From the President…

A colleague of ours that I have admired for decades has repeatedly told me there is one common quality in all great leaders…they lead by serving. This colleague believed in this principle so much that he loaned me several books on the subject and we discussed this subject many times over a meal together. The last Saturday of October our IPA (Health Improvement Network or HIN), which is owned by NMCA, had a strategic meeting to try and make sense of what is happening in the volatile and changing insurance world that we have to deal with. Present and moderating this meeting was a gentleman who is a network developer for one of the main insurance companies here is this state. The moderator gave us an up-to-date presentation on how the insurance companies are interrupting the changing health care reform act and how that is effecting contracting.

Janice Torrez, the ED of HIN, informed all present about her ongoing discussions and negotiations with the major insurance carriers here in New Mexico. When Janice meets with these companies, she is talking with a Vice-President or higher. Janice explains that these meetings are with colleagues of hers that she has worked with for over twenty years. Janice told us that, because of her long-standing relationships with these upper managers, they have been honest with her about their concerns about our profession. These concerns run the gambit from poor education compared to other provider groups to consistent over-utilization. From these encounters and the knowledge Janice has gained from them, she presented various scenarios for the board to reflect on. There was much discussion and from this discussion came determination to have our profession and the IPA address all the concerns presented and rise to the challenges of the evolving health care reform act.

Many strategies were talked about and action steps were decided on to address the issues at hand. As I watched this process unfold before me, I could not help but reflect on our colleague’s comment...great leaders lead by serving. What I witnessed that Saturday morning was the unselfish willingness of this group of colleagues to organize and, with determination, work hard for the benefit of us all. In other words, LEAD BY SERVING. I also realized at this time that my investment in HIN and my continued monthly fee is well worth every penny. Listening to how Janice has weekly ongoing meetings with insurance companies, WC carriers and other provider groups AND how there is a very dedicated group of colleagues putting in their time freely, serving us, I actually feel guilty contributing only $100.00 a month. I realize that my yellow page ads, the cost of my time networking, and the time away from my family getting to be known by my referral sources cost me several times this much on a monthly basis without the direct access to the right people Janice and the HIN board has.

This meeting solidified in me that the collective investments of the NMCA and its participating members would yield great bounty for us in the future. The health care reform act has created a hesitation in the insurance companies eagerness to contract immediately (they need to know where the reform is taking them). It has also created great opportunities...opportunities in which Janice is educating the top management about our profession. She is showing them their prejudices are not well founded and she is providing them with real science about how our profession can increase the health of their insured and save them money by utilizing us. Wow...all this for the little investment I have made!!

The future is looking good!!

Yours in health,
Robert C. Jones, DC, APC
President
NMCA Board of Directors 2011–2012

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To contact any of the Board Members or Committee Chairmen, go to our website at www.nmchiro.org or contact:
NMCA
P.O. Box 21100 • Albuquerque, NM 87154
Jaeni13@aol.com, 505-280-0689 or fax 505-828-1128

VERY IMPORTANT!
Be sure to check our website
www.nmchiro.org
on a regular basis for the most up-to-date information from many different sources!

Editorial Policy
This Journal is the official publication of the New Mexico Chiropractic Association. The NMCA assumes no responsibility for material contained in articles, letters or advertisements published and publication does not necessarily constitute endorsement of them. The deadline for submission of articles and advertisements is three weeks prior to publication. Advertising rates and submission deadlines can be obtained by contacting the NMCA at 505-280-0680.
Bio-Identical Hormone Training – from A to Z
Advanced Practice Continuing Education Program
Co-Sponsored by Labrix Clinical Services, Inc. & Nutri-West 4-Life

March 24 - 25, 2012, Embassy Suites Hotel, Albuquerque, NM
Saturday, 8 a.m. to 5:30 p.m. and Sunday, 8 a.m. to 12:30 p.m.

Instructors:
Jay H. Mead, M.D. ~~ Erin Lommen, N.D. ~~ Ben Markham, D.C.

Learn from three experts in the field: Hormone Function, Clinical Exams, In-depth look at saliva hormone testing and how to use it in your practice, appropriate clinical indications for bio-identical prescription, dosing and contra-indications, how to successfully use targeted botanical/glandular nutrition, panel discussions, and tough cases. You know there is a demand for hormone testing and supplementation – this weekend will give you the clinical information AND the tools to get started on Monday morning. Free Marketing Starter Packs are available for the first 30 to register for the event.

$295 for NMCA Members and $345 for Non-Members
(13 DC-AP CE Hours & DC Relicensing CE Hours)

REGISTRATION FORM ~ ~ DC-AP CE Program 2012
Please return this form to: NMCA, P. O. Box 21100, Albuquerque, NM 87154 or fax to 505-828-1128 no later than ONE WEEK BEFORE THE SEMINAR. Make checks payable to NMCA.

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Jay H Mead, M.D.

Jay H. Mead MD, FASCP, is the President and Medical Director of Labrix Clinical Services, Inc and a visionary for innovative testing for discerning practitioners. He is a leading expert in Salivary hormone and Urine iodine testing. Dr. Mead has been practicing as a clinician for over twenty years and understands the need and value of accurate, reliable laboratory testing. Dr. Mead is a board certified pathologist (AP/CP), a retired USAF Flight Surgeon and cofounder of a progressive full service complementary and alternative medical clinic. He also has board certification in blood banking and lead the Pacific Northwest Region of the American Red Cross as the Chief Medical Officer for over 10 years. Dr Mead is the co-author of the newly released book: *Slim, Sane and Sexy: Pocket Guide to Natural, Bioidentical Hormone Balancing* (www.slimsaneandsexy.com).

Dr. Mead speaks at national and international conferences on topics including: Best Practices for State-of-the-Art Hormone Testing; Best Practices for Men’s Hormone Health; Beyond Testosterone…Progesterone for men, Youth’s Best Kept Secret; Vitamin D The Forgotten Hormone; Neurodegenerative Disease and Endocrine Balancing; an Integrative Approach; Thyroid Health and Prostate Health.

Erin Lommen, N.D.

CEO & Associate Medical Director

Dr. Lommen is a licensed Naturopathic Physician and is enjoying over 20 years of clinical family practice and health optimization utilizing Naturopathic practices. She was a clinical investigator for a successful 5-year study through the NIH (National Institute of Health) on chronic disease. Dr Lommen has taught as an associate professor at NCNM (National College of Naturopathic Medicine) for 10 years. She is the co-author of the popular book: *Slim, Sane and Sexy: Pocket Guide to Natural, Bioidentical Hormone Balancing* (www.slimsaneandsexy.com).

Dr. Lommen has spoken at National conferences on topics including: GI Health, Bioidentical Hormone Balancing, PCOS and Metabolic Syndrome, Depression, Chronic Fatigue Syndrome and Breast Health and Thermography. Television interviews include both local and national stations, most notably; CNN.

The treatment modalities she employs in her practice are: bioidentical hormones, nutrition, vitamin and mineral replacement, mind/body and lifestyle counseling, botanical medicine, liver cleansing and detoxification.

Dr. Ben Markham, DC

He has been in practice, currently in Albuquerque, with a chiropractic/clinical nutrition practice. He is a Diplomate, International Board of Applied Kinesiology; Fellow, International Academy of Clinical Acupuncture; Diplomate, American Chiropractic Board of Nutrition; Certified Clinical Nutritionist with the International and American Academy of Clinical Nutrition; and, a Board certified homeopathic physician from the Academy for Classical Homeopathy. Dr. Markham has taught applied kinesiology, nationally and internationally, along with numerous other topics, and has developed "Clinical Solutions" seminars, teaching clinical nutrition to licensed health care providers across the United States.
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From the Executive Director…

Dear Doctors of Chiropractic:

I can hardly believe another year is about to end! The Holidays will be upon us in just a few weeks and then a new year dawns!! With the new year comes another Legislative Session, more seminars and our 2012 Annual Convention among many other on-going projects! Don't forget to get your membership in and sign up for the convention! I will look forward to seeing you all in 2012!!

Membership

As of this moment, we have 305 members in the NMCA for 2011! That is truly great and thanks go to all the DCs that have joined us this year in support of their profession in New Mexico! We look forward to serving you throughout the upcoming year and into the future! AND, IT IS TIME AGAIN FOR YOUR MEMBERSHIP RENEWAL!! You will find membership information in this packet with the Journal and we hope you will fill it in and stay or become a member for 2012! Your profession needs your support!

2012 Legislative Session

The 2012 Legislative Session is a short session of only one month. We do not know if any health care bills will be allowed during this session. They can only be considered if the Governor puts them on her “Call” list. Linda Siegle, our Lobbyist, will be there either way and will look out for our interests. You will be kept abreast of legislative details as they occur!

Advanced Practice CEU Seminar

This year we have a wonderful AP CEU Program scheduled for March 24 and 25, 2012, at the Embassy Suites Hotel in Albuquerque. This event is being co-sponsored by Labrix Clinical Services, Inc., and Nutri-West 4-Life. Information is included in this Journal and you can also find it on the home page of our web site at www.nmchiro.org. This seminar has been approved for 13 CEUs for BOTH advanced practice doctors and for regular re-licensing! So, come one and all!! We look forward to having you attend this weekend event!

Convention 2012

We have a wonderful convention planned for 2012 and we hope you will all attend. In this packet of information you will find a flyer of our speakers and everything you need to register for the up-coming event! This information can also be found on the home page of our web site at www.nmchiro.org for your convenience; so, don’t wait!! Register now and join us in 2012 at the Sandia Resort & Casino!

Advanced Practice Training in New Mexico

The last round of Advanced Practice training in New Mexico began this past summer. We have completed six of the seminar weekends and have three left to accomplish! This is our last round of AP training and it is a great group of doctors. We had around 80 in Dr. Taylor’s classes and we have 50 in Dr. Richardson’s NUHS training.

NMCA IPA, Primary Physicians Network LLC

Please see an update provided by Ms. Janice Torrez, PPN Executive Director, in this Journal. Keep up the GREAT work!!!

On-Going Business

Thank you to all the Doctors of Chiropractic in NM that support the NMCA and the efforts of the Board of Directors and Committee Chairmen. These doctors are dedicated advocates of chiropractic and do their very best for each and every one of you. I know they would love to have your comments and suggestions for ways that the NMCA can continue to serve this great profession.

Be safe, healthy, and prosperous!! Enjoy your Holiday Season and may 2012 be your best year ever!!!

With warm regard,
Jaeni Aarden
Executive Director
I understand you have
risks specific to chiropractic.

—Diane Wasemiller, OUM Senior Underwriter

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both with Excellent ratings (A- and A, respectively) by A.M. Best.
PPN/HEALTH IMPROVEMENT NETWORK IS BUILDING THE FOUNDATION

The PPN/Health Improvement Network Board of Managers and Executive Director are working diligently to achieve the Mission and Vision of the HIN. It has become quite evident that the most critical factor we face in achieving the Mission and Vision is the ability to successfully educate the payor market about Chiropractic and the value that it brings. I believe we have made significant progress in their understanding regarding your education and your scope of practice. However, given the current healthcare climate, the payors are very focused on decreasing their costs through provider reimbursement efforts because they view this as “low hanging fruit.”

As health care reform remains in the forefront, decreases in payor reimbursements continue to be a threat, and payors look toward utilization management companies to manage chiropractic services, it is imperative that the PPN/HIN implement innovative strategic solutions that ultimately position the PPN/HIN to achieve its mission and vision. Those solutions are focused on:

- Reimbursement
- Product Development
- Network
- Payor Messaging

PAYOR UPDATE

BLUE CROSS BLUE SHIELD: We continue to have discussions with senior executives at Blue Cross and Blue Shield of New Mexico. BCBSNM is part of Health Care Services Corporation which includes the Blues plans of Illinois, Texas, Oklahoma and New Mexico. They have made a decision at their corporate level to engage a Chiropractic Management Company to manage Chiropractic utilization across these four states. We are working diligently to help them understand that by managing down Chiropractic utilization you increase high dollar utilization such as surgeries, hospitalizations, prescription drugs and expensive diagnostic imaging. I will provide additional updates as they become available.

PRIME HEALTH SERVICES: As you know, we have signed a contract with Prime Health Services, a national PPO, effective July 18th. We have now started to see some activity coming from Prime. The great news about this contract is that the State of New Mexico is Prime’s newest client. All providers should begin seeing increased activity as a result of this.

OTHER PAYOR ACTIVITY: We continue to have numerous discussions with other payors that include Lovelace Health Plan, New Mexico Mutual and Care Improvement Plus. Our focus has been in educating these payors on Chiropractic and the value that you bring. We wholeheartedly believe that these discussions will culminate in a contract offer. I will provide additional updates as they become available.

We recognize the commitment and investment you are making in the PPN and truly appreciate your patience and support as we “Tell Your Story” and forge new ground with the payors serving New Mexico. As always, if you have any questions, please feel free to contact me at any time.

Very Best Regards,

Janice M. Torrez
Executive Director
It Is Time To Treat!

ROUNDHOUSE SCHEDULE POSTED ON THE NMCA WEB SITE AT WWW.NMCHIRO.ORG ON THE HOME PAGE

Drs. Nancy Savoia and Lise Wall, Legislative Committee Co-Chairs

Doctors, it is that time again. We are ready to start treating at the Roundhouse for the 2012 session. The schedule begins Wednesday, January 18, and ends on Wednesday, February 15. Doctors of Chiropractic will be treating on Mondays, Wednesdays and Fridays. There are two half day slots available for each day: mornings from 9 a.m. to 1 p.m. and afternoons from 1 p.m. to 5 p.m. This means 26 slots are open for our chiropractic doctors to treat in the roundhouse.

There are other health care practitioners who treat regularly at the Roundhouse. Chiropractic has been represented for the past 20 years and there are many that are eager to be treated by YOU. Treating at the roundhouse gives us a unique opportunity to educate the legislators and their staff about what chiropractors do, how much education we have, and how cost-effective chiropractic care is for New Mexico.

Please volunteer for at least one session at the Roundhouse this year. You can recruit another doctor to work the same shift with you. What a great way to spend time by sharing the healing of chiropractic with a good friend. More importantly, what a wonderful way to help our elected representatives and their staff as they endure a grueling schedule at the Roundhouse.

Go to the NMCA web site at www.nmchiro.org to pick your day and time. Contact Jaeni at 505-280-0689 or by e-mail to jaeni13@aol.com to reserve your spot(s) for the 2012 Legislative Session! Thanks to all of you who have volunteered in the past, and we hope to see a few new faces this year!
Political Action Committee

Dr. Michael Pridham, PAC Treasurer

One of the most difficult things to do is to ask for help and money. In a study that was published in the Journal of Personality and Social Psychology, students were administered an exam on a microcomputer that was programmed to break down. The researchers were studying how long it would take the students to ask for help. They found that the “results generally support the predictions offered by social impact theory, which suggests that as social forces become stronger, the inhibiting impact of help-seeking increases.” What this means to me is that the more difficult a situation becomes, the more difficult it is to ask for help.

Well it is time for me to ask for help. The Political Action Committee (PAC) needs more monthly donations. I know that times are tough and the economy is slow. It has been a difficult time for many practices. One thing that we know for sure is that change is constant, and this applies to the laws in the country, and in New Mexico. There is at least one association whose stated goals have included “containing and eliminating” our entire profession. In order to keep track of all the changes that are occurring in the Roundhouse, we have to have someone there working for us full time.

Thankfully, we have Linda Siegle! Ms. Siegle is president of Resources for Change, a governmental relations and lobbying firm. As a lobbyist, she has 27 years of experience working with New Mexico Legislature and other governmental agencies. She is a publicly elected member of the Board of Trustees for Santa Fe Community College and is currently the chair. Ms. Siegle represents many health care and social service clients including the New Mexico Childcare and Education Association, the American Cancer Society Cancer Action Network, nurse midwives, occupational therapists, nurse practitioners, school nurses, the dieticians, the Santa Fe Public Schools and of course the New Mexico Chiropractic Association. She has been a champion for us and is deeply committed to health and human services in New Mexico.

An organization like the PAC takes more than one person to function. The committee is chaired by Dr. David Peer and has a number of dedicated individuals working together for the rest of the association. The legislative process is unpredictable at times and requires a strong team of dedicated professionals to keep up with the whirlwind of changes that occur each session. If we do not continue to fund the PAC, we will be left in the political dust. Please determine an amount of contribution each month to ensure the protection of our profession. Even if it seems like an insignificant amount... it will help.

“Snowflakes are one of nature’s most fragile things, but just look at what they can do when they stick together.”

ACA Protecting Full Inclusion of Chiropractic in Healthcare

Dr. Robert Jones, NMCA President & ACA Delegate

The ACA has been very busy this year on several fronts nationally. With the national health care reform act now law, HHS (Department of Human Health Services) is mandated with writing the rules for the new law. It is opined for every page of law there will be 100 pages of rules needed to be written. If my memory serves me well, there were greater than 100 pages in the new law. As much as our profession has been infighting over language usage, this is even a greater challenge with language being written into these rules with words like physician vs provider, essential vs non-essential, primary care provider vs primary care physician or plenary license vs restricted license. We have bantered these words around the past couple years and we use these words to describe what we want in our profession with a reckless disregard as to how the industry of health uses terms like these. It is issues like this that the ACA is struggling with and working through to ensure our rightful place in health care. The most serious of these issues are:

• Will doctors of chiropractic be viewed as “physicians.” (not being reviewed as physicians will greatly limit our access in the new reform act)
• Will DC’s services be viewed as essential or complementary?
• Will competitors push chiropractic into the background of the new national health care system? (Physical therapists have their vision 20/20…Naturpaths are trying to implement laws in all states…both these professions want to and are fighting for primary care status…And there is no intra-professional fighting on this issue…they are banded together nationally.)

The ACA this year has also battled with the insurance industry to make sure we are able to practice and get reimbursed fairly in today’s market. A recap of the ACA efforts on our behalf this year includes:
• In April 2011, ACA joined an existing class action lawsuit

1 Social inhibition and asking for help: The effects of number, strength, and immediacy of potential help givers.
Williams, Karen B.; Williams, Kipling D.
against United Healthcare based on United’s alleged improper recoupment of payments to providers. ACA amended the original complaints alleging that the use of post-payment audits and recoupments is only part of the scheme undertaken by United to enhance profits through denial of benefits. The complaint alleges that United, through its chiropractic network, OptumHealth, adopted a series of internal policies and procedures in order to improperly deny benefits. If you have experienced these abuses in your office, please contact the ACA they are gathering data to use in this suit.

• ACA is coordinating the fight to hold chiropractic networks accountable. The drive by insurers to decrease costs in the wake of the passage of the health care reform bill has increased the competitive tactics of chiropractic networks as they vie for market share. The practices that compromise providers and patients—unjust profiling, utilization review based on invalid data, burdening clinics with paperwork that is a duplication of what is already contained in medical records and recouping funds already paid—are issues that ACA is bringing strongly to the attention of regulators—and we have their ear. Increasingly, state Departments of Insurance are taking notice, and taking action, thanks to the dedicated, hardworking doctors who make their voices heard. ACA follows up on submitted concerns with letters, calls and face-to-face meetings—all of which help DCs to continue offering appropriate chiropractic care. Additionally, ACA has launched a webpage, the Chiropractic Network Action Center, to not only keep the profession abreast of these ongoing efforts, but also give members the ability to take action. Details can be found at www.acatoday.org/cnac.

• ACA develops new members-only ICD-10 and Version 5010 webpage. Found at www.acatoday.org/icd10
• ACA fights to stop inappropriate policies such as the recently overturned Kaiser Mid-Atlantic policy to deny cervical manipulation. Kaiser attempted to implement a policy that would deny cervical manipulation due to the potential for vertebral artery dissection. Kaiser withdrew the policy after ACA provided research and the solid, evidence-based rationale behind the profession’s care.
• DCs are once again designated as “physicians” in the BCBSA Federal Employee Plan (FEP). In January 2009, Blue Cross Blue Shield Association (BCBSA) changed the designation of doctors of chiropractic in its Federal Employee Plan (FEP) from “physicians” to “other health care providers.” FEP is the largest health plan in the world and has been cited as a model for health care reform. ACA immediately recognized that the change could seriously impact whether DCs would be allowed to provide the physician-level services they are educated and licensed to perform. ACA was also concerned that it might even cause the profession’s eventual restriction or complete exclusion from a national health care plan. ACA contacted BCBSA and asked BCBSA to reverse the decision. After much negotiation, ACA was successful.
• DCs are specifically named as potential members of interdisciplinary “Community Health Teams.” These new integrated teams will include primary care providers, specialists, other clinicians and licensed integrative health professionals as well as community resources that enhance patient care, wellness and lifestyle improvements. The teams support the development of “medical homes” by increasing access to comprehensive, community-based, coordinated care.

We are now in the regulatory phase of health care reform, or what ACA is calling, “The Road to Implementation.” The bottom line here is this:
• Implementation will be ongoing, multi-faceted and we will need to be aggressive.
• We must make sure doctors of chiropractic are fully woven into the fabric of the law.
• We must ensure that doctors of chiropractic are fully invested in this nation’s health care delivery system as it applies to the new law.

How is ACA engaged in The Road to Implementation?
• We seek to ensure the full applicability of Section 2706 of the PPACA (Non-Discrimination) to insurance plans (including ERISA and State Exchange Plans) as the primary mechanism to ensure that doctors of chiropractic can provide services in the newly regulated environment created by PPACA – and to ensure no language is adopted at the federal level relative to “essential benefits” that would specifically exclude services provided by, or the participation of, DCs.
• We continue to strongly make our position relative to the essential benefits and non-discrimination issues crystal clear at the highest levels of the U.S. Department of Health and Human Services, via the Gephardt group and our top allies in Congress.
• We continue to follow the advice of our principal Capitol Hill allies in these matters, and we (along with the Chiropractic Summit) are fully prepared to: 1) work to ascertain and influence draft regulations before they are released for public comment; 2) rapidly analyze proposed regulations as they are released; 3) prepare such formal comments as may be required; 4) facilitate creation and submission of supportive comments as required through the Summit and other available avenues, 5) communicate and cooperate with our key Hill allies on the development and implementation of any future strategic and action steps. Such steps include lobbying and targeted grassroots activity that may be required or prudent based on
the content of the proposed regulations—and the likely response of other interested parties (employers, insurance interests, etc.).

Legislative Actions being taken or pending by ACA:

- Ranking member of the House Veterans Affairs Committee, Rep. Bob Filner (D-Calif.) introduced the Chiropractic Care to All Veterans Act (H.R. 329), which would require the VA to have a chiropractic physician on staff at all major VA medical facilities by 2014. It would also amend the current statute, the Department of Veterans Affairs Health Care Programs Enhancement Act of 2001, ensuring that chiropractic benefits are included in the U.S. Code of Federal Regulations and therefore cannot be denied.
- A Senate companion bill to the House legislation was introduced in early June. S. 1147, introduced by Senator Richard Blumenthal (D-CT) mirrors the Filner bill, requiring a chiropractic physician on staff at all major VA medical facilities by 2014.
- In addition, Rep. Mike Rogers (R-Ala.) has re-introduced another piece of legislation (H.R. 409) in the House that would extend chiropractic care to U.S. military retirees, dependents and survivors as part of the TRICARE program. H.R. 409, the Chiropractic Health Parity for Military Beneficiaries Act, would require the Secretary of Defense to develop a plan to allow any beneficiary covered under TRICARE to select and have direct access to a chiropractic physician. The plan deadline is Aug. 31, 2011. Currently, only active-duty members are afforded the chiropractic benefit.
- Also regarding action in the Department of Defense, the ACA recently announced that ACA member and research consultant Christine Goertz, DC, PhD, will oversee the design and implementation of the three clinical trials funded by a $7.4 million grant awarded to scientists at the Palmer Center for Chiropractic Research (PCCR), the RAND Corporation and the Samueli Institute by the congressionally directed Medical Research Program.
- Access to Frontline Health Care Act (H.R. 531), would establish a new program to help chiropractic physicians and certain other health care providers repay their student loans if, in exchange, the providers establish and maintain practices in medically underserved areas. The legislation, introduced Feb. 8 in the U.S. House of Representatives by Rep. Bruce Braley (D-Iowa) would designate certain types of health care providers as “frontline” providers. ACA and ACC worked closely with the sponsor of the bill to ensure that chiropractic physicians are specified in the bill as qualifying for this status.
- Chiropractic Membership in the Public Health Service Commissioned Corps Act of 2011 (H.R. 664), introduced by Rep. Gene Green (D-Texas) on Feb. 11, would also benefit the public and the profession by requiring the inclusion of chiropractic physicians in the U.S. Public Health Service (USPHS) Commissioned Corps.

ACA has developed many tools and resources to assist members. The following links have proven very helpful and effective for members across the country:

- Coding: www.acatoday.org/coding
- Contracts: www.acatoday.org/contracts
- Audits and Recoupments: www.acatoday.org/audits
- Appeals: www.acatoday.org/appeals
- Forms and other Practice Resources: www.acatoday.org/resourcecenter
- ERISA: www.acatoday.org/erisa
- Patient Resources: www.acatoday.org/patientresource

From reading this report I hope that you have had a glimpse at how hard the ACA is working on your behalf. If you are not an ACA member, I ask that you join. Be part of the largest chiropractic association that is securing your future in a positive manner. The clinical tools and resources that you will have with your membership are well worth the dues. If you have any questions, please call or email me.

Robert C. Jones, DC, APC
New Mexico Delegate
Case Study of a 42-Year-Old Hispanic Female

Robert Jones, DC APC
Michael Pendleton, DC, APC

About one year ago a 42-year-old Hispanic lady entered my office with complaints of severe migraine-like headaches that had been persisting for several months. The headaches were constant and of such severity that she had not been able to work the previous two months. Upon meeting with this patient I immediately was concerned with her appearance. She had drooping of her eyelids and facial muscles around her mouth. She had some difficulty speaking and minor slurring of her speech. Her breathing was labored and you could tell by her body language that she was in a great deal of pain. Reviewing her personal history it was noted her occupation was nursing, she was married and had one child in elementary school. Medication history was Levothyroxin, Hetz, Lasinapril, Meclizine, Phenergan, Lexapro, Protonix, Ambien, Metamucil and Keppra. She was a nonsmoker, nondrinker and did not partake in recreational drugs. She did not know her family history because she was adopted. My initial concern was that this lady had recently had a stroke. Seeing that she was a nurse I discussed this with her in a very candid manner. She shared with me that the symptoms I was observing were seasonal for the past two years and occurred with the onset of fall. The previous year at this time and a couple weeks before entering my office she had spent a week both times in the hospital having a barrage of testing done for stroke or other CNS pathology. Both stays in the hospital yielded no clue as to her stroke like symptoms. At this time her major concern was the severe headaches that prevented her from working. Further discussions of her headaches lead me to believe that they were cervicogenic in nature and examination confirmed this. After obtaining her hospital records and reviewing them I felt comfortable that a trial of cervical adjustments were not clinically contraindicated for her headaches.

My patient responded immediately to trigger point work of the suboccipital fibers, upper trapezius and levator scapulae muscles along with adjustments to the mid to upper cervical spine. Within a week her headaches were under control and within another week she had returned to work. Along with resolving headaches her strokes like symptoms were also resolving. After about six treatments her headaches would return within a couple days after treatment. I discussed prolotherapy with her. I suggested the areas to inject were the posterior capsule ligaments and supraspinous ligaments to the unstable motor units. She responded very well and after a couple of adjustments after the injections she was released to prn. I saw her a few times over the next eight to ten months but it was not for headaches or cervical instability.

The patient entered my office again a couple weeks ago as fall was setting in. She again presented with the symptoms of having a stroke but after three previous years of this she was unwilling to go to her primary care provider to be put in the hospital. Upon examination I could not determine what was causing her symptoms so I referred her to Dr. Pendleton for further evaluation. I felt as a neurologist Dr. Pendleton could help her.

The following is the initial SOAP note on the patient that Dr. Jones referred for neurological consultation:

**Objective:**

The patient came into the office today with burning pain in her neck, muscle spasms in toes, between shoulder blades and chest, B droopy eyelids and a cracking voice. She has weakness in B hands (primarily on her L.) She feels like she has lost her fine motor skills in her R hand which started about four years ago with “stroke like” symptoms and reoccurs the same time every year. Initially her symptoms began after the death of her father (four years ago). She has very bad vertigo and feels like the world is spinning around her to the L. She has nausea and vomiting with her vertigo. Her chest feels heavy and she feels like she cannot catch her breath. She has had EKG's done which were WNL. She has swelling in her L leg and sometimes has a dragging R foot. She gets spasms in toes so bad she bends her toes to keep them from going in different directions. Lately, the patient has had a hard time opening the packages the syringes come in at work with her L hand.

She feels worse when she is cold and feels better with warm showers and rest.

The patient does feel better when she has been on Prednisone, when she gets adjusted by Dr. Jones and when Dr. Jones put her on a restricted diet of gluten, sugar and diary.

She has had 4-5 MRI’s of her brain. She has had an MRA and a spinal tap last year which all came back normal. There were no records to review on today’s visit.

**Past history:**

Diagnosed with fibromyalgia. She has taken numerous anti-seizure meds. She has had three surgeries on both hips starting in 1990. L hip labral tear in 2011, which has caused the L LE to swell ever since, R ankle surgery in 2002 and two C-sections in 1999 and 2001. She was diagnosed with complex migraines by Dr. Freedman.

**Subjective:**

The patient entered my office again a couple weeks ago as fall was setting in. She again presented with the symptoms...
The patient’s R foot went into tetanic myospasms (extension and abduction) when she reached with the foot. It took about 30 seconds to stop.

The patient showed mild labored breathing on inhalation throughout the entire examination. There is some difficulty with speech.

**Facial exam:**
Bilateral ptosis with weakness on MMT. During FOG testing her mandible tracked with the eyes. + Myerson's sign.

**Eye exam**
She had normal D and I light reflexes but quite sensitive on the R eye. - FUNDIC exam.

FOG testing was WNL except for some weakness in convergence testing.
OPK testing reveals:
Difficulty going S-I.

**Ear exam:**
Weber’s test lateralizes to the R and Rinne’s test showed AC= BC.

Manual, subjectively rated strength tests were performed on some of the major muscle groups of the upper and lower extremities, based on the AMA Guides to the Evaluation of Permanent Impairment, 4th Ed., 1993/5th ed., 2001. A rating scale of five to zero is used, five being normal. Muscle strength losses of the upper and lower extremities indicate new logical facilitation resulting from, to the cervical and/or lumbar spine. Testing revealed a decrease in normal bilateral muscle strength indicative of subluxation based neurological dysfunction. The areas that tested weak during the examination include; L deltoid, L supraspinatus, L bicep, L triceps, L pronator teres, L extensor carpi radialis longus/brevis, L abductor pollicis brevis and L finger abductors. These muscles were rated at a grade 4 out of 5. These muscles also fatigued very quickly on subsequent testing. The right UE fatigued but not as quick as the L side.

Examination of the reflexes elicits the following levels of response:
0: no response
1+: somewhat diminished; low normal
2+: average; normal
3+: brisker than average; possibly but not necessarily indicative of disease
4+: very brisk, hyperactive; often indicative of disease; often associated with clonus (rhythmic oscillations between flexion and extension).

flexor response
extensor response
no response

Reflex testing was completed on the patient with the following results; Biceps (C5, C6) 1+ and somewhat diminished, Triceps (C6, C7, C8) 1+ and somewhat diminished, Brachioradialis (C5, C6) 1+ and somewhat diminished, Patellar (L2, L3, L4) 1+ and somewhat diminished, Achilles (S1, S2) 1+ and somewhat diminished and Plantar (L4, L5, S1, S2 or upper motor neuron lesion) no response.

The pinwheel test was done to search for sensory dermatome deficits caused by neural blockages. Sensory dermatome hyperesthesia were found at the following spinal levels; L digits 2-5, R neck, L face and forehead, R thigh, L lateral foot.

Cerebellar testing revealed a positive Rhomberg’s Test (she falls backwards), terminal dysmetria on the L on finger-to-nose testing, slowness in the L hand on dysdiadokinetic testing and ataxia on L heel-to-shin test.

**Assessment:**
Initial assessment would include:
1. Myasthenia Gravis
2. L cerebellar deafferentation
3. Vertigo

The following are possible (but not limited to) differential diagnosis(s):
1. Lyme's Disease
2. Lambert-Eaton Myasthenia Gravis
3. Motor - Sensory polyneuropathy
4. Autoimmune disorder(s)
5. Thyoma

**Plan:**
The plan is to address each individual clinical assessment through chiropractic manipulative therapy (by Dr. Jones) and/or diagnostic testing (in the form of blood testing, urine testing, or saliva testing).

Specifically, the following blood tests should be ordered:
1. Acetylcholine receptor antibodies (came back negative)
2. CBC with full metabolic panel. (came back negative)
3. Autoimmune panel (came back negative)
4. ANA (came back negative)
5. Anti MuSK- antibody (came back negative)
6. 154 IgG food serum analysis
7. Gluten sensitivity test (came back negative)
8. Repetitive stimulation on NCV testing of the occularis oris, depending on the outcomes of the blood tests. (not performed yet)

Once the tests have been ordered and reviewed, a better treatment plan can be put in place.

**Discussion:**
Even though the patient’s Acetylcholine Receptor Antibodies came back at negative, this test is only accurate in 60% of the cases tested. Repetitive stimulation electrodagnostic testing of the occularis muscles will reveal a consistent and marked reduction in the action potential after 10 stimulations. This is repeated after 1 minute, then 3 minutes and then 5 minutes. At the time of this report, the test had not been performed. The next diagnostic protocol is to place the patient on Pyridostigmine bromide and or Neostigmine (Prostigmin). These
agents inhibit AChE, raising the concentration of ACh at the NMJ and increasing the chance of activating the AChR. Any medication that increases the activity of the AChR can have an effect on myasthenia gravis. The medication is diagnostic if it makes a difference in her symptoms. Myasthenia gravis is an autoimmune disease, and immunomodulatory therapies have been used for these disorders since introduction of steroids. Although no rigorous clinical trials have established the efficacy of immunomodulatory therapies in myasthenia gravis, several uncontrolled trials and retrospective studies support use of such therapies. The therapies used in myasthenia gravis include prednisone, azathioprine, IVIg, plasmapheresis, and cyclosporine.

The patient did state in her history that she felt better while on a restricted diet recommended by Dr. Jones. As with all autoimmune disorders, looking at the gut function is the first item to address. That is why IgG and gluten sensitivity tests were ordered. The food IgG has not been ordered yet because of insurance issues.

At the time of this report, her PCP had not yet written the prescription for these medications.

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### 2011/2012 Calendar of Events

**2011**

**December**
- NMCA/NUHS Advanced Practice Module 2, December 17 & 18, 2011. Marriott Pyramid North, Albuquerque, 8 a.m. to 5 p.m. Saturday and 8 a.m. to 12:30 p.m. Sunday.

**2012**

**January**
- NMCA/NUHS Advanced Practice Module 3, January 21 & 22, 2012. Marriott Pyramid North, Albuquerque, 8 a.m. to 5 p.m. Saturday and 8 a.m. to 12:30 p.m. Sunday.

**February**
- NMCA/NUHS Advanced Practice Module 4, February 18 & 19, 2012. Marriott Pyramid North, Albuquerque, 8 a.m. to 5 p.m. Saturday and 8 a.m. to 12:30 p.m. Sunday.

**March**
- Advanced Practice CEU Seminar, March 24 & 25, 2012, Embassy Suites Hotel, Albuquerque, NM. APPROVED FOR BOTH AP DCs AND REGULAR RE-LICENSING.

**May**

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### Your Bylaws Committee at Work

**Dr. Elaine Adams, Bylaws Committee Chair**

I know that bylaws are not the most exciting topic on the planet, but, if you were at the last NMCA convention, you know that even bylaws can cause some excitement. I have been serving as the bylaws committee chair for more years than I care to think about at this point and I have seen many changes in our bylaws during that time. Unfortunately, the changes didn’t always agree with what already existed and sometimes our changes came out a bit jumbled. In other words, we needed some help.

For those of you that attended the last convention, you met Daniel Ivey-Soto. He was the Parliamentarian at our General Assembly meeting. Mr. Ivey-Soto has agreed to come on board and help us repair our bylaws. He is going to streamline them, eliminate the contradictions and help us make our NMCA the well-oiled machine that we all want it to be. We are just beginning and its going to be a long process.

I want to thank the members of the committee that have volunteered to help me through this bylaw experience. Dr. Michael Brown, Dr. John Rogers, Dr. John Dalton and, of course, Jaeni are all working on this process. We hope to have a shiny new set of bylaws to present to the membership at next year’s convention so that you can look them over and see what you think. We will make the changes that the General Assembly votes are necessary and, then, the following year (2013) the new bylaws can be presented for approval.

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### VISION STATEMENT of the NEW MEXICO CHIROPRACTIC ASSOCIATION

The Vision of the New Mexico Chiropractic Association is to have every Chiropractor in the State of New Mexico as a member, working together to expand and protect the rights of the chiropractic profession.

The NMCA needs every chiropractor in the state involved and united in order to combat any loss of chiropractic rights as they now stand, to stop any infringement by other professions into areas that are traditionally chiropractic in nature, to provide pathways for chiropractors to expand their areas of expertise in order to serve their patient population to the fullest, to educate the public as to the value and benefit of chiropractic care, and to provide easy access to chiropractors within the health care industry.

The NMCA is the only organization in the state that can accomplish the above work. This work cannot, however, be accomplished without the required funds and without the necessary people to follow through. Therefore, the NMCA needs a large and actively involved membership. No matter what part of the state you call home, if the Practice Act for Chiropractors changes, you will be affected—for better or for worse, depending on whose changes are adopted. Help us make the changes that occur, changes that you want to see occur, changes that will enhance your profession.

In summary, the NMCA Vision is to have the total participation and backing of the entire chiropractic community in New Mexico toward the enhancement of the chiropractic profession while protecting the rights of chiropractors to treat patients within the expertise of their training and licensure. Please help us make this Vision a reality!!
The liveliest debate among chiropractors regarding the EHR Incentive “Stimulus” Program revolves around drugs...naturally!

With rare exception, medication prescription does not fall within chiropractic’s scope of practice. Why then, must a chiropractor use an EHR with all the drug bells and whistles or maintain an active medication list on his or her patients to be eligible for stimulus money?

NOTE: This article has the most up-to-date information at the time of this writing; however, the government program is continually evolving, so please join me for the latest news update at my regularly scheduled educational webinars at www.acomhealth.com/EHRwebinar.

Vendor Requirements: the Final Rule

Let’s start at the top, the Final Rule. On July 28, 2010, after much debate and public comment, CMS released 42 CFR Parts 412, 413, 422 et al. Medicare and Medicaid Programs; Electronic Health Record Incentive Program; Final Rule. Essentially, this 276 page document is the EHR Incentive Program’s Bible. It says, an EP (Eligible Professional), that’s you, must utilize a single “complete” certified EHR, or multiple “modular” certified EHRs when combined cover 100% of the required Meaningful Use (MU) measures.

The government’s intent is to ensure the decision of whether or not any particular MU measure is used, or not used, remains in the hands of the provider, not the vendor. As a result, software vendors who chose to attain “complete” certification status - so doctors would only need to purchase a single EHR - had to incorporate all drug related MU measures into their product, including those related to drugs, even though their end users may never ePrescribe or make medication recommendations.

Side note: A glimmer of sunshine was written into the Final Rule allowing EHR vendors to “turn off” the ePrescribe functionality as long as it could be activated at a provider’s request. This language was extremely important from the chiropractic perspective because it meant chiropractors, other than those few who prescribe drugs, wouldn’t have to pay for software functionality which doesn’t apply to them and is actually illegal to use.

Provider Requirements

Now let's look beyond vendor requirements and into what the provider must do to qualify for incentive payments.
If you read my previous article, Meaningful Use – In A Nutshell, you’ll know there are 25 MU measures. Of these, seven are drug related, but only three really matter: Drug Interaction Checks (Core #2); Active Medication List (Core #5); and Medication Allergy List (Core #6). Why? Because there is “no exclusion” for these measures! Therefore, all providers wishing to meet MU must complete all three to successfully attest.

No need to panic. Drug Interaction Checks must simply be “enabled,” or turned ON. Drug Interactions run automatically in the background of your software and alert you when two drugs on a patient’s medication list have known severe incidence of adverse effects (huge opportunity to educate patients here). Simple enough!

Next, Medication and Medication Allergy Lists are both straightforward activities which you are “not required to update…at every contact with the patient” and you may use your “clinical judgment to decide when additional probing is required.” Super simple!

Provider Exclusions

CPOE for Medication Orders (Core #1), ePrescribing (Core #4), and Drug Formulary Checks (Menu #1) are three more MU measures related to drugs; however, all three carry an exclusion for providers who write fewer than 100 prescriptions.

Think of exclusions as exemptions, or immunity. So, unless you write more than 100 prescriptions, there’s no need to worry about these three drug measures at all...you’re excluded!

Medication Reconciliation (Menu #7) is the last of the seven MU measures related to drugs, however, it too is of little concern because it is a Menu item; meaning, you don’t need to report on it (remember, you only need to report on 5 of 10 Menu measures). Besides, other Menu items are recommended and less problematic. Plus, Medication Reconciliation has an exclusion you may qualify for if you are not the recipient of any “transitions of care” - a patient was referred to you by another provider.

Summary

To recap, there are seven MU measures related to drugs, but only three carry significance to DCs because they do not have exclusions. They are:

1. Drug Interaction Checks
2. Active Medication List
3. Medication Allergy List

Consequently, all providers, regardless of scope, must report on these three measures if they are to successfully meet MU and get a stimulus check.

The good news is this: Even though your software must do it all, you don’t; and the above mentioned measures are reasonable and easy to complete when given the right EHR technology.

NOTE: This article has the most up-to-date information at the time of this writing; however, the government program is continually evolving, so please join me for the latest news update at my regularly scheduled educational webinars at www.acomhealth.com/EHRwebinar.

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For more information or to register for the free webinar: “Inside the EHR Stimulus Incentive”

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Job Opportunities

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LOOKING FOR WELL-QUALIFIED CHIROPRACTORS – The Join . . . “the chiropractic place,” a national chain, is looking for well-qualified chiropractors for our two new clinics opening soon in Albuquerque. Our philosophy is bringing convenience and affordable chiropractic care to people or all ages and socio-economic groups. We eliminate the hassle of paperwork, scheduling software, and insurance companies. Visit our web site at www.thejoint.com. Please send your resume to rguithrie@thejoint.com

CHIROPRACTOR NEEDED IN LAS CRUCES – Dallas based company is looking for a DC in Las Cruces, NM. Perfect opportunity for the right chiropractor to own a practice with the business structure and support needed to help you grow your practice. All new patients are approved before moving. The unit is currently disassembled and in storage, ready to be picked up. Call 299-6622 for more information or purchase, please contact us immediately by sending your resume to cmchiropractice@hotmail.com or call 299-6622 for more information or e-mail doctorpeer@hotmail.com. A new Western States graduate to be in about 6 months. $160,000. Please feel free to email or call me directly at the information below.

LOOKING FOR A POSITION – Starving, soon to be Palmer graduate in need of a job. I will be graduating from Palmer College on October 28, 2011 and will be returning to Albuquerque to practice. I will have finished my internship at the National Naval Medical Center in Bethesda, MD where I worked with Bill Morgan D.C. adjusting the Nation’s wounded warriors and active duty military. I am looking for a job, so if any are available, that would make my day! I am happy to provide references and CV/resume when contacted. I will be in Albuquerque for interviews, July 12-17. Please feel free to email or call me directly at the information below. Christina Hall, 505-259-0146, missnewmexico2006@hotmail.com. Thank you.

LOOKING FOR AN ASSOCIATE – Associate Chiropractor for Portales/ Clovis practice. Please contact Dr. William Smith at bonemammn@yahoo.com or 575 359-4440.

JOB OPPORTUNITY – I am looking for a chiropractor who wants to work part time in my practice receiving a generous percentage and having all your billing work done. Please respond to Harvestchiro@gmail.com.

LOOKING FOR POSITION – A New Western States Graduate to be in about 6 months wants to associate with a DC in Albuquerque, NM, with the hope of purchasing the practice at some point in time. He is married with two children, very responsible, high recommendations from some of the Western States Faculty. Please have interested doctors contact Dr. Jim Lehman at jaslehman@aol.com.

Equipment for Sale

EQUIPMENT FOR SALE – Fischer 1986 X-ray unit, very good condition. Includes 500 KVp unit, table, hand held x-ray tube and processor. Call 505-6622 for more information or e-mail doctorpeer@hotmail.com

EQUIPMENT FOR SALE – Perfect for chiropractor, x-ray on premises. 3000 sq. ft. in the Penn-Mont professional plaza in Albuquerque. Lots of referrals from the other healthcare professionals. Associate doctor ready to go out on your own? Sole practitioner ready to add an associate? For sale or lease, will hold the paper on a purchase. Large active care area with lots of treatment rooms. X-ray tube and processor stay. Call 299-6622 for more information or e-mail doctorpeer@hotmail.com.

LOOKING FOR OFFICE SPACE – Licensed NM DC seeks one room to rent in an existing office in Albuquerque for 2-3 days monthly. Please contact Robert at (703) 641-4966 EST or e-mail vnmdc@verizon.net.

SPACE AVAILABLE – Space available at 9601 Sierra Vista Court, NE, Albuquerque. Please contact Dr. Gretchen Peterson, DC, at 505-480-8505 for details and information.

PRACTICE FOR SALE – BUILDING & EQUIPMENT – 30 + years, 6 years with current owner, established practice in Jal, New Mexico. 2600 sq. ft. building with more than enough space and rooms to accommodate adjustments, exams, therapies and x-rays. Equipment includes 2 adjusting tables, 1 combination traction/segmental distraction table, and more. Asking the fair market value of the building at $169,000. Contact Dr. Kendall Boyd at 575-513-0319 or kw_boyd@yahoo.com.

2 CHIROPRACTIC OFFICES FOR SALE. CHIROPRACTOR DIED SUDDENLY – One practice in Albuquerque, NM, and one practice in Santa Rosa, NM. Practices have been established for over 14 years. Equipment included. Great for a starter chiropractor. Both offices priced to sell. If interested, please call 505-856-0082 or email at soapeasi@hotmail.com.

EQUIPMENT FOR SALE – Fully functioning hi/lo table for sale, $900 OBO, call for more information, 575-522-5999.

EQUIPMENT FOR SALE – Zenith 420 Thompson table with cervical, dorsal, lumbar, pelvic drops, tilting elevating headpiece, raised pelvic, and adjustable ankle rest. $4,000 OBO. Pick up in Ruidoso. For information or purchase, please call (575) 558-5459.

EQUIPMENT FOR SALE – Intelect combo 4. Channel, E-1 Hydromodulator with wrap, 2 Durabuilt Rectangular Tables with Face slot (Tand) and Elite Manual Flexion Table (brown). Everything is virtually new and in pristine condition. I’m looking to recover 75 cents on the dollar. Thanks. Contact me directly at david_grei@msn.com.

EQUIPMENT FOR SALE – Chattanooga Insect 120 Electro Musical Stimulator. Awaiting OSHA standards. Asking $800. Also have a 3-tier stainless steel rolling cart for $60. Selling a 2’/0 Lloyd Standard chiropractic table with moveable head piece for $300 OBO. Call Ramlee at 505-984-3034 or e-mail inquiries to shelia.gerald@gmail.com.

EQUIPMENT FOR SALE – Complete X-Ray Unit. Raytheon RMS 325. Includes X-ray tube, collimator, tube stand, bushy, grid cabinet, and HV cables. Notes: This is the unit I bought used this but in great condition in 2008. I used it in my clinic for one year before moving. The unit is currently disassembled and in storage, ready to be picked up. Priced at a quick sell at $4,500. Please call Jacob at (505)908-1990 for inquiries.

NURSE STATION FOR SALE – This is an all stainless storage cabinet, DEURER brand, refrigerator, and combo with all locking drawers and a double locking cabinet. Also, it has a light this is recessed in the top that illuminates the work area. This is an excellent piece of equipment that will last forever. Dimensions: H 77”, W 48” and D 20”. Price $3,500.00. Pick up in Tucumcari, NM. Contact Dr. Ross Hastie at 575-403-5267.

EQUIPMENT FOR SALE – Acoustic Cardiograph. In new condition. Paid $6,500 for it but will sell for $3,500. Contact Dr. Vernon Reddy at (505)888-6138.

EQUIPMENT FOR SALE – CHIROPRACTIC TABLE – Flexion-Distraction table (barnes/chiro manis) + elevation (24-30 inches ht. adjustable) with electric pedal. Carmel colored covers in excellent condition. $925 OBO. Possible additional discount to new doctor in practice less than 4 years. Call Robert Byrd (505) 268-0808.

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