spine diversified takes less than a minute for an adjustment. People in third world countries are very easy to adjust. Very few people are overweight and audibles are common in people over 90.

We found a charming hotel part way up the Pico Duarte mountain. We rented several delightful cabins, with kitchens, living rooms, dens and balconies overlooking the valley below. The next day we arose early, and while hiking through the trails above

the hotel came upon a lovely old church. We sat in front of it gazing at the city that was enveloped in the mountains below. A slight drizzle moistened the pages of our copy of "The Chiropractor" during our daily reading on this day. As we contemplated on the vastness and power of the universe, as we pondered on the writings of D.D. Palmer, an enormous rainbow developed. It started about a quarter of a mile from where we were sitting and went across the entire valley, lasting for more than two hours.

We voyaged over the mountain tops of Pico Duarte and came upon a magical city. The climate was completely different than in any other part of the country. It was a cool 65 degrees with a rich blue sky. We were told by the locals that it was like this in Constanza every day.

The city was also in the midst of its yearly festival—an ideal time to start adjusting! Our tables were set up in a square that was blocked off for the night's festivities. We adjusted 2,000 people in approximately six hours. We took several hours off to eat with a wonderful family in their small abode. They were very appreciative of our adjustments to their grandmother and infant child. Grandma made a marvelous home cooked Dominican meal. You guessed right: rice, chicken and beans followed by the world's best cup of coffee.

During our mission trips to Haiti, Trinidad and the Dominican Republic, Mission-Chiropractic teams were sent to churches, orphanages, schools, nursing homes and even jails. Teams were sent to the ghettos, mountain top villages, farms and cities throughout the three countries.

On one trip last year, more than 50 chiropractors and 50 chiropractic assistants cared for more than 56,000 people in four days. Then in Trinidad this past January, Mission-Chiropractors adjusted over 10,000 people. Last April, Mission-Chiropractors established a world record for the most patients adjusted in two days. On that trip, 28 chiropractors, 31 chiropractic assistants and five volunteers cared for 21,545 patients—ranging in age from six months to 98 years—throughout the Dominican Republic and Haiti.

Upcoming missions are planned for Trinidad, Haiti, the Dominican Republic, and Ethiopia. Doctors interesting in joining future Mission-Chiropractic trips can contact Dr. Morgan at chirorye@aol.com or 646-323-9254. ■



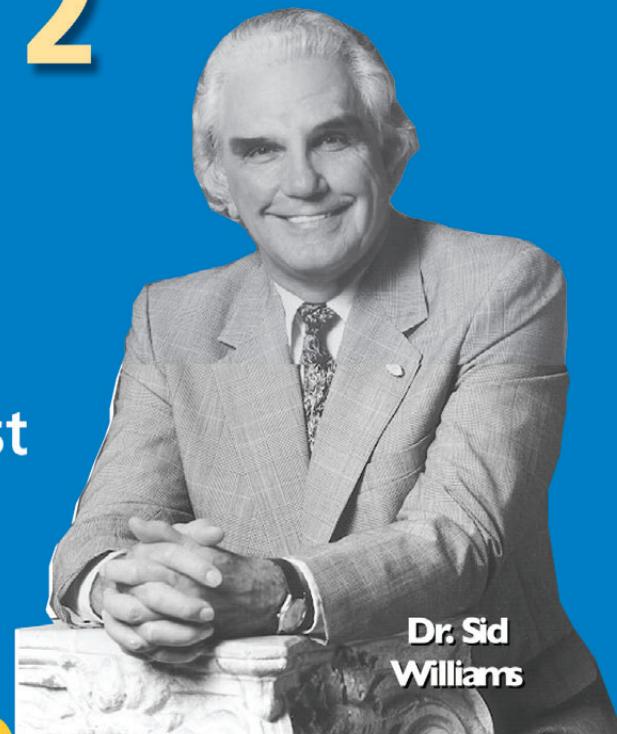
Top Row: The Mission-Chiropractic team has provided health care in remote areas of Cuba, the Dominican Republic, Haiti, and other nations. Below: The Dominican Republic is part tropical paradise and part poverty-ridden residential sections.



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Dr. Sid Williams

Dear Dr. Nell & Dr. Sid,

I want to Thank You for the MOST AMAZING DE MEETING I have ever attended. I am not only HONORED to have been in attendance, but I was PRIVILEGED to be



able to spend Friday afternoon with you preparing for the festivities. You made me feel so special by having me as your dinner guest and assisting with the tour of B.J.'s home. These are memories I WILL NEVER FORGET.

When I was in 3rd quarter at Life Chiropractic College, I had the opportunity of visiting the B.J. Palmer summer home with the fraternity and was consumed by the Chiropractic Spirit. Revisiting more than 8 years later has Awakened the Giant Within. This weekend has given me a New Spark, A Clearer Vision and a Deeper Faith in Myself and My Ability to Achieve.

You have taught me to be a Humble Servant; To Give, Love and Serve from my own Abundance and to Listen to the Voice Within. I am Forever Grateful for your Wisdom and Vision, and ask that you Pray for my Strength in carrying the Chiropractic torch. This weekend I finally became a Chiropractor!

I cannot wait until the next DE Meeting! Until then, just know that I Love and Appreciate You both, and please, let me know how I can Serve the Movement Better!

Your Friend
Rob DiMartino, D.C.
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Reaching new heights



Students at Parker Chiropractic College raise clinic doctor Paula Shaff, DC, to new heights as they show affection and appreciation for their mentor. Dr. Shaff, 45, has been teaching at the school for more than 12 years.

Life... from page 15

We start with a tobacco-free campus. Then, we add in our organic, low-fat, low-calorie Fitness Flair menu. And we provide access to an ongoing schedule of physical activity with sports teams and clubs, five miles of running trails, and a 90-acre campus with plenty of opportunity for a brisk walk or bike ride. In our Wellness Center, students (and employees) also work out with strength training and aerobic equipment and participate in Pilates, spinning, weightlifting, martial arts, salsa, yoga, boot camp, cardio burn and interval workouts.

Because of our interdisciplinary university programs, our students also enjoy nutrition counseling, life coaching and health and fitness evaluations, athletic assessments and injury care from student colleagues in these disciplines, as well as chiropractic care.

Support for the broader community

Although we could easily have predicted our vitalistic focus would manifest in

healthy food, exercise, chiropractic and stress reduction services for students, we're sometimes surprised how much it impacts even broader decisions.

For example, Life became one of the first 100 universities in the country to join the American College & University Presidents Climate Commitment to address global climate change. It flows logically from our vitalistic philosophy that we are also interested in protecting and promoting the health of the planet, nurturing an environment that encourages top performance.

Taking a stand

We understand the human organism is a dynamic and self-regulating system capable of maintaining itself in a state of health when there are no barriers to that full expression. We also know we cannot responsibly educate men and women to care for humanity and contribute to the science of advancing human performance without knowing how to care for themselves and the multi-faceted environment that nurtures them. ■

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