

President's Message



Hello UVCA Members!

As I write this, I've just returned from our Fall Convention September 30 through October 2 in Northern Virginia. It was a great gathering of older and newer docs. There were classes on leadership, nutrition, practice management, extremity adjusting, and insurance. We try to do a mixture of topics to appeal to everyone.



A highlight of the program was John Ramstead, our Keynote speaker. He is author of "On Purpose with Purpose" which is about how to live your best life by reaching your destination goal of the life you want to create. He combines his experience as a Navy combat fighter pilot, Fortune 500 manager and serial entrepreneur with his passion for helping you and your team reach your full potential.

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Dr. Michelle Rose, UVCA President

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Understanding Long COVID-19

By Scott Banks, DC

Long COVID-19, which is the persistence of symptoms past when the acute infection has resolved, affects approximately 10-20% of both patients who suffered from severe acute infection as well as those who had milder disease. To give 10-20% perspective, the U.S. has had over 80 million infections during the 2 ½ years of the pandemic suggesting that those with some persisting symptoms may number in the 8 to 20 million range.

Given this large population with ongoing morbidity following COVID-19 infection a large research effort is underway to understand this process which may lead to effective treatment. Pieces of the long COVID-19 symptom generation that have been found to this point include:

- Failure to resolve the inflammation involved in the acute infection.
- Reactivation of prior infection with Epstein Barr virus.
- Post-infectious harboring of viral fragments in intestinal epithelial cells.
- Low post-COVID-19 cortisol levels.
- Mitochondrial dysfunction

Inadequate Inflammatory Resolution

Inflammation is an important response to infection. It is part of the initial immune response that tries to control infection while the more complex antibody system is activating. Inflammation, however, can be a two-edged sword injuring the host if it is too aggressive or sustained.

The “too aggressive” example in COVID-19 has been those with severe infections who developed “**cytokine storm**” which caused extensive damage to the lungs often *Continued on page 4*

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Continued from page 3 resulting in death. There appears to be a strong correlation between pre-existing comorbidities such as obesity and type 2 diabetes, and the risk of cytokine storm. This correlation is associated with the pre-infection inflammation associated with these conditions. Those who were “pre-inflamed” prior to infection were at risk of more intense cytokine storm.

It now appears that, in contrast to acute infection with too aggressive inflammation, long COVID-19 is driven by “sustained inflammation” or inflammation that fails to turn off when it is not needed.⁽¹⁾ Researchers have found elevated innate immune inflammatory cytokine levels had 80% predictive accuracy with long COVID-19 symptoms. It is uncertain if these individuals had high background inflammatory levels prior to infection or if they cannot resolve it for other reasons.

Aggressive treatment of inflammation during the acute infection is important. Treatment with NFκB inhibitors such as curcumin, resveratrol, boswellia serrata and glutathione ideally should be used early. Once long COVID-19 exists these measures should be instituted if not addressed during the acute infection.

An additional tool to resolve the persistent inflammation is vagal nerve stimulation (VNS). VNS activates the transition of macrophages from the M1 or proinflammatory phase to the M2 anti-inflammatory and pro-resolving phase. Most of this occurs in the spleen reprogramming circulating macrophages but also directly in inflamed tissues. A pilot study of VNS in 13 patients with long COVID-19 showed it was moderately successful in relieving mental fatigue, a symptom patients commonly call “brain fog”.⁽³⁾

M2 phase macrophages use cell membrane omega-3 fatty acids to produce the anti-inflammatory and pro-resolving cytokines. Research suggests that a cell membrane omega-3 FA of 8% or greater is needed to support this resolution. An RBC cell fatty acid

test such as QomegaQuant or Brain Span can be used to evaluate this adequacy. In the absence of testing, dosing of >2000 mgs of EPA and DHA should be used to ensure adequate cell membrane levels.

Re-emergent Epstein Barr Viral Infection

Viral infections have long been known to cause post-infectious syndromes such as chronic fatigue syndrome or myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS) following Epstein Barr viral infection.

One of the comorbidities that has been associated the common symptoms of long COVID-19 is previous infection with the Epstein Barr virus. In a study of 215 patients with persisting postinfectious symptoms, persisting co-infection with the Epstein Barr virus was common.⁽²⁾ It is well established that 90-95% of the adult population show serologic evidence of Epstein Barr infection. In most the virus is dormant and serum IgG antibody levels suggest previous infection. It is likely that the high Epstein Barr antibody levels seen in long COVID-19 reflect reactivation of previous dormant virus.

Those with inactive prior Epstein Barr infections, IgG antibody titers are low. Levels 6-fold greater than the normal level seen in old, inactive infection reflect reactivation. The concern of this finding is that the immune stress of COVID-19 infection allows reactivation of dormant Epstein Barr infection. Longer term antiviral treatment targeting the Epstein Barr virus with andrographis, astragalus, berberine and reishi mushroom are effective natural products.

Post-infectious Viral Fragments

Another interesting piece of research suggests why persisting inflammation occurs in some following acute infection. Researchers examined tissue specimens from 46 patients who had biopsies to investigate inflammatory bowel disease and who had had COVID-19 infection.⁽⁴⁾ Biopsies *Continued on page 5*

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Continued from page 4 were an average of 219 days post-infection. Viral fragments were found in the majority of gut epithelial cells and local CD8+ T cells. Their presence was unrelated to severity of acute COVID-19, immunosuppressive therapy, and gut inflammation. Live virus was unable to be cultured from the samples.

This work correlates with previous studies which documented viral fragments in the feces well past negative testing for the active virus. Why some individuals harbor viral fragments in the gut is unknown at this point. What is known is that they seem to be related to the driving of the persisting inflammatory response.

Autophagy is the cell process used to clear dysfunctional cell organelles but also viral fragments. This is often impaired in chronic illness and with age. Quercetin has been shown to stimulate cell autophagy and may be of benefit. A metabolite of quercetin produced by the gut microbiome, urolithin A is the direct autophagy facilitator and it may be more productive to supplement directly with that.⁽⁵⁾ A dysbiotic gut microbiome which is common impairs the conversion of quercetin to urolithin A.

Low Post-COVID-19 Cortisol Levels

The other significant finding in the study of the 215 long COVID patients was low cortisol.⁽²⁾ Cortisol is the dominant endogenous anti-inflammatory steroid. Low levels are often associated with poor inflammatory suppression. Several herbs such as licorice and Rhemannia have been found to support cortisol levels and suppress inflammation. As fatigue is a common symptom associated with low cortisol levels, supporting this recovery is important in long COVID-19.

Mitochondrial Dysfunction

A universal finding in post infectious chronic fatigue syndrome has been reduced mitochondrial energy production. Given the close match between long COVID-19 with fatigue being the most common symptom, it is thought that mitochondrial dysfunction is an important driving factor.⁽⁶⁾ A trial of a supplement of antioxidants, mitochondrial support nutrients, and circulatory enhancers such as ginkgo produced improvement in fatigue in 76% of subjects after 14 days and 90% after 28 days.⁽⁷⁾

This response suggests mitochondrial energy production deficits produce by inflammation and oxidative stress are highly involved in long COVID-19 symptoms. It also suggests that in addition to the anti-inflammatory treatments above, additional mitochondrial nutrition has therapeutic value. Important mitochondrial antioxidants include vitamins C, E, alpha lipoic acid and CoQ 10. Support micronutrients include thiamine, riboflavin, niacin and magnesium.

Summary

While the pandemic persists with the omicron variants, some good news is occurring. For most, this variant causes less severe disease and less chance of acute adverse outcome. It also seems to be associated with a lower rate of long COVID-19 than the delta variant by 50%.⁽⁸⁾

The large group of nutrients discussed above sounds like an immense amount of supplements to take. Many of them are



complexed in single supplements targeting inflammation, cortisol support and mitochondrial support greatly reducing the “pill/capsule volume” concern many patients have. It is best to investigate those with your supplier representatives before the patients with long COVID-19 begin inquiring.

All health care practices will be seeing patients with persisting and disruptive symptoms months past an acute COVID-19 infection. We are developing an understanding of why and what can be done to help resolve these symptoms. The problem is complex and multifactorial requiring a comprehensive treatment program as discussed above. Your patient will be asking. We should be ready.

1) Phetsouphanh et al. IMMUNOLOGICAL DYSFUNCTION PERSISTS FOR 8 MONTHS FOLLOWING INITIAL MILD-TO-MODERATE SARS-COV-2 INFECTION. *Nature Immunology*, 2022;23:210–216.

2) Klein et al. DISTINGUISHING FEATURES OF LONG COVID IDENTIFIED THROUGH IMMUNE PROFILING. medRxiv, <https://doi.org/10.1101/2022.08.09.22278592>.

3) Badran et al. A PILOT RANDOMIZED CONTROLLED TRIAL OF SUPERVISED, AT HOME, SELF-ADMINISTERED TRANSCUTANEOUS AURICULAR VAGUS NERVE STIMULATION (TAVNS) TO MANAGE LONG COVID SYMPTOMS. *Journal Pre-print*, June 21, 2022.

4) Zollner et al. POSTACUTE COVID-19 IS CHARACTERIZED BY GUT VIRAL ANTIGEN PERSISTENCE IN INFLAMMATORY BOWEL DISEASES. *Gastroenterology*, 2022;163:495-506.

5) Ahsan et al. UROLITHIN A ACTIVATED AUTOPHAGY BUT NOT MITOPHAGY PROTECTS AGAINST ISCHEMIC NEURONAL INJURY BY INHIBITING ER STRESS IN VITRO AND IN VIVO. *CNS Neurosci Ther*, 2019;25:976–986.

6) Wood et al. ROLE OF MITOCHONDRIA, OXIDATIVE STRESS AND THE RESPONSE TO ANTIOXIDANTS IN MYALGIC ENCEPHALOMYELITIS/CHRONIC FATIGUE SYNDROME: A POSSIBLE APPROACH TO SARS-COV-2 ‘LONG-HAULERS’? *Chronic Diseases and Translational Medicine*, 2021 7 (2021) 14e26.

7) Rossato et al. OBSERVATIONAL STUDY ON THE BENEFIT OF A NUTRITIONAL SUPPLEMENT, SUPPORTING IMMUNE FUNCTION AND ENERGY METABOLISM, ON CHRONIC FATIGUE ASSOCIATED WITH THE SARS-COV-2 POST-INFECTION PROGRESS. *Clinical Nutrition ESPEN*, 2021;46:510-518.

8) Antonelli et al. RISK OF LONG COVID

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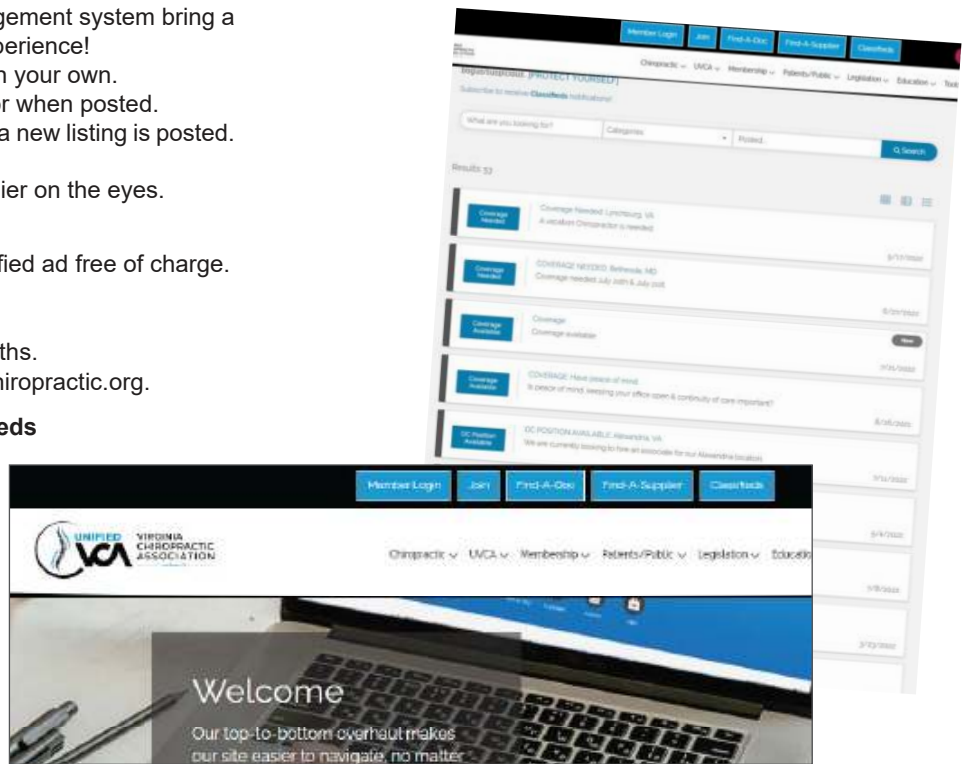
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Continued from page 5 ASSOCIATED WITH DELTA VERSUS OMICRON VARIANTS OF SARS-COV-2. The Lancet;399:10343:2263-2264.

Dr. Scott Banks has been in practice for 40 years. He received his undergraduate degree from Alfred University and his DC degree from Logan College of Chiropractic. He received his Master of Science degree in Human Nutrition from the University of Bridgeport. Dr. Banks is the past editor of "Nutritional Perspectives", the journal of the Council on Nutrition of the American Chiropractic Association. He has given over 200 presentations and continuing education programs to health care professionals throughout the United States including the Southern Medical Association, The American College of Sports Medicine, The Northern Virginia Society for Continuing Medical Education. He also served as a preceptor for Eastern Virginia Medical School in alternative medicine. He was named Chiropractor of the Year by the Virginia Chiropractic Association and has received a Lifetime Achievement Award from the organization. Dr. Banks is a co-editor of the UVCA's The Virginia Voice and is a frequent instructor at the association's events. He lives his own practice philosophy eating the same healthy nutritional style he advocates for others. He has also been a lifelong advocate of exercise having done 10 marathons, 23 triathlons and continuing to cycle on a daily basis.



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Dopamine: The Motivation Molecule

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

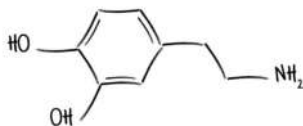
Dopamine is a molecule produced in the brainstem that is closely linked to our sense of motivation. Furthermore, it has been shown that dopamine can enhance our depth of focus and make it easier for us to work towards specific goals. As such, when dopamine levels are elevated – we tend to focus our attention on external goals (the things we want) and we feel motivated to pursue them. Furthermore, Dr. Anna Lembke, professor of psychiatry and behavioral sciences at Stanford University, states that “dopamine is about wanting, not about having.” This is in stark contrast to the neurotransmitter serotonin, which is not associated with “wanting” but rather with feelings of well-being and contentment about what we already have. As such, dopamine levels play an essential role in shaping our perception of life, our emotions, and how capable we perceive ourselves to be. When dopamine levels are low, we feel unmotivated, fatigued, worthless, helpless, and we derive less pleasure from pursuing our goals. As such, it’s critical that dopamine levels be managed effectively to enhance our motivation and positively shape our perception of life.

We all have a “baseline” level of dopamine, and it can spike or drop based upon various actions, thoughts, or compounds we ingest. Our baseline level of dopamine is influenced by a variety of factors, such as genetics, daily behaviors, sleep habits, and the level of dopamine experienced on previous days. It is essential to maintain sufficient levels of baseline dopamine to sustain our day-to-day motivation...but we don’t want the baseline level to be too high or too low.

There are many evidence-based ways to establish a healthy level of baseline dopamine. One reliable and relatively easy method is viewing early morning sunlight for at least a duration of 10-30 minutes. This will not only stimulate the release of dopamine, but if performed consistently – it will also increase levels of gene expression for certain dopamine receptors. Viewing early-morning sunlight also initiates a cascade of hormonal events to calibrate your circadian rhythm and thus allow you to be alert during the day and sleepy at night. It should be noted that for this to be most effective, do not wear sunglasses and do not look directly at the sun (simply being outside in the early morning sunlight is sufficient).

You can also take a 1–3-minute cold shower in the morning to increase baseline levels of dopamine. The question is...how cold should the water be? It should be as cold as you can safely tolerate. You typically want this to be cold enough to where you are uncomfortable and would not voluntarily choose to stay in this temperature of water for a prolonged period of time. Cold showers and/or baths have been shown to strongly increase baseline dopamine levels for hours after the exposure. In fact, this method of dopamine management has been used by many addiction clinics to help their clinics break unhealthy and unwanted habits.

Another way to increase baseline dopamine levels is to eat tyrosine-rich foods, which includes items such as red meats, nuts, and fermented cheese. Tyrosine, an amino acid, is the building block for dopamine and a diet rich in tyrosine-containing foods will help sustain your body’s natural dopamine production. Also, avoid melatonin supplements, which have been shown to decrease dopamine production as well as disrupt your normal sleep patterns. Melatonin is primarily only helpful for jetlag recovery, but there are much



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It is also important to avoid the viewing of bright lights between the times of 10pm and 4am. This is crucial for maintaining appropriate baseline levels of dopamine – particularly in the morning. This is because bright light viewing during the night will activate an area of the brain known as the habenula, which will significantly reduce the amount of circulating dopamine. If you have to view light during the late-night hours – try your best to make sure the light is as dim as possible. But there’s good news if you must work late into the night...indulging in a morning cup of coffee or tea is a helpful way to improve baseline levels of dopamine! Research states that caffeine causes a mild increase in dopamine production as well as increasing the availability of dopamine receptors. But again – proper sleep is vital for dopamine maintenance. Therefore, it’s typically best to avoid caffeine consumption in the late afternoon and evenings.

Thus far we have discussed baseline dopamine levels and how you can best maintain these values, but it’s important to note that dopamine levels will also experience peaks and valleys. The key is to create a stable scenario in which the peaks are not too high and the valleys are not too low. If you don’t properly manage the dopamine associated with your pursuits and the achievement of your goals...then your dopamine baseline and the dopamine released from reaching your milestones will start to diminish overtime. Consequently, you will start to feel far less satisfaction from pursuing and achieving your goals (and thus – essentially everything becomes less fulfilling). One way to avoid this diminishing cycle is to use “random and intermittent reward timing.” This can *Continued on page 9*



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Continued from page 7 help ensure consistently high levels of dopamine release and allow you to stay motivated. The key is to celebrate your wins, but do not celebrate every win. When you succeed in reaching a milestone, sometimes enjoy that...and other times (randomly) – just keep going. The best thing to do is associate “winning” with the effort process itself. It’s not about the destination...it’s about the journey. And this is certainly the case with effective dopamine management. This will make everything easier and more pleasurable – without the high peaks and low valleys of dopamine that those who purely focus on external rewards often experience. As such, reward yourself at random intervals upon accomplishing various tasks. If you expect a reward (and work purely for the reward), and that reward is given on a predictable and consistent timetable...then you will eventually need a larger and larger reward to feel the same satisfaction. The random and intermittent reward cycle will keep dopamine at a healthy level and subsequently enhance intrinsic motivation and overall enjoyment.

It’s also important to note that the dopamine system is under your cognitive control! The prefrontal cortex is part of the dopamine pathway and provides subjective, top-down control for motivation levels (a “belief effect”). Your prefrontal cortex will “know” if you’re on track with regard to the pursuit and obtainment of your goals. And this “knowledge” (in the form of electricity) is sent to the brainstem for dopamine release. It should be noted that these are not placebo effects. In fact, telling yourself that you are moving towards your goals is a huge stimulator of dopamine release. Another method for managing the peaks and valleys of dopamine release is through a method known as “spotlighting.” Dopamine interacts with the visual system and focusing visual attention on a specific point (or a “spotlight”) will help maintain focus during bouts of work. It will also release a mixture of neurochemicals (such as

dopamine and epinephrine) to put you into a state of readiness and focus.

And finally, you can supplement to mildly spike your dopamine levels. There are a variety of compounds sold over-the-counter to potentially increase dopamine, but they don’t spike dopamine to the levels where they cause the problems associated with illicit or prescription drugs. For instance, a compound known as L-Tyrosine (about 500-1,000mg) taken 30 minutes before a mental or physical work session has been shown to increase focus and motivation (per multiple research studies). However, it should be noted that L-Tyrosine and other dopamine/focus-related supplements should not be taken every day. Consistently and repetitively stacking too many dopamine-triggering sources will ultimately lead towards a crash, and thus undermines the desired effect of long-term motivation and continued drive. Therefore, you should mix it up and implement a variety of methods at random time intervals. The methods and tools discussed in this article is by no means an exhaustive list for the ways to manage dopamine output, but it is my hope that you find this material helpful and actionable.

I would like to give a special thanks to Dr. Andrew Huberman and his podcast, “The Huberman Lab,” for most of the information summarized in this article. Thank you.



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

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President Dr. Michelle Rose presented the following awards during the UVCA's recent Fall Convention at the Arlington Renaissance Capital View, Arlington, Virginia.

The John Stoke Award – Dr. Daniel Shaye

The John Stoke Award recognizes a Virginia DC who has had an article published for lay or professional consumption. This year's award goes to Dr. Daniel Shaye, Performance Chiropractic, Williamsburg, Virginia, for his article in Chiropractic Economics entitled "How Developing Your 'Soft Skills' and Chiropractic Business Systems Go Hand in Hand."

Special Literary Award – Dr. James Munse

James A. Munse, DC, DACNB, MA was recognized for his superb ongoing contributions to the UVCA's quarterly publication, *The Virginia Voice*. Dr. Munse has researched and written an original, well-referenced, clinical article for nearly every issue of *The Virginia Voice* since the Winter 2018 issue. That is 15 consecutive issues! Topics have ranged from the Identification & Patient Management of Tremors to Clinical Applications of the Cerebellum.

Presidential Merit Award – Dr. Stephen Hussey

Dr. Rose observed, "As President, one of my favorite privileges is to recognize people that I feel have gone above and beyond to support chiropractic in Virginia." Earlier this year Dr. Hussey's book *Understanding the Heart* was published. His book is an exploration of the heart, the origins of heart disease, and what we should pay attention to in order to prevent heart disease. Dr. Rose explains, "His book has been receiving great reviews, but that's not the only reason I want to recognize Dr. Hussey. Dr. Hussey has volunteered his time to present this important body of knowledge to his colleagues, patients, and the public through UVCA District Connections, community events, and other forums this past year. We applaud Dr. Hussey's literary talents and his efforts to support positive chiropractic PR."

Supporting Supplier of the Year -- Chiro1Source

Dr. Cecil Walker started Chiro1Source in 2001. When his son, Josh Walker, took over the company as president several years ago, he continued the commitment to assist DCs and their practice in making ordering supplies easy so they can devote their attention to their patients' needs. Raised by two chiropractors as parents, he has an innate understanding of what chiropractic practices need. Chiro1Source is always there with support for the UVCA. The company regularly upgrades its convention participation to sponsor convention functions, Premier DC gifts like keynote speaker books and ice packs, regional meetings, and member-get-a-member campaigns. C1S often donates items for the UVCA's spring silent auction and fall legal/legislative fund prize raffle. It has even provided standing mats for UVCA staff to use at conventions.

District Director of the Year -- Christine L. Fallwell, DC

Christine Fallwell, DC, has been involved with the healing arts for 25 years, starting with massage therapy. She and her daughter attended Life University in Georgia and graduated together in 2000. She has been practicing light-force chiropractic care in Virginia Beach ever since and maintains Advanced Certification with Activator Technique. She is well known for her unique combination of "slightly warped" sense of humor and profound empathy for others. Dr. Fallwell has only been on the UVCA board of directors since Fall 2021 – but she has already had a significant impact. For example, she has set up several District Connections regional meetings, from dinners to golf outings to CEU presentations on laser therapy, and she helped set up a groundbreaking meeting with John Littel, the new Virginia Secretary of Health and Human Services.

Chiropractor of the Year -- Vincent T. Joseph, DC



Dr. Vincent Joseph is the founder and owner of Rebound Chiropractic & Acupuncture in Newport News, VA. He received his chiropractic degree from Northwestern University of Health Sciences, has a BS in General Biology, and is certified/licensed in minor surgery, acupuncture, chiropractic sports medicine, MUA, and veterinary chiropractic. Dr. Joseph has served as a chiropractic specialist on WAVY TV-10's *Expert on Your Side* for over 15 years and has hosted several radio shows. He has been elected to public office numerous times, including to the Newport News City Council, Christopher Newport University Board of Directors, Hampton Roads Planning Commission/Youth Services, Virginia Living Museum, and others. His list of volunteer work is extensive and includes Chiropractor for Christopher Newport University Football and other teams, Board member for Orphan Helpers' Humanitarian Mission to Honduras, and President of the Peninsula Fine Arts Center. He has taught biology and oriental medicine at the college level. Dr. Joseph also has held a direct relationship since 2017 with Bon Secours Mercy Health of Hampton Roads hospital group. He was recently elected Chairman for the Board of Directors and serves as Chairperson for the Quality Medical Affairs Committee.

Dr. Rose observes, "Throughout all the work he does and all the relationships he has cultivated, a couple of things have remained constant and clear: Dr. Joseph's integrity and profound commitment to helping others. Dr. Joseph has never been one to do anything for notoriety. He serves others quietly, thoughtfully, and meaningfully. He is receiving this award to recognize his generous leadership and enduring positive impact in so many arenas – including currently at Mercy Bon Secours-Hampton Roads."

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Meet Our ChiroHealthUSA 2022 Scholar

Dustin Biggerstaff is the oldest recipient of ChiroHealthUSA's Foxworth Family Scholarship, at almost 35 years old. A student at Life University, he is a nine-year Amphibious Reconnaissance veteran medically retired from the United States Marine Corps. *"My military career was cut short due to multiple traumatic injuries and being medically retired, but I continued to have the burning desire to be of service,"* he shared with us.

Dustin has a strong interest in pediatric and sports chiropractic and a strong desire to provide chiropractic services to active and reserve service members, veterans, and their families. *"I have seen fellow service members and veterans who have been able to stop taking pain medications because that is the only option they had before chiropractic was introduced into their lives. I am grateful for my first adjustment while on active duty. It started me on this path and has helped shape the goals of my future practice."* Dustin was one of 12 applicants with a perfect score. The selection process involves over 20 leaders within the chiropractic profession, with the final decision made by a member of the Foxworth family.

He lights up when talking about his wife and children. Our favorite quote from his application is, *"I want nothing more in my life than to set the right example for my children and be someone they want to emulate."*

Congratulations, Dustin, on becoming 2022's CHUSA scholar; we are excited to watch your career unfold and see your impact on the profession's future.



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Apply now for the 2023 scholarship at www.chusascholar.com

Camaraderie & "Ladieship" in Virginia Beach



Thanks to the organizational efforts of UVCA Board Secretary Dr. Carly Swift and Director of UVCA's District V Dr. Christine Fallwell, DCs have been getting together regularly in Virginia Beach for camaraderie and "ladieship."

Above Left: Saturday brunch on August 6. From top, by row: Dr. Meredith Harwell, Dr. Christine Fallwell, Dr. Michelle Booth, Dr. Michelle Rose, Dr. Allison Schwartz, Dr. Carly Swift.



Above: Stargazing, community and connection from the Cavalier on September 11 with docs from 1 year in practice to 25. From top, by row: Dr. Michelle Rose, Dr. Victoria Martinez, Dr. Crystal Carmines, Dr. Michelle Booth, Dr. Carly Swift, Dr. Christina Lowenthal, Dr. Rebecca Wilder, Dr. Meredith Harwell, Dr. Shelby McHugh, Dr. Christine Fallwell, Dr. Allison Schwartz.



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A highlight of the recent Fall Convention was the annual prize and cash raffle managed by Ms. Susette Goodwin. It raised a total of \$1055 for this important fund, used to cover legal and legislative-related expenses incurred by the association.

Dr. Spillman Donates Winnings

Dr. Sam Spillman of Balance Chiropractic in Charlottesville, VA won the 50/50 cash raffle at the recent Fall Convention in Arlington -- and donated it back to the UVCA Legal/Legislative Fund! Thanks, Dr. Spillman!



Supporting Suppliers Donate Prizes

A big thanks to all those who added to the raffle value and fun, including:

- Biotics Research - Metabolic Biome Plus
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- Chiro1Source - Theragun Mini
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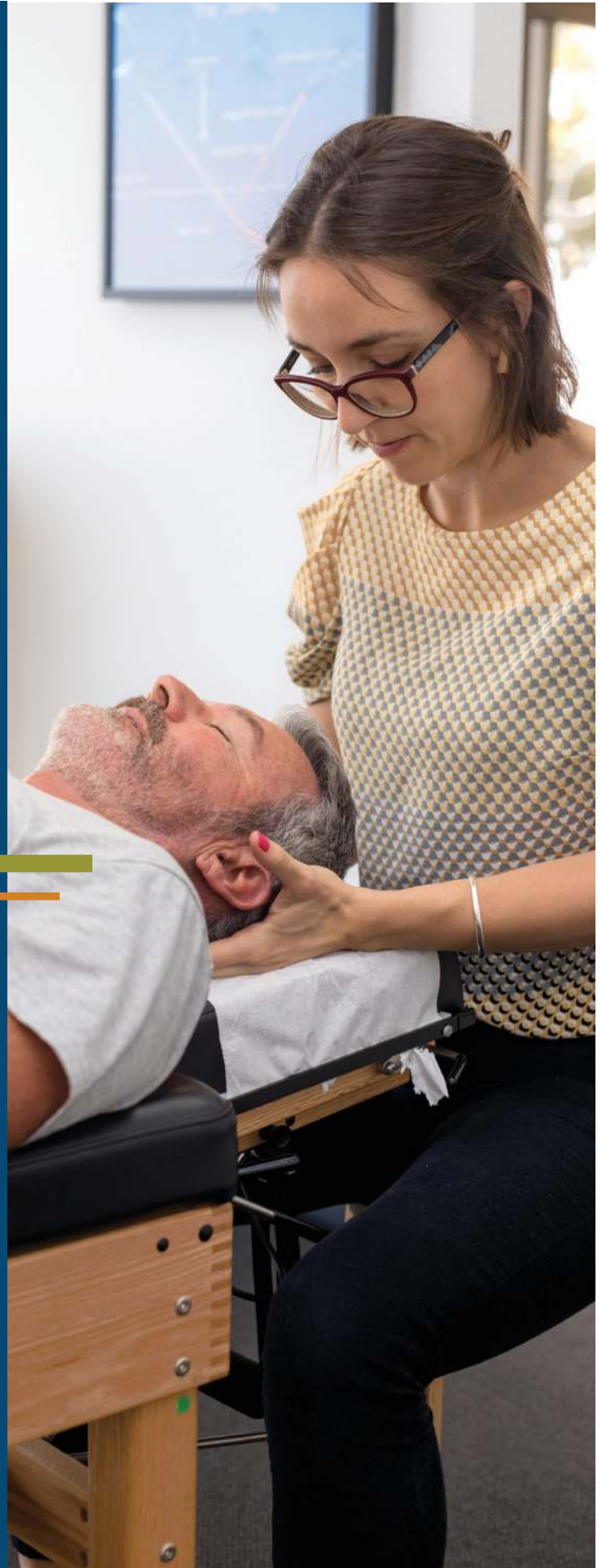
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Reminder from the Virginia Board of Medicine: VDH Continues Move to Paperless Licensing

The Virginia Board of Medicine would like to remind all doctors that the mailing of paper renewal notices was discontinued at the end of 2020-2021 renewal cycle. From a notice to licensees in September of 2021:

The Department of Health Professions continues to move towards paperless licensing. For those of you that renewed in 2020, the paper license you got will be your last. The same is true for those renewing in 2021. Remember that the current status of your license can be found on License Lookup at: <https://dhp.virginiainteractive.org/Lookup/Index>. All hospitals, health care organizations, employers and others can be directed to License Lookup for the real-time status of your license. Going forward, notification renewals will also be paperless. Be sure that the Board of Medicine has your correct email address to send the e-notification. Only those that do not have an email address will be sent a paper notification.



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VCA doctalk to the Rescue: No Show Fees

Posted on 9/1/22:

Good Afternoon! I would like to know how other offices handle no shows for new patient appointments. We do charge a missed appointment fee for existing patients. Legally can we charge a fee to new patients who are a no show? If so, how can we go about that? We do send text reminders and also call the patient the day before to confirm the appointment, and they still at times just do not show up. We have had a lot of no shows recently for new patients and are wondering what we can do about this!

Responses Included:

From a practical standpoint not many good options. However, I always share that a bigger picture point of view might be considered. If you do this it will almost guarantee they will never be your patient. So you might consider if the no show fee is worth it to you vs. an open welcoming door?

I stopped all no show fees a long time ago. Not that my way is "the right way" but if people know there is a penalty will they be more likely to schedule in the first place? Not just new patients. The goal of seeking their commitment may actually have the effect of just not scheduling in the first place because they won't get in "trouble" that way.

All philosophical, to each their own.

With that said, you could get a credit card over the phone when the appointment is made, informing them of your office policy and fees, including the fee if they don't give 24 hours *Continued on page 17*



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Continued from page 16 notice of any cancellation or rescheduling. Or 48 hours; whatever you want. This way, you have something to charge. However, I don't personally recommend it.

Might there be something in the scheduling process that's deficient? A lack of clarity or connection? What's the source of the patients? I'd think TV or internet-based anonymous patients might have a lower conversion rate vs. personal referrals.

We used to charge no-shows. I think my record was six (6!) paid \$50 missed-appointment fees. She paid 'em without a blink. Another guy no-showed so much that I told my staff to schedule him only if he reserved his slot with a credit card. It was like he didn't know if we were a hotel or chiropractic office.

But... that was Practice Past.

We've grown in a different direction over the years, flipping the usual equation. When a patient misses their appointment THEY have lost out, not us. We don't charge them for their loss, and we've structured our practice and scheduling systems so that we're fine if a new patient no-shows OR an unexpected one shows up. We're here to serve those who value what we offer.

What helped me was to look at in-office systems and procedures as to the cause and cure for a high volume of no show new patients. Something is turning them off and the office is the common denominator.

That approach has worked well for me. Focus on my half of the relationship.

No judgement either way, just a funny story:

We had a patient that missed a LOT. He wasn't charged a "no

show" fee, but he gave us \$25 bucks every time he missed to go buy a pizza. :-D

That pizza patient would have made me quite fat – and that's NOT a metaphor!

Back when we had no-show fees, we had this one guy who came in and argued that he SHOULD pay a no-show fee. He had messed up, he was contrite, and he wanted to value my time. GREAT guy. I wouldn't take his money. I told him, "Those fees are for BAD people." Maybe I shouldn't have said it, but I said it.

I'm pretty happy with how we do things now. Patients who no-show lose, not us. It flips the script nicely – and feels right, for us. We're seeing plenty of new patients each year, so we're fine with a few no-shows who choose not to be here.

We take a CC BEFORE the appointment and let them know that there will be a full charge if appointment is not cancelled with at least 48 hours notice. We are VERY clear and upfront. I got tired of the doctor always having to eat the cost of missed opportunity. I have no regrets...and guess what, the compliance is fantastic.

No-Shows happen. Not frequently. Most important thing is to get them to make their missed appointments. Patients understand through ROF the impoprtance of care plan consistency so we rarely have a problem with them making up missed appointments. Also, we do not charge for no shows. In this day and age of the internet, it's too easy to piss off a patient, justified or not, and have them leave a poor review on the googles, etc. No worth it IMHO.



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Referred by: Dr. Thomas Wetzen

Bloch, DC, Kyle

American Wellness & Chiropractic
Manassas, VA
Phone: (703) 368-8800
dr.kyle.bloch@gmail.com
Member Type: DC - 4th Year or More
Drop Techniques – Thompson, Full Spine, Gonstead, Graston, Instrument Adjusting - Activator, Kinesiotaping, Palmer Package
Referred by: Dr. Chris Perron

Coutinho, DC, Kathleen

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Annandale, VA
Phone: (703) 642-8685
Member Type: DC - 4th Year or More
Active Release Technique (ART), Applied Kinesiology

Davenport, DC, Ashley

Cox Chiropractic Clinic
Charlottesville, VA
Phone: (434) 293-6165
Adavenport65@gmail.com
Member Type: DC - 1st Year
Active Release Technique (ART), Diversified, Drop Techniques – Thompson, Flexion-Distraction - Cox, Gonstead, Soft Tissue, Webster
Referred by: Ms. Susette Goodwin

Good-Bertram, DC, Cathrine

Good Chiropractic
Virginia Beach, VA
Phone: (757) 340-5966
chirocathy@outlook.com
Member Type: DC - 1st Year

Holcombe, DC, Leslie

Jefferson Spine & Injury Center
Arlington, VA
Phone: (703) 933-9000
drholcombe@jeffersonspineandinjury.com
Member Type: Premier DC

Kurtiak, DC, Alyssa

Palmercare Chiropractic Woodbridge
Woodbridge, VA
Phone: (520) 401-8272
Member Type: DC - 2nd Year

Malik, DC, Anam

AmeriWell Clinics - Takoma Park
Capitol Heights, MD
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Member Type: DC - Out of State

Piarulli, Alexis

Manahawkin, NJ
Phone: (732) 551-4535
Member Type: Student/New Grad

Rouhani, DC, Sanaz

AmeriWell Clinics - Gaithersburg, MD
Gaithersburg, MD
Phone: (703) 951-2227
Member Type: DC - 1st Year
Dry Needling

Sorrentino, DC, Anne

Dr Anne Sorrentino LLC
McLean, VA
Phone: (724) 840-3443
Drannesorrentino@gmail.com
Member Type: DC - 4 Year or More
Active Release Technique (ART), Diversified, Drop Techniques - Other, Dry Needling, Extremity Adjusting, Full Spine, Graston, Kinesiotaping, Logan Basic, Myofascial Release, Nimmo, Palmer Package, Soft Tissue
Referred by: Dr Holly Moriarty

Stine, DC, Christopher

Spotsylvania, VA
Phone: (540) 898-4100
cstine236@gmail.com
Member Type: DC - 4th Year or More
Diversified, FAKTR-PM, Flexion-Distraction - Cox, Kinesiotaping, Soft Tissue

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How do Endocannabinoids Work in the Body & Why Should We Care?

By Joe Kryszak

THE YEAR 1992 marked the first time in over 50 years a new complete body system was discovered in humans. Hebrew University's Professor Lumir Hanus and American researcher William Devane, PhD, discovered endocannabinoids in the body after studying compounds in the cannabis plant. They were amazed at how close the compounds were to each other. After asking how do endocannabinoids work in the body, the doctors soon came to realize that the endocannabinoid system (ECS) is one of the most important physiologic systems involved in establishing and maintaining human health.^[1]

Endocannabinoids (named after the cannabis plant that led to its discovery) and their receptors are found throughout the body: in the brain, organs, connective tissues, glands and immune cells. With its complex actions in our immune system, nervous system and virtually all the body's organs, the endocannabinoids are a bridge between body and mind.

With a very similar chemical structure to cannabinoids, endocannabinoids are effectively cannabinoids produced by your body. By understanding endocannabinoids and the ECS system, we begin to see a mechanism that could connect brain activity with states of physical health and disease.

How Do Endocannabinoids Work?

Endocannabinoids keep internal functions running smoothly by signaling other body functions and informing those functions to increase or decrease activity based on current body needs.

How do endocannabinoids work and what is the beauty of endocannabinoids? They go against the flow of typical chemical synaptic signaling to provide feedback back into the system. They complete the information circle.

For example, a neuron that releases a chemical neurotransmitter (say, GABA or glutamate) is designated as "pre-synaptic;" the target neuron that expresses receptors for that neurotransmitter is "postsynaptic."

Endocannabinoids, however, are synthesized and released from postsynaptic cells and travel backward (in the "retrograde" direction) across the synapse, where they encounter receptors located on adjacent nerve terminals.^[2] So, endocannabinoids provide information back through the system, completing a 360° loop of information and allowing all the cells to have two-way conversations.

Precisely positioned in synaptic regions, the ECS inhibits the release of many excitatory and inhibitory neurotransmitters. Thus, by releasing endocannabinoids, postsynaptic target cells can influence their own incoming synaptic signals.^[3]

The Harvard Medical School says it well: "Your endocannabinoid system is the most important system in your body to create homeostasis."^[4] Simply put, the ECS is the body's mechanism that tells the nervous system (in a Jersey accent) "Yo ... neurons ... we have enough stimulation, slow your roll."

Examples of this mechanism include the ECS signaling neurons that there is too much acid in your stomach and too much inflammation in your hands. The endocannabinoid system provides the "stop signal" needed to report back to neurons, informing the neurons to quit sending those signals.

Endocannabinoids act like "traffic cops" to control the levels and activity of the other neurotransmitters.



"Endocannabinoids are the bridge between body and mind controlling pain and inflammation."

Continued from page 19

The ECS is your mind's traffic cop and comprises a vast network of chemical signals and cellular receptors densely packed throughout our brains and bodies. The cannabinoid receptors in the brain outnumber most other receptors in the brain. This might mean they are important.

This is how the ECS regulates things: by immediate feedback, turning up or down the activity of whichever system needs to be adjusted; whether that is hunger, temperature or alertness.^[5]

The ECS is your body's "thermostat," critical to helping control our immune functioning.

One certain endocannabinoid receptor (CB1) exists mostly in our immune tissues and plays a role in modulating inflammation, including intestinal inflammation, contractions, and pain in inflammatory bowel conditions by providing signals back to the neurons, in effect signaling the neurotransmitters to stop transmitting.

What Do CBD and Other Cannabinoids Have to Do With The Endocannabinoid System?

The simple answer — the average American does not make enough endocannabinoids of their own, and Americans are not supplementing this deficiency through diet.

Our bodies are incapable of closing the 360° feedback loop needed because we simply do not have enough endocannabinoids for the signal, so no signal goes through. The feedback loop is broken. The neurons keep firing and firing. With no feedback loop, the neurons continue to signal your cells to keep producing the compounds they have enough of. DCs know this as inflammation and overstimulation — they see this every day.

Consumption of natural cannabinoids can halt that deficiency by closing the "open-loop" and shutting down the overproduction signals neurotransmitters are sending to excite the cells. Your body needs cannabinoids as much as it needs iron, vitamin C or B12.

The NIH goes into more detail in the article, "Clinical Endocannabinoid Deficiency (ECD) Reconsidered: Current Research Supports the Theory in Migraine, Fibromyalgia, Irritable Bowel, and Other Treatment-Resistant Syndromes."^[6] The theory of ECD was based on the concept that many brain disorders are associated with neurotransmitter deficiencies, affecting acetylcholine in Alzheimer's disease, dopamine in Parkinsonian syndromes, serotonin and norepinephrine in depression, and that a comparable deficiency in endocannabinoid levels might be manifest similarly in certain disorders that display predictable clinical features as sequelae of this deficiency.

Continued Research and Chiropractic Leadership

Continued research is needed, and there is a race between many reputable institutions to discover new benefits of cannabis. Examples of organizations investing millions into cannabinoid research include the National Football League, Major League Baseball, the University of Texas-Austin, Oregon State University and the University of Kentucky. This is a microcosm of studies currently happening, as hundreds of other reputable institutions are investing in ECS and cannabinoid research to answer the question how do endocannabinoids work. It is an exciting time in the industry, and we will continue to learn a lot more about the role of the ECS and cannabis in improving human health.

Chiropractors can take a leadership role in solving this health crisis, just as DCs have done with the opioid crisis and COVID. That leadership role includes incorporating quality, proven and trusted CBD products into practice to help improve patients' minds and bodies between visits.

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- [1] <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3997295/>
- [2] Ohno-Shosaku T, Maejima T, Kano M. Endogenous cannabinoids mediate retrograde signals from depolarized postsynaptic neurons to presynaptic terminals. *Neuron*. 2001;29:729–738.
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- [4] <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1760722/>
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Joe Krysak, MBA, is president of Stirling Professional CBD, the brand built by and for chiropractors and professional offices, giving back to the chiropractic industry. Since 2014, Stirling has grown, extracted and produced the purest CBD available. Stirling Professional brings CBD+ products to your patients with the industry-leading lineup of 2,500-mg CBD lotions, THC and THC-free capsules and gels, and four great solutions for better sleep. For more information, go to stirlingprofessional.com. Stirling Professional is a UVCA supporting supplier member and frequent exhibitor, event sponsor, and editorial/educational contributor.



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<https://chiroup.com/blog/latest-chiropractic-research-as-of-august-2022>

UVCA members receive ChiroUp' evidence-based, online subscription service at preferred rates. the service provides best practice protocols, patient education videos, outcome tracking, business management tools, more.

2023 Medicare Deductible (Part B)

On September 27, 2022, the Centers for Medicare & Medicaid Services (CMS) released the 2023 premiums, deductibles, and coinsurance amounts for the Medicare Part A and Part B programs.

The standard monthly premium for Medicare Part B enrollees will be \$164.90 for 2023, a decrease of \$5.20 from \$170.10 in 2022. The annual deductible for all Medicare Part B beneficiaries is \$226 in 2023, a decrease of \$7 from the annual deductible of \$233 in 2022.

Last Impressions Matter

By Daniel A. Shaye, DC

“You may never get a second chance to make a last impression.” The business side of healthcare requires that we do far more than deliver a service or product. Modern consumers expect and deserve a positive experience. That impression begins with the first impression – whether that means contact with your website, phone, or in-person first contact; but might a focus on the first impression miss key elements of the patient experience? Successful doctors intentionally engineer not only the first experience, but also the central in-office experience and key deliverable (typically an adjustment, in the chiropractic setting); but what about last impressions, the impression patients take away as we end the day's interaction? How can we ensure that we have all three legs of the experience stool (first impression, central experience, last impression) solidly supporting our practice and (more importantly) the patients we serve?

Experiences require people, not just systems living in a manual. In our office, we have a hiring system to identify and hire people who are Welcomers. These people are wired for connection, service, and empathy – aspects of the patient experience that are all-too-often overlooked. Once we've vetted and hired these applicants we onboard them, immersing them in a culture that we've clearly defined and all buy into. We all know our Vision, Mission, Values, Code of Honor, We Believe statements, and live under an accountability system (“Accountability Ladder”); and we make them a part of how we behave so that the principles are observable by the patient, even if those same patients don't fully understand why they love their experience here. The systems are executed by a team of exceptional people who bring operational theories to flourishing life.

Our team has systems for creating positive and memorable first impressions, as well as for the core patient *Continued on page 22*

THANK YOU, MEMBER SPONSORS!

A big thanks to the following individuals, whose support and encouragement resulted in a new member this year!



Susette Goodwin
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experience. Those systems are beyond the scope of this article. Instead, let's focus on an oft-overlooked element of patient (customer) experiences: the LAST impression.

Imagine you're on a first date. Your date's clothing and appearance are appealing, showing attention to detail and good taste. They make eye contact, smile, and instantly forge a connection. The first impression has been made – but discussing the second date is premature. The main experience is why you are both here... and it goes well. Your date is polite, engaging, funny, smart, and just seems to GET you. The interactions are stimulating and authentic, never forced. The meal is over WAY too soon, and it's time to go. But wait! How do we part ways? If the parting is a fond and mutual, "Hey, this was really special, we should do this again sometime Sara!" followed by a warm and appropriate embrace, that might be the perfect end to the evening. But what if after that perfect evening you exit the restaurant and part with an awkward handshake and you're both lost in your phone before you're even out of sight with each other? Or your date drops a pack of cigarettes (and you don't smoke)? That leave-behind, that last impression, is as indelible as the first. Just like that, despite that amazing first impression and date... there's a sense that something's not right, not safe and welcoming and just not YOU. That last impression matters.

How can we set the "last impression" for our patients? Of course, if the first impression gets botched and the experience is sub-par, it won't matter how amazing your last impression is. But let's say you've got your team and your systems dialed in, and the patient and you are about to part ways for the day. Now what? For the doctor, the last impression needs to be intentional. Dr. Douglas Sea of SideCar teaches that ending the patient encounter needs to be by the patient's permission. "Anything else I can check for you?" is one way to get that permission. It's a little thing that respects the patient and differentiates the encounter from so many others. Once the patient has given permission to end the encounter – and only then – the doctor moves on, with the patient feeling valued and their time respected.

"Names are the sweetest and most important sound in any language" said Dale Carnegie, and that's good practice in greetings, during the "meat" of interactions... as well as in parting. "Daniel, we look forward to seeing you on Wednesday!" is a great way to part with a patient, but avoid the trap of using the words only! The words we speak are only roughly 7% of the message we convey. The vast majority of communication is non-verbal, human behaviors like tone and pace and eye contact and body language. Our brains sound an alarm when it receives conflicting information, a state called "cognitive dissonance." An example of cognitive dissonance is that feeling we get in our gut when someone says "have a nice day" but their tone and body language declare, "I don't care, my boss makes me say that." Aligning the words we speak with our observable behavior and even with our hearts creates an authentic, connective and positive experience and "leave-behind" (almost like a delightful after-taste or bouquet in wine) for the patient... AND for the person doing the parting. I once had an acupuncture instructor counsel, "Doctor, you are treating the patient. The patient is ALSO treating YOU!" Every human interaction is more than an exchange of words, it's an exchange of energy. Be sure that exchange is a win for both parties.

Many organizations and businesses benefit from studying behavioral styles such as DISC. "Behavioral styles" is a fancy way of saying that people are not all the same. Some people intensely desire harmony and human connection, while others place higher value on efficiency or outcomes. Some value a faster pace, others will feel rushed at that same pace. Some love change, others prefer stability. Learn to identify others' needs, then execute on the Platinum Rule: doing unto others as THEY want to be "done



to." To quote Dale Carnegie: "Personally I am very fond of strawberries and cream, but I have found that for some strange reason, fish prefer worms. So when I went fishing, I didn't think about what I wanted. I thought about what they wanted. I didn't bait the hook with strawberries and cream. Rather, I dangled a worm or grasshopper in front of the fish and said: 'Wouldn't you like to have that?' Why not use the same common sense when fishing for people?" This is wise, timeless advice for fishermen – as well as doctors and their teams.

How else can you create positive last impressions? Handing you a script or playbook to answer that question would be cheating at best, counterproductive at worst. The best robot isn't as good as a caring, attentive, human listener. Giving you "the answers" risks training you to deliver words or actions tainted by hints of cognitive dissonance for you (or your team member) and the patient, both. I'd advise being intentional, authentic, and leading with your heart. A footrace isn't over until it's over, and coaches counsel runners to run THROUGH the finish line to avoid letting up too soon and spoiling an otherwise solid performance. In the same way, when a patient is in the office, don't let up on your "performance" until the "race" is over. Last impressions matter, and can never be undone. Design and close each encounter properly, and the end-results for the practice and the people you serve will be magical.

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Dr. Shaye is the clinical director of Performance Chiropractic, LLC in Williamsburg, Virginia. A 1996 salutatorian magna cum laude graduate of Logan College of Chiropractic (now Logan University), he is the third chiropractor in his family. He has been training and growing as a doctor and person using SideCar systems since 2016. He is a long time UVCA member and committee volunteer. For more information, contact Dr. Shaye at pchiro@performancechiropractic.com.

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Coverage 25 yrs, various techniques. Excellent references. Email: Back2HealthVA@gmail.com.

Is peace of mind, keeping your office open & continuity of care important? Yes. I am Dr Pat Boulogne. + I have over 30 yrs of experience & versed in the majority of techniques. NCMIC insured. References available upon request. Let's talk to see if we are a fit... Call or email: drpatb@gmail.com & phone 202-642-2335.

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DC position opening up at Positively Chiropractic in Annandale, VA. We are searching for someone who has some experience treating the pediatric population, and preferably has training through the ICPA. Our sports/prenatal/pediatric chiropractor is transitioning away from us leaving a fantastic opportunity for the right person to step in and take on a great schedule. Someone who enjoys treating athletes, the general population,

and has interest in the pregnant and pediatric population would be a great fit. All interested please email chirocoutinho@gmail.com.

We serve our general community of patients heavily focussing on the athletic population. Our full time IC pediatric chiropractor is reducing her hours dramatically to work in a veterans hospital, which is her dream. Dr. Stephanie treats about 20 patients a day 4 days a week, and her patients will need someone to transition to smoothly. She is leaving open the opportunity for the right chiropractor to walk in our practice and immediately have a group of dedicated Posichiro patients to be scheduled with them. If you have passion to treat athletes but also the pre/post/natal and baby population, then maybe this is the right home for you. Please inquire as soon as possible via emailing chirocoutinho@gmail.com or call 703-862-6336.

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If you are dedicated and passionate about service to patients and lifelong learning, then this opportunity is for you. We are looking for a Virginia-licensed DC to join our practice – one based in AK, Functional Medicine/ Nutrition and Functional Neurology. The best candidate is one who has a strong desire to learn and assist patients towards their health, utilizing a variety of diagnostic tools, resources and natural solutions. This is an ideal situation for a new or established doctor. We operate a fully equipped office and have a great location in the Richmond, Virginia area. For further information or to submit your resume please contact: drsmith@rcn.health. www.richmondchironeuro.com.

The Joint Chiropractic in Northern Virginia/Richmond is looking for full time & part time Drs. All cash practice, great adjustment skills required. Competitive Salary & great environment w/benefits & bonuses. Please email your CV to Dr Ahmed Migdadi, amigdadi1988@gmail.com or fax to (888) 503-7522.

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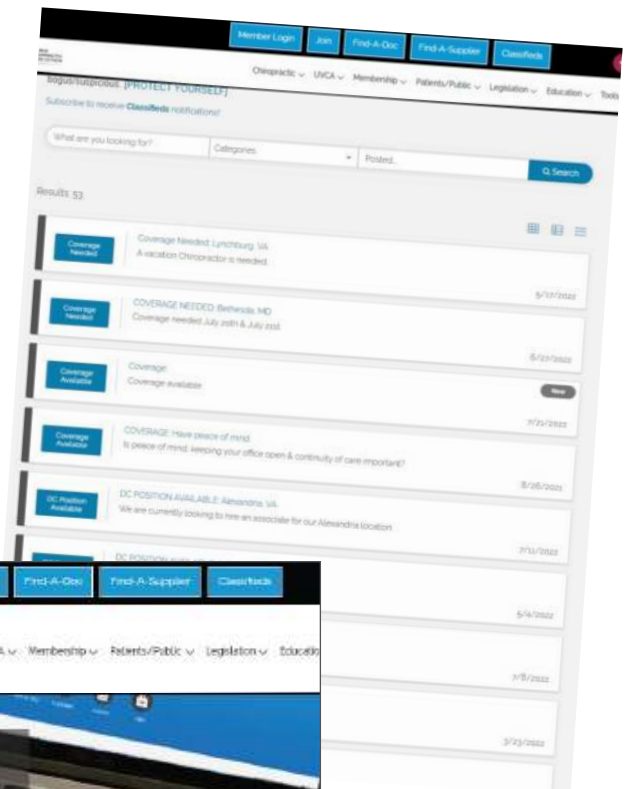
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One of the longest established Chiropractic practices in Northern Virginia is for sale! Our office has been in practice for over 46 years and has won numerous awards, such as Best Chiropractor and Best Alternative

Medicine Provider in Prince William County. We are located in Manassas, Virginia. If interested in the sale of this practice, please call: 571-232-7209.

One of the most desirable Chiropractic Buildings in Northern Virginia is for sale! Our 1800 square feet office is move in ready for a chiropractor with 7 rooms for either adjusting or therapy or massage or acupuncture etc, a large office, large waiting room, spacious reception area with 3 desks, and a bathroom. Our practice had been in business for over 46 years in this building and had won numerous awards, such as Best Chiropractor and Best Alternative Medicine Provider in Prince William County, so likely whoever buys would get some patients by proxy of our location. We are located in Manassas, Va in a very nice medical area. If interested in the sale of this Building, please call: 571-232-7209.

Virginia Beach 40 year Established Practice 4 Sale. Over \$400K In Collections. Manual Adjusting Diversified Gonstead Thompsons Cox with some Activator Method and SOT. Excellent Location Main Road. Doctor Will Help With A Smooth Transition. Dr Patrick Patzer 757-651-1575. Text To Open A Dialogue. www.hilltopchiropracticmassage.net.

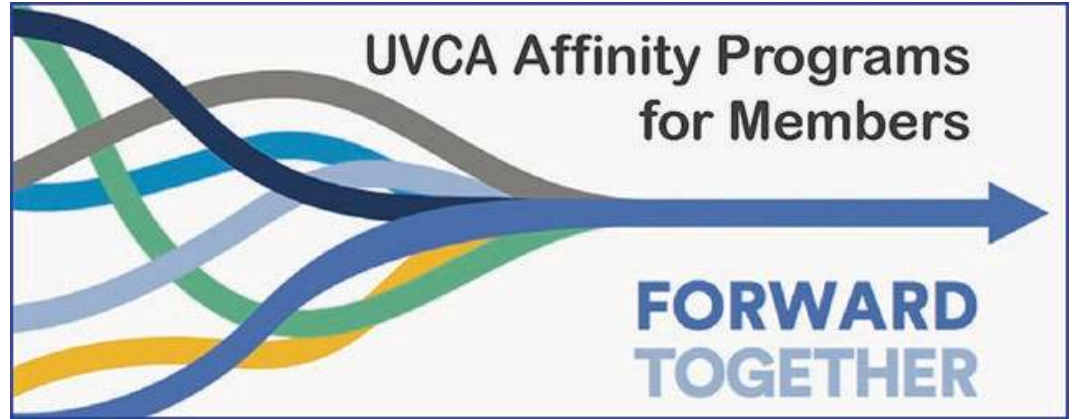
Practice in Williamsburg, doctor retiring. Turnkey, 3,000 sq ft office fully furnished & equipped. 65% cash collections. Digital X-Ray, 10 treatment rooms, 5 Lloyd Cox tables, 2 Earthlite electric lift massage tables, 2 Acupuncture Tables, Acugraph Software, exam table, rehab equipment, Foot Levelers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

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

Space Available

Downtown Fredericksburg Space Available for Lease in chiropractic and massage office established in 1996. Chiropractor and owner planning to retire soon and would like a chiropractor interested in a specialized, quality patient-care oriented practice to lease currently available space and begin to get to know the patient base for potential practice take-over. Please call or

email Christine Thompson for more information: (540) 809-4223 or cthompson@whole-health.net



Affinity programs provide members with cost savings and/or product/service enhancements, increasing membership value. These programs often also include a contribution to the association, helping to reduce its dependency on dues income. The UVCA does not consider affinity program proposals until it has first-hand experience with the organizations and solid profession feedback. Visit the Membership tab at www.virginiachiropractic.org for details.



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Photos by Dr. Nelson Marquina

UVCA Education & Events for DCs & Their Team

Thursday, October 20
1:00-2:00 p.m.

Nuts & Bolts Lunch n Learns - FREE Webinar
PATIENT DISCOUNTING by Ms. Heather Simmons
For the Whole Team

Thursday, November 3
12:00-2:00 p.m.

CHIROPRACTORS, CANNABIS & COMPOUNDS
by Mr. Joseph Kryszak - **FREE Webinar**
For the Whole Team

November 5-6

ACUPUNCTURE TRAINING - In-Person Seminar
1-Weekend Ala Carte Module
Richmond, VA
By Dr. Jim Ventresca, AcuPractice

November 11-13

DRY NEEDLING Certified Training - In-Person Seminar
Rockville, MD
By Dr. David Fishkin, Dry Needling Institute

Starting November 15
Registration Open!

THE EVOLVING WORLD: MODERNIZE YOUR PRACTICE FOR A CONTEMPORARY CHIROPRACTIC APPROACH - Webinar Series
In partnership with Northeast College of Health Sciences, Frank J. Nicchi School of Continuing Education

Tuesday, November 15
7:00-9:00 pm

Module 1: CHIROPRACTIC EXPONENTIALLY: THE TECHNOLOGY ADJUSTMENT by Jay Greenstein, DC

Tuesday, November 22
7:00-9:00 pm

Module 2: BEYOND THE BINARY: AN INTRODUCTION TO GENDER AND SEXUAL IDENTITY by Dr. Heather Frederick, MS, LMHC

Tuesday, November 29
7:00-9:00 pm

Module 3: TELEHEALTH CODING FOR THE CHIROPRACTIC SETTING: PREPARE FOR THE FUTURE OF COMPLIANCE IN THE "NEW" BUSINESS ENVIRONMENT by Evan Gwilliam, DC, MBA, CPC, CCPC

Ongoing

Online/On-Demand for DCs & CAs:

- CA Training from Assistants for Chiropractic Excellence
- CEUs through ChiroCredit.com & EON!
- DOT Testing through TeamCME & NYCC
- Rad Tech CEUs through mycourse

Supplier Member Events

UVCA Supporting Supplier Programs

Visit the calendar on UVCA's website especially for programs & events from supplier members.

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

The Virginia Voice

Fall 2022

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