

# MCA Journal

January 2006

Volume XV / Number



*Inaugural  
MCA sponsored  
Women's Forum*

*February 11, 2006*

## POWERFUL WOMEN OF CHIROPRACTIC: Come to MCA's Women's Forum

*By Dr. Tania Howard*

From my perspective, nothing beats being a female chiropractor. However, as women in the field, our experiences differ from those of our male counterparts, raising several questions to ponder. A small sampling of such questions include the following:

How do we deal with finding balance in our lives while running a successful clinic?

How does a woman adjust patients throughout her pregnancy – and what about maternity leave?

Have you had a male patient make advances?

What are the benefits about being a woman in practice?

On Saturday, February 11, 2006 from 10 a.m. to 2 p.m. the MCA invites all female Maryland chiropractors to our first Women's Forum - a day of sharing your experiences and of learning from those of others. Also on that day, attendees will get the opportunity to learn the Breech turning technique. This forum will be open to members and non-members alike, while all future Women's Forums will be member-only events. This cost is just \$15 and will cover lunch. The forum will be held at Living Health Chiropractic, 1833A Forest Dr. Annapolis, 21401. **RSVP by February 7** to Dr. Tania Howard at [dr.tania@juno.com](mailto:dr.tania@juno.com) or 410-349-2727.

## Welcome New Members

### ACTIVE MEMBERS

**Craig Chavis, DC**  
*Integrated Health Center*  
Catonsville, Md.

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*Hodges Chiropractic*  
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*Windman Chiropractic*  
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*Health & Fitness Chiropractic*  
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**Rhett Travis**  
Seneca Falls, N.Y.

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*Coil Heaven*  
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**Rhett Travis**  
*Kane X-ray Company, Inc.*  
Crofton, Md.

**Know someone interested in membership?** Please direct them to [www.marylandchiro.com/becomeamember](http://www.marylandchiro.com/becomeamember)

## Maryland Chiropractic Association

720 Light Street  
Baltimore, MD 21230  
(410) 625-1155  
FAX: (410) 752-8295

E-MAIL: [MCA@assnhqtrs.com](mailto:MCA@assnhqtrs.com)  
[www.MarylandChiro.com](http://www.MarylandChiro.com)

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# President's Update

Donald Hirsh, DC

# One For All & All For One

I was asked many times during my tenure as ICA's Representative Assemblyman to start a new association in Maryland. I always answered the same way –why? We have a great thing going here, why should we mess it up? Where is any evidence that this association is biased for or against any philosophical viewpoint? Well, if you need evidence, you'll have to agree that we are the exact opposite of biased. Just look at my presidency. I am the first ICA born and raised president of the MCA. We are **one** very strong association that stands and protects **all** our viewpoints and interests. We represent each and every chiropractor in the state and in doing so we protect all our interests and those of our devoted patients. We are one for all and all for one.

Look around the country if you want to see the way **not** to represent the profession to the legislature and the public. So many states have used all their resources to fight among themselves that they have left their laws, public relations and image shattered. Their laws are broken, their rights to practice are challenged and their wallets have been devastated by managed care. In Maryland we have been the guiding light to many states. Fortunately, they have learned by watching the MCA and now many states are unifying associations or at least their public relations and legislative efforts. It takes years, however, for the battle scars to heal. Take a look around to see how good we have it.

Our long and successful history of unity puts us in an excellent position to further chiropractic in Maryland. In fact we have the responsibility to strengthen what we have. Strength, however, comes with numbers. We are a small state so we need all of us to stand shoulder to shoulder to fight for what is right. We need to fight against the discriminatory practice by CareFirst that denies the right for our children to get reimbursed for chiropractic care. We have to fight to keep our place in workers compensation, personal injury and all insurance programs. We have to fight to keep managed care from cutting our claims to the bone. Make sure that each of your colleagues is an MCA member so that they stand with us to strengthen and enhance what we have. I hereby deputize you and ask that you call each of your friends and make sure that they join the MCA so we can truly be all for one and one for all.

Sincerely,

Donald W. Hirsh, DC

# MCA Presents First Business Forum on February 9

The Maryland Chiropractic Association (MCA) will be offering its inaugural **Business Forum, "How to Create an Affluence In Your Life and In Your Practice,"** on **Thursday, February 9.** This is a new benefit of MCA membership. Maryland Chiropractors who are not MCA members will be invited to attend one Business Forum.

In this workshop Drs. Eric Huntington and Rick Schmitt will cover a step by step formula for attaining an affluence in any area of your life. Applied to your practice, it gives you the best chance of creating an abundance in your life, and the lives of your family, staff and patients. More success and happiness for MCA members translates into healthier patients and a healthier profession. We invite you to share an evening of learning, sharing and fun with your fellow MCA members.

## DETAILS

**Title:** How To Create an Affluence In Your Life and In Your Practice.

**Presented by:** Dr. Eric Huntington and Dr. Rick Schmitt

**When:** Thursday, February 9, 2006

**Time:** 7:30pm-9pm

**Where:** The office of Dr. Eric Huntington  
220 W. Cold Spring Lane  
Baltimore, Maryland 21210

## Looking for Jurisprudence CE? MCA Making it Easy to Obtain

MCA's all-new Jurisprudence CE Course makes it easy for you to get this credit hour in your own time and on your own schedule.

### How Does it Work?

Sign up for the MCA Jurisprudence CE course, and you will be sent the course materials via mail. Study the materials, stop by our headquarters, and take the test on your own time. It's that easy!

You may make an appointment to take the test at MCA headquarters OR in conjunction with any of our other educational offerings.

### Tuition

\$25 for MCA members  
\$50 for non-members

### Registration

Registration materials are available online at [www.marylandchiro.com/jurisprudencece.htm](http://www.marylandchiro.com/jurisprudencece.htm).

# The MCA Sports Council Wants YOU

Is Sports Chiropractic of interest to you? Do you want to work with athletes? Do you enjoy sports? The Maryland Chiropractic Association wants you.

The MCA Sports Council provides chiropractors for various athletic events in the state and opportunities for Maryland DC's to get work experience with competitive athletes. You do not have to have a lot of experience treating athletes to belong to the Sports Council. You do not have to be a sports diplomate or a certified chiropractic sports practitioner. You just have to be a member of the

MCA, be licensed to practice in the state, be interested in working with athletes and willing to work within the Sports Council protocols. That, and you will need a portable adjusting table.



**The MCA Sports Council treated several athletes at the Baltimore Marathon.**

The Sports Council has worked a number of events over the past year and the sports council can make itself available to work running, weightlifting, and triathlon events all around the state *if* there are enough chiropractors to be there. Call Dave Koronet, at 301-829-1717 or e-mail him at [d.koronet@att.net](mailto:d.koronet@att.net) (put "MCA Sports" in the subject box) if you are interested in being part of the MCA Sports Council.

## *Eye on The Law*

# Information Pertinent to Collection of Fees From Insurance Companies

*Joel Kruh, MCA Legislative Liaison*

The following are sections of the Insurance Article, Annotated Code of Maryland, pertinent to collection of fees from insurance companies. Please call **Joel Kruh**, general counsel of the Maryland Chiropractic Association for clarification of these laws at 410-685-6626.

### **15-1005. Prompt payment of claims.**

(a) "Clean claim" defined. In this section, "clean claim" means a claim for reimbursement, as defined in regulations adopted by the Commissioner under section 15-1003 of this subtitle.

(b) Application to third party administrators. To the extent consistent with the Employee Retirement Income Security Act of 1974 (ERISA), 29 U.S.C. 1001, et seq., this section applies to an insurer, nonprofit health service plan, or health maintenance organization that acts as a third party administrator.

(c) Required. Within 30 days after receipt of a claim for reimbursement from a person entitled to reimbursement under section 15-701(a) of this title or from a hospital or related institution, as those terms are defined in section 19-301 of the Health-General Article, an insurer, nonprofit health service plan, or health maintenance organization shall:

- (1) pay the claim in accordance with this section; or
- (2) send a notice of receipt and status of claim that states:
  - (i) that the insurer, nonprofit health service plan, or health maintenance organization refuses to reimburse all or part of the claim and the reason for the refusal;
  - (ii) that, in accordance with section 15-1003(d)(1)(ii) of this subtitle, the legitimacy of the claim or the appropriate amount of reimbursement is in dispute and additional information is necessary to determine if all or part of the claim will be reimbursed and

what specific additional information is necessary; or

- (iii) that the claim is not clean and the specific additional information necessary for the claim to be considered a clean claim.

(d) Time of submitting claim for reimbursement.

- (1) An insurer, nonprofit health service plan, or health maintenance organization shall permit a provider a minimum of 180 days from the date a covered service is rendered to submit a claim for reimbursement for the service.
- (2) If an insurer, nonprofit health service plan, or health maintenance organization wholly or partially denies a claim for reimbursement, the insurer, nonprofit health service plan, or health maintenance organization shall permit a provider a minimum of 90 working days after the date of denial of the claim to appeal the denial.

(e) Undisputed claims.

- (1) If an insurer, nonprofit health service plan, or health maintenance organization provides notice under subsection (c)(2)(i) of this section, the insurer, nonprofit health service plan, or health maintenance organization shall pay any undisputed portion of the claim within 30 days of receipt of the claim, in accordance with this section.
- (2) If an insurer, nonprofit health service plan, or health maintenance organization provides notice under subsection (c)(2)(ii) of this section, the insurer, nonprofit health service plan, or health maintenance organization shall:

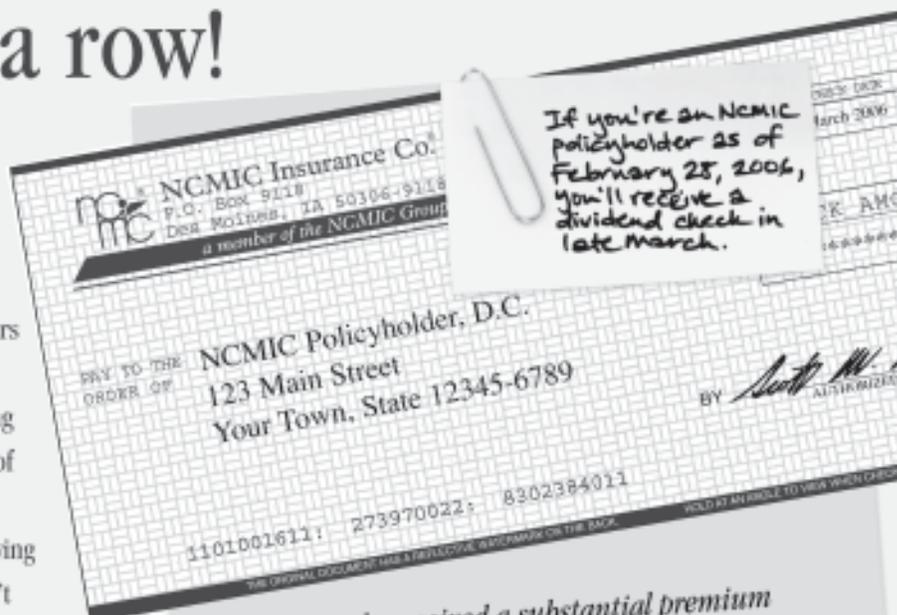
*(Continued page 14)*

# NCMIC Chiropractic Policyholders GET CASH BACK 10th year in a row!

That's right. This is the 10<sup>th</sup> year in a row that Doctors of Chiropractic who are protected by NCMIC's professional liability coverage have collected checks. NCMIC's premium dividends, along with our 60 years of continuous malpractice service to chiropractors and an "A" (Excellent) rating from A.M. Best, are all strong assurances of our **stability and strength**.

Premium dividends are our way of saying thanks to our policyholders. While we can't guarantee premium dividends every year, we do have a successful track record of returning money — thanks to the development of sound risk management procedures, improved policyholder record-keeping and patient communication and an excellent legal defense team.

In addition to a check that reduces the overall cost of their professional liability coverage, policyholders are never charged membership fees — **saving you potentially hundreds of dollars each year!**



*"I recently received a substantial premium [dividend] check from NCMIC which is certainly not the treatment I am accustomed to receiving from an insurance company. I assume this [premium dividend] is the result of careful planning and good investing by the Board of Directors. What a wonderful bonus in view of the fact that your malpractice coverage is second to none!"*

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See for yourself why more than 36,000 D.C.s in this country choose NCMIC's Professional Liability coverage. We'll rush you a free, no-obligation information kit and a rate quote — just call us.

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Your e-mail address will never be shared or sold. It will be used to send you important notices.

Do you currently have malpractice coverage?  Yes  No

If yes, coverage renewal date? \_\_\_\_/\_\_\_\_/\_\_\_\_ Name of Company \_\_\_\_\_

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**REQUEST COUPON**

# ACA Update

By Audie Klingler, DC - ACA Maryland Delegate

## National Chiropractic Legislative Conference Rescheduled

The American Chiropractic Association (ACA) announced it has rescheduled the 2006 National Chiropractic Legislative Conference – chiropractic’s largest and most important public policy and advocacy event. The conference is now slated for March 25-28, 2006, at the L’Enfant Plaza Hotel in Washington, D.C.

The ACA was forced to change conference dates after the Senate’s 2006 calendar included an unexpected break on March 20-24. While the Senate’s schedule change took ACA and other national associations by surprise, the new dates will work to the profession’s advantage.

“For four days, in the spotlight of the nation’s capital, NCLC will focus on the state and federal legislative and regulatory issues that impact doctors of chiropractic and their patients,” said ACA President Richard G. Brassard, DC. “By holding the conference at a different time during the week – from Saturday to Tuesday – we’ll be able to reach a larger congressional audience and educate them about the important role chiropractic plays in our nation’s health care system.”

Through the efforts of its hundreds of attendees, supporters and sponsors, NCLC reminds our elected leaders and government officials of the national reach and magnitude of the pro-chiropractic lobby, and offers unique opportunities for professional development, continuing education and networking.

Last year, NCLC proceedings were headlined by Vice Admiral Donald Arthur, MD, surgeon general of the U.S. Navy, along with U.S. senators and representatives. NCLC participants received special policy briefings from ACA’s government relations team and also learned effective lobbying techniques and communications strategies. Most importantly, NCLC resulted in face-to-face meetings in hundreds of congressional offices with concerned doctors of chiropractic and chiropractic students who have made a commitment to defend the profession.

For more information about NCLC, visit [www.aca-nclc.com](http://www.aca-nclc.com). Or, to register, contact Jami Bjorndahl at 703-812-0249 or [bjorndahl@acatoday.com](mailto:bjorndahl@acatoday.com). Please note that the discounted hotel room rate will expire on Feb. 20, so make your reservations now. You will need to call the hotel separately (800-635-5065) to make room reservations.

## Tiger’s Secret Weapon: Chiropractic

No organization has done as much for positioning doctors of chiropractic as health and wellness experts in the eyes of the public as the ACA has. Most recently the association helped Tiger Woods during the rPresidents Cup play at Robert Trent Golf Club. Both Woods and his teammate, Jim Furyk, were plagued by back pain and muscle spasms during the biennial tournament. Tom LaFountain, DC



As pictured in the September 23 issue of *USA Today*, Dr. Tom LaFountain (left) holds an ice pack on Tiger Woods’ Back during Presidents Cup play. Woods had pulled a muscle on the sixth hole of his match, but he and teammate Jim Furyk battled injuries to snare a victory.

and several other chiropractors were on hand to answer the call of duty and were pictured in *USA Today* treating the golfers.

Woods was quoted as saying, “It’s just a matter of keeping [my back] pain free and loose before I swing, Tom did an awesome job. ... He kept me swinging.”

## New Study Shows Chiropractic is Cost-Effective in Treating Chronic Low-Back Pain

A new study finds that chiropractic and medical care have comparable costs for treating chronic low-back pain, with chiropractic care producing significantly better outcomes. A group of chronic low-back patients who underwent chiropractic treatment showed higher pain relief and satisfaction with the care and lower disability scores than a group that underwent medical care, according to an October 2005 study in the *Journal of Manipulative and Physiological Therapeutics (JMPT)* (the abstract may be accessed online at <http://www.journals.elsevierhealth.com/periodicals/yymt/article/PIIS0161475405002277/abstract>).

Although several cost-effectiveness studies outside the United States have favorably compared chiropractic to medical care, this new study is one of the first to compare low-back treatment costs and outcomes within the structure of the

(Continued page 12)

All New  
Formula!

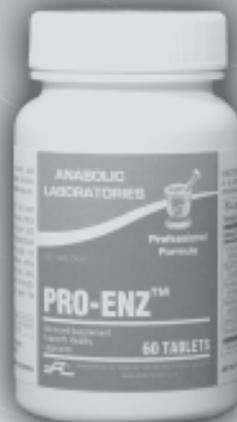
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# U C-PAC

Need

James LeVan, D.C.  
C-PAC Treasurer

Hello friends and colleagues. I have a bit of an announcement to make. This coming year will be my last as treasurer of C-PAC. I'm not actually sure how long I've been doing this but it is getting close to 20 years and I believe it's time for me to pass the baton. I will continue through the 2006 election year because that is the most hectic and difficult time for PAC's. I am hoping to find someone to take over during the course of the year so I can help them learn the ropes and have a smooth transition into the job. It has been an honor to work with the many people on the Legislative Committee and exciting to discuss strategy with Joel Kruh and attend fundraisers and meet the legislators who have so much influence on our practices.

Meanwhile, the 2006 Legislative Session is getting close so the fundraiser invitations are falling like rain. We had a nice nest egg saved up for next year until the last few months. What I was hoping to carry over has been seriously dented. I know it is the end of the year and everyone is really busy, but if you can take a minute to send a little something for CPAC it would be greatly appreciated. I hope the holidays are joyous and restful for all of you. The list below reflects the contributions received in the last 12 months. As always, thank-you so much for your generosity.

## *President*

*(\$1,000 or more per year)*

Maryland Chiropractic Association

## *Governor*

*(\$500 - \$1000)*

Dr. Daniel Alexander  
Dr. Lisa Bailes  
Dr. John DeMaio  
Dr. Michael Fedorczyk  
Dr. Thomas Lo  
Dr. Richard Schmitt

## *Senator*

*(\$365 - \$499)*

Dr. Nicole Ganz  
Dr. James LeVan  
Dr. Beth Tedesco

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Dr. Peter Dexheimer	Dr. Leonard Leo	Dr. Norman Specter
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Dr. Eric Fisher	Dr. Stewart Loeb	Dr. Theodore Taber
Dr. Paul Foutz	Dr. Robert Marvenko	Dr. Melissa Tobin
Dr. Robert Frieman	Dr. Lucinda Mitchell	Dr. Jeffrey Wallace
Dr. Joel Goldwasser	Dr. Brian Morrison	Dr. Stephen Wander
Dr. Troy Henderson	Dr. Starr Parsons	Dr. Ronel Williams
Dr. Paul Henry	Dr. Robert Poane	Dr. Mariella Young

## *Member (\$25 - \$99)*

Dr. Guiseppe Nunnari

Dr. Thomas Schreppler

*Please send your contribution to Dr. James LeVan, 10605 Concord St., Ste. 206, Kensington, MD 20895.*



# Potomac PAIN CENTER

## Attention Doctors:



Dr. Brian L. Regan,  
D.C., MUA Certified, DABCN

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- Adhesive scarring of the facet joints and unvertebral joints
- Cervical/Thoracic and Lumbar dural adhesions
- Non sequestered disk herniations
- Fibromyalgia patients
- Chronic pain patients
- Failed surgical patients

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MUA performed at the following surgical centers:

Downtown Baltimore Surgical Center  
Harford County Ambulatory Surgical Care Center  
Silver Spring Surgical Center  
Dulles Pain Management Center

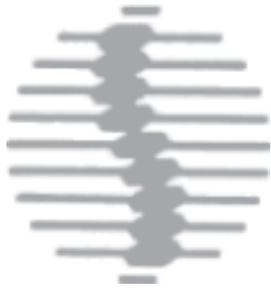
For More Information on MUA or **Dr. Brian Regan, MUA Certified, DABCN**  
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**Potomac Pain Center**

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Perry Hall, MD 21236

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# ICA *Report*

By Eric Huntington, DC  
ICA Maryland Delegate

## Federal Veterans Advisory Committee Holds Final Meeting

The Department of Veterans Affairs (DVA) Chiropractic Advisory Committee held its final meeting in Washington, DC December 6-7, 2005. The Committee was created by Congress to advise and assist the Secretary of Veterans Affairs in developing and implementing the legislatively mandated permanent chiropractic benefit in the nation's largest health care delivery system. The Chiropractic Advisory Committee was active over several years, and with the implementation phase of the chiropractic program now in full swing, its primary mission has been completed. The legislation authorizing the chiropractic program in the DVA, HR 3447, passed the U.S. House of Representatives on December 11, 2001, and was signed by the President in mid-January of 2002.

"The establishment and operations of the Chiropractic Advisory Committee are quite significant in the history of the chiropractic profession," said committee member Michael S. McLean, DC, FICA. "The chiropractic profession can be proud to have finally integrated chiropractic into the DVA health system, and while the integration is neither as comprehensive nor as easily accessed as ICA would prefer to see, it is at least a start."

There are 31 doctors of chiropractic employed by the DVA at various facilities, with at least one in each of the 21 geographic divisions of the DVA, called Veterans Integrated Service Networks or VISNs. These doctors include graduates of almost every chiropractic college, and 13 are full-time, permanent employees. "The full-time permanent hiring of doctors of chiropractic as health professionals by the federal government is itself a major milestone for our profession," Dr. McLean said.

During the meeting, the Chiropractic Advisory Committee members participated in a conference call meeting with more than twenty of the DCs employed by the DVA. Those doctors working in DVA facilities reported that the demand for services was great and that their focus was on basic adjustive care, with little time left over for modalities although approximately half of providers in the DVA indicated that they did provide them.

Also at its final meeting, the Committee reiterated its recommendation from its previous major report that veterans who were under chiropractic care as active duty military personnel through the Department of Defense (DOD) chiropractic program, be allowed direct access to DVA chiropractors. The VA has not yet allowed direct access to chiropractic care. Under the present system, and in the face of strenuous objections by the ICA, but supported by four of

the six doctor of chiropractic members of the Committee, the current DVA program provides access to chiropractic services by referral only. Currently, approximately 3/4<sup>th</sup> of all referrals come from primary care physicians, with the balance coming from specialty clinics within the VA.

"Interestingly, the physical therapy departments within many VA facilities will neither make nor receive referrals from doctors of chiropractic," said Dr. McLean. Dr. McLean also reported that in some facilities, it is the PTs who make fee-basis referrals (fee basis is an arrangement at all VA facilities whereby a veteran requesting chiropractic will be authorized provided by a local private chiropractic practitioner on an outside the clinic basis, and is paid for directly by the VA.) "All fee-basis referrals must go through a referral gatekeeper and it is troubling that at some facilities, that gatekeeper is a physical therapist, especially in light of the emerging pattern of no-cooperation in the implementation and accessing of chiropractic services. This is an issue that will require close attention," said Dr. McLean.

At all facilities, waiting lists for chiropractic care are common, varying from several weeks at some locations to seven months at others. The standard waiting time protocols in the DVA call for patients to be seen within one month. This is their goal and is not being adhered to within most chiropractic clinics because of a shortage of chiropractic providers.

"One of the biggest changes in the chiropractic profession that will flow from the DVA program is the ability of chiropractic students to receive an important portion of their training via internship programs at VA facilities nationwide," said Dr. McLean. Traditionally medical schools have used DVA facilities as their number one source of training opportunities for their various specialties. Chiropractic educational institutions now have this ability but currently only four institutions (New York Chiropractic College, Logan College of Chiropractic, the University of Bridgeport School of Chiropractic and Southern California University of Health Sciences) have availed themselves of this opportunity.

## U.S. Supreme Court Rejects PT Appeal in Landmark Arkansas Case

In a case that has major national implications for maintaining and enforcing the boundaries between chiropractic and physical therapy, the US Supreme Court has declined to hear the appeal by the physical therapists in the case of Michael Teston vs. Arkansas Board of Chiropractic Examiners. In this case, a physical therapist in Arkansas was found to be performing "spinal manipulations," for which only chiropractors are licensed. After rigorous review by the Arkansas Board of

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Chiropractic Examiners, the defendant was found to be in violation of the Chiropractic Practice Act. The Arkansas Chiropractic Board levied a “civil penalty” of \$10,000 following the determination that the chiropractic code had been violated.

The PT appealed the decision to the Arkansas Supreme Court, and the International Chiropractors Association (ICA) stepped forward to assist by filing a detailed and compelling *Amicus Curiae* brief in support of the Chiropractic Board’s decision. After the state appeal was rejected, the PTs appealed to the federal courts, but in a letter to the Arkansas Attorney General dated October 17, 2005, William K. Suter, Clerk of the Supreme Court of the United States announced that the “petition for a writ of certiorari is denied” and thus the previous rulings upholding the actions of the Arkansas State Board of Chiropractic Examiners stand.

“This is an historic and important case since the professional boundaries between PT and chiropractic are being challenged by physical therapy in an extra-legislative and sophisticated manner,” said Dr. Henry Rubinstein. “The ICA wants chiropractors who have endured decades of harassment to achieve and maintain the recognition they deserve for the benefits that they bestow upon the public that the physical therapists now want to claim as their own.”

## **ICA Meets Attacks on Profession Head On**

As if part of a well-orchestrated campaign to frighten consumers, away from seeking chiropractic care, the media continues to carry fear-based stories “warning” consumers and alleging that chiropractic care will put them in grave danger. The most recent of these media attacks came in an advice column from Peter Gott, MD. Supposedly responding to a question from a consumer, asking Dr. Gott to, “Please explain how chiropractic care can lead to permanent nerve injury” the columnist proceeded to offer up the now predictable, but completely unsubstantiated line about how he knew some patients that had been put at risk by chiropractors, and that his quick referral to a neurosurgeon and the subsequent operations saved them from permanent damage.

Dr. Gott wrote: “I am not making this up. I can think of several patients in my practice who underwent chiropractic manipulation for several weeks. These unfortunate people experienced worsening symptoms and came to me in desperation because, with chiropractic care, their lower-back pains had progressively spread to the buttocks and legs; they could not walk or stand without excruciating pain.”

Within a matter of hours, ICA’s response was being handed to editors of those papers across the nation which had carried the offensive column. As part of ICA’s campaign to answer such unsubstantiated and fear-based assertions head-on, a rebuttal column titled “A Grain of Salt is Prescribed” was distributed by the ICA. In a letter to the “editor,” of each newspaper carrying the offensive column, ICA told readers:

“Doctors of chiropractic do not prescribe or administer drugs of any kind, as a matter of choice as chiropractic is a natural healing science. However, in the case of the article, “Be cautious when seeking chiropractic care” by Peter Gott, MD, recently published in your paper, I feel an urgent need to urge every consumer who read that misleading and self-serving piece to immediately take a large grain of salt, to avoid being duped by his sensational marketing line. The chiropractic profession encourages the honest public discussion of safety issues related to health care, and I invite any interested or concerned consumer to visit [www.chiropracticissafe.org](http://www.chiropracticissafe.org) on the Internet for additional information on the safety and effectiveness of chiropractic science and practice.

The research and actuarial records show that chiropractic is the safest and most cost-effective of all of the doctor-level health care professions by a massive margin, and the public is turning to the doctor of chiropractic for care in record numbers. In a landmark study first published in *The New England Journal of Medicine*, Dr. David M. Eisenberg reported, that “... in 1990 Americans made an estimated 425 million visits to providers of unconventional therapy. This number exceeds the number of visits to all U.S. primary care physicians (388 million). Expenditures associated with use of unconventional therapy in 1990 amounted to approximately \$13.7 billion, three quarters of which (\$10.3 billion) was paid out of pocket. This figure is comparable to the \$12.8 billion spent out of pocket annually for all hospitalizations in the United States.”

Massive economic and marketplace shifts are taking place, away from standard medical practices, in the direction of such non-medical providers as doctors of chiropractic.

Is this why Dr. Gott decided to “warn” consumers? This is a very legitimate question because the research record sure does not bear out his claims. Without presenting any reliable data, and offering only his own unsubstantiated anecdotes, Dr. Gott tells consumers to “be cautious when seeking chiropractic care.” Using the worst kind of fear tactics, Dr. Gott talks about worsening symptoms and how some people “...could have suffered permanent and severe handicaps. Unsubstantiated fear-based admonitions, such as Dr. Gott has presented, raise a host of questions about his motives and intentions, including economic, competition, practical and ethical issues.”

# ACA Update

(Continued from page 6)

American health care system. In the United States alone, back pain associated costs are estimated to reach \$48 billion this year, and, at any given time, 80 percent of the U.S. population suffers from back pain – statistics that make this study especially pertinent, according to the authors.

## Specifics of the study:

The study involved 2,780 patients with mechanical low-back pain who referred themselves to 60 doctors of chiropractic and 111 medical doctors in 64 general practice community clinics in Oregon and one in Vancouver, Wa. Chiropractic care included spinal manipulation, physical therapies, an exercise plan, and self-care patient education. Medical care consisted of prescription drugs, an exercise plan, self-care advice, and a referral to a physical therapist (in approximately 25 percent of cases). The costs of treatment and patients' pain, disability, and satisfaction with their health care were assessed at 3 and 12 months after the initial visit to the doctor.

The office costs alone for chiropractic treatment of low-back pain were higher than for medical care. However, when costs of advanced imaging and referral to physical therapists and other providers were added, chiropractic care costs for chronic patients were 16 percent lower than medical care costs. The differences between medical and chiropractic total costs were not statistically significant for acute or chronic patients. The study did not include over-the-counter drug, hospitalization, or surgical costs.

Both acute and chronic patients showed better outcomes in pain and disability reduction and higher satisfaction with their care after undergoing chiropractic treatment. The advantage of chiropractic care was clinically significant in the chronic patient group at 3 months' follow-up, but smaller in the acute group. Improvements in patients' physical and mental health were comparable in both the chiropractic and the medical group, with the exception of physical health scores in the acute patients in the chiropractic group, which showed an advantage over the medical group.

“With their mission to increase value and respond to patient preferences, health care organizations and policy makers need to reevaluate the appropriateness of chiropractic as a treatment option for low-back pain,” concluded the study authors.

The *Journal of Manipulative and Physiological Therapeutics*, the premier biomedical publication in the chiropractic profession and the official scientific journal of the American Chiropractic Association, provides the latest information on current research developments, as well as clinically oriented research and practical information for use in clinical settings. The journal's editorial board includes some of the world's leading clinical researchers from chiropractic, medicine, and post-secondary education.

## Senator Grassley to Chiropractors: Fix Documentation Issues

ACA was recently called into a meeting with investigative staff from the office of Senate Finance Committee Chairman Charles Grassley (R-IA) to talk about the June Department of Health and

Human Services, Office of the Inspector General (OIG) report on documentation in the chiropractic profession.

Grassley's staff started the meeting by asking some basic questions about chiropractors and documentation and asking what the profession was doing in regard to the June OIG report. ACA referenced the creation of the chiropractic working group made up of the ACA, the Association of Chiropractic Colleges, the Federation of Chiropractic Licensing Boards, and the Congress of Chiropractic State Associations, and of our meeting with CMS and a follow-up letter, and the list of substantive action items that the group is developing.

While Grassley's staff was impressed with the profession's initial response to the OIG report, they were emphatic in stating that the chiropractic profession needs to rectify the situation — and if the profession does not rectify the problem, that the Congress will have no choice but to intervene and fix the problem through legislation.

We saw several weeks ago where Senator Mike Crapo (R-ID) was ready to offer language to shift monies identified in the OIG report to another health-provider program. ACA, together with Idaho and Iowa chiropractors, were able to stifle that effort. But the Grassley meeting was a clear shot across the bow, and ACA was told in no uncertain terms that we have a very significant target on our backs, especially in these cost-conscious times.

## Appeals Court Overturns Adverse District Court Ruling

The U.S. Court of Appeals has reversed a lower court decision allowing medical doctors and osteopaths to perform “manual manipulation of the spine to correct a subluxation” on Medicare beneficiaries, paving the way for chiropractors to pursue further hearings on the issue under a new administrative review process enacted in 2003. The Dec. 13 decision represents a major step in the American Chiropractic Association's (ACA) landmark lawsuit against the U.S. Department of Health and Human Services (HHS) and comes at a critical time as millions of Medicare patients are choosing Medicare managed care plans as part of their new prescription drug benefit.

“The ACA is extremely pleased that the District Court's ruling allowing M.D.s and D.O.s to provide a uniquely chiropractic service was nullified,” announced ACA President Richard Brassard, D.C. “We are happy that the issue is now whether or not a practitioner is ‘qualified,’ not whether or not a practitioner is simply licensed. Our position has been and remains that only chiropractors are qualified by education and training to correct subluxations.”

The ACA is exploring ways it can assist individual doctors of chiropractic through the administrative review process and provide them with the resources and materials they need to establish their unique qualifications to an administrative law judge, if necessary.

For a copy of the Dec. 13 decision and additional information on the Medicare administrative review process, visit ACA's Web site at: [www.acatoday.com/government/medicare](http://www.acatoday.com/government/medicare).

# To Be, or Not To Be A CME?

## That is the Question

By *Michael Megehee, DC*  
*Federal Motor Carrier Safety Administration*

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### To Be, or Not To Be A CME? (Certified Medical Examiner)

**That is the question. The answer is the familiar Army catchphrase: Be All You Can Be!**

If you haven't heard, the Federal Motor Carrier Safety Administration (FMCSA) is proposing a National Registry of Certified Medical Examiners (NRCME) program. The primary mission of the proposed NRCME program is to improve highway safety by producing trained, certified medical examiners who can effectively determine if a commercial motor vehicle (CMV) driver's health meets FMCSA standards.

Since 1992, DCs have been included among the medical professions (APNs, DOs, MDs, and PAs) FMCSA authorizes to perform medical examinations for CMV drivers. That is not going to change. However, what is going to change is that to perform those examinations once the NRCME is established, DCs, as well as all of the other professions, would be required to be listed on a National Registry. To be listed on the Registry, medical examiners would have to complete required training and pass a certification test.

A National Registry of medical examiners is not a new idea; the idea has been considered since 1978. However, until DCs, APNs, and PAs began to participate, there simply were not enough medical examiners to perform medical examinations for the vast CMV driver population.

The Federal Aviation Administration has a program for certification of Aviation Medical Examiners (AME). These are MDs and DOs who are authorized to provide flight physicals for pilots. Only MDs, and DOs can participate, but each must attend a five day initial training program and successfully pass a test to become eligible to provide these services. Every three years they attend a three day program to keep current. There are currently about 4,500 AMEs providing physicals for approximately 60,000 pilots nationwide. As an interesting side-note, it was this ratio of AMEs to pilots that FMCSA used to estimate the number of CMEs that would be needed for over 6 million CMV drivers. Although the details remain to be worked out, recurrent training will likely be a part of the NRCME program. There is also a certification program for Medical Review Officers (MRO). MROs are authorized to review drug test results for those industries that are required to have randomized drug testing programs. Unfortunately, this program is again limited to MDs and DOs however they must also receive specialized training and pass a certification test before they are designated as an MRO. Recurrent training is again a requirement.

All of these certification programs have the goal of increasing public safety by making certain that those professionals who provide these services are trained and informed. Although DCs cannot participate in the MRO or AME program at this time, perhaps there will be a day when that will change. Certainly,

showing that DC participation in the NRCME program is a good thing would go a long way when and if the MRO and AME programs are reviewed. I need to make sure that you know that I am not aware of any plans for such a review in the near future.

There are other functions of the National Registry. All CMEs will be listed on the registry with contact information so that any driver or motor carrier with access to the internet can find the nearest CME. For those without internet access, the FMCSA will have a NRCME toll-free telephone line to give CME contact information and answer questions.

FMCSA estimates that initially at least 50,000 certified medical examiners will be needed to perform approximately 3-4 million driver examinations annually. That's a tall order, but once our profession becomes fully aware of the benefits to individual DCs and to our profession, I believe DCs will become certified in numbers greater than any other profession. Here's why.

Currently, the vast majority of these examinations are performed by the other authorized medical professionals, and not DCs. Just as some DCs will elect not to participate, so too, will many of those from the other professions. This is especially true for those busy physicians who do not perform a great number of these examinations anyway. The overall effect will be that more examinations will be performed by those who are better prepared to deal with the issues of driver safety and health. The economic implications are enormous.

Imagine, if you will, performing a number of these exams where you don't have the insurance hassle of getting paid. Many drivers pay in cash at time of delivery (no pun intended). For others, the driver's company pays the bill. No discounts for managed care, no PPO write-offs. Think of the effect on your practice if you were introduced to hundreds of potential chiropractic patients right in your own office. This is what I call "ethical" practice building on a grand scale.

So, would going to training and taking a certification test be worth the effort? Do you already have the skills and training to perform the examinations? Answers: Yes, & Yes. Do you know the regulations, and are you familiar with the health, physical and mental demands of interstate drivers? Probably not, but that's why training is part of certification. Certification will be the process to excellence.

To Be, or Not to Be A CME? There's "no question" about it.

The FMCSA is looking for 1,000 DCs to participate in a survey as part of the development of the NRCME program. If you are interested in participating, please send an e-mail to NRCME at [contactnrcme.fmcsa.dot.gov](mailto:contactnrcme.fmcsa.dot.gov). You may also contact Dr. Megehee, DC at [Megehee@wtechlink.net](mailto:Megehee@wtechlink.net). More information on the NRCME program is available at [www.nrcme.fmcsa.dot.gov/](http://www.nrcme.fmcsa.dot.gov/)

# Eye on The Law

(Continued from page 4)

- (i) pay any undisputed portion of the claim in accordance with this section; and
  - (ii) comply with subsector (c)(1) or (2)(i) of this section within 30 days after receipt of the requested additional information.
- (3) If an insurer, nonprofit health service plan, or health maintenance organization provides notice under subsection (c)(2)(iii) of this section, the insurer, nonprofit health service plan, or health maintenance organization shall comply with subsection (c)(1) or 2(i) of this section within 30 days after receipt of the requested additional information.
- (f) Payment of interest for failure to comply.
- (1) If an insurer, nonprofit health service plan, or health maintenance organization fails to comply with subsection (c) of this section, the insurer, nonprofit health service plan, or health maintenance organization shall pay interest on the amount of the claim that remains unpaid 30 days after the claim is received at the monthly rate of:
    - (i) 1.5% from the 31<sup>st</sup> day through the 60<sup>th</sup> day;
    - (ii) 2% from the 61<sup>st</sup> day through the 120<sup>th</sup> day; and
    - (iii) 2.5% after the 120<sup>th</sup> day.
  - (2) The interest paid under this subsection shall be included in any late reimbursement without the necessity for the person that filed the original claim to make an additional claim for that interest.
- (g) Penalties. An insurer, nonprofit health service plan, or health maintenance organization that violates a provision of this section is subject to:
- (1) a fine not exceeding \$500 for each violation that is arbitrary and capricious, based on all available information; and
  - (2) the penalties prescribed under section 4-113(d) of this article for violations committed with a frequency that indicates a general business practice.

## **15-1006. Notice of reason for denial of claim.**

(a) Required. On written request of the claimant, an insurer that denies a claim made on an individual health insurance policy shall give written notice to the claimant that states fully the reason for the denial.

(b) Effect of stated reason. The reason given by an insurer for denial of a claim shall not act as a estoppel or limit the insurer from offering an additional reason for the denial.

## **15-1007. Summary explanation of benefits.**

(a) Scope of section. This section applies to insurers and nonprofit health service plans that propose to issue or deliver individual, group or blanket health insurance policies or contracts or to administer health benefit programs that provide hospital, medical, or surgical benefits on an expense-incurred basis.

(b) Required. Each entity subject to this section shall provide to an insured individual who has filed a claim described in subsection (c) of this section an annual summary explanation of benefits that covers the preceding 12-month period.

(c) Contents. The summary explanation of benefits required under subsection (b) of this section shall provide a summary of:

- (1) all claims filed by health care providers for services rendered to the insured individual or covered dependent of the insured individual during an inpatient hospitalization or an outpatient surgical procedure;
- (2) the amount paid by the entity for each claim filled; and
- (3) the balance owed by the insured individual for each claim filed

# Board of Examiners *Update*

## BOARD APPROVED AMPUTEE CEU COURSE DEVELOPED IN COOPERATION WITH AMPUTEE CENTER OF MARYLAND

The Board of Chiropractic Examiners has approved a 6-8 hours chiropractic amputee course of instruction developed by Dr. Paul Goszkowski in cooperation with the Amputee Center of Maryland (ACM). The ACM was founded to assist amputees in gait and ambulatory techniques and procedures. Additionally, the ACM is working in conjunction with Walter Reed Army Hospital to assist military veteran amputees with their difficulties. The ACM is operated out of the Anne Arundel Medical Center's Sajak Pavillion. Chiropractors wishing to participate in the CEU program should contact Dr. Goszkowski at 410-332-0044.

## CERTIFICATION FOR LOW LEVEL LASER THERAPY

Currently, the only two programs accepted for certification for Low Level Laser Therapy are the 12-hour programs conducted by New York Chiropractic College and Logan Chiropractic College. To obtain Board Certifications, applicants must successfully complete either course and submit the documentation with a petition to the Board of Examiners.

## PROHIBITION ON EMPLOYING INACTIVE OR NON-RENEWED CHIROPRACTORS

It is imperative that every chiropractor or chiropractic assistant holds a license or registration. Always insist on seeing a valid, original, current certificate. In addition, all certificates MUST be prominently displayed in the practice where the individual is working.

## CLARIFICATION OF C.A. TRAINING ISSUES

In response to a question posed to the Board of Chiropractic Examiners, Registered chiropractic assistants (CA) may NOT independently train another CA. All hands-on clinical training in a practice MUST be done by the supervising chiropractor in the immediate treatment area. During the initial 80 hours of observation, it IS permissible for the CA. Trainee to observe the duties and procedures of a registered CA., with the supervising chiropractor in the building (does not have to be in the immediate treatment area). This clarification is made because some chiropractors were having their experienced, registered CAs conduct all of the training, including the hands-on training. This is not permitted.....training is NOT within the scope of practice of any CA.

# MCA *update*

Advancing the Chiropractic Profession in Maryland!  
E-Newsletter

October 2005

The MCA Update is an additional benefit of membership in MCA. Published on a bimonthly basis, this e-newsletter will provide you with up-to-date information on MCA as well as the latest news concerning chiropractic in Maryland. As always, check out [www.MarylandChiro.com](http://www.MarylandChiro.com) for the most current information on Chiropractic in Maryland.

Inside this Issue

- [Earlybird Registration Extended for MCA's 2005 Convention](#)
- [Help us Help You! Turn in Your CareFirst Children's Treatment Survey](#)
- [Dr. Neil Cohen Hosts Successful Event for Sen. Jim Beachle](#)
- [How Can You Help Those Affected by Hurricane Katrina?](#)
- [Remembering Maryland Pioneer Dr. Brendan J. McHally](#)
- [Classifieds](#)

Earlybird Registration Extended for MCA's 2005 Convention

The MCA has extended the earlybird registration for its 2005 Convention & CE Forum. This program will offer up to 13 hours of approved CE with this year's speakers bringing you up to date on new developments in contemporary topics including the role of the cervical spine in the origin of headache symptoms and performing the most appropriate tests in assessing patients in a timely and efficient manner.



In addition such first-rate education programs, the Convention also offers invaluable networking opportunities.

## Have YOU Been Receiving MCA's E-Newsletter?

The Maryland Chiropractic Association is happy to announce the launch of the **MCA Update**. An additional benefit of membership in MCA, this e-newsletter will provide you with up-to-date information on MCA as well as the latest news concerning chiropractic in Maryland.

If you did not receive MCA Update in your email during October, please call MCA headquarters at 410-625-1155 to confirm that we have your correct email address on file.

The MCA Update will be distributed to members the first week of every even month (February, April, June, August, October, and December) so members can stay abreast of the latest news on legislative action, MCA's education offerings, etc. during months when the MCA Journal is not mailed to member.

"This is just another case where MCA is taking advantage of technology to communicate with its members," said Communications Manager Eric Grammer. "We've always been trying to provide members with the most up-to-date information and fusing email and the internet is allowing us to basically expand our bimonthly newsletter to a monthly publication."

Grammer noted that one of the added benefits of monthly coverage is allowing for monthly classifieds for those chiropractors who may have an unexpected staff shortage.

While MCA is excited to announce the launch of this new vehicle for communication with our membership, MCA encourages all members to continue to visit [www.MarylandChiro.com](http://www.MarylandChiro.com) for the most current information on Chiropractic in Maryland.

# Thanks to MCA Supporters

MCA has a Supporting Membership category for suppliers of goods and services. We encourage you to consider the following 2005 Supporting Members when making purchases. Support those that support YOU!

<b>Biotics Research Corp.</b> John Rosenbaum	<b>Impact Coaching, LLC</b> Larry Berlin, DC	<b>Knaub &amp; Associates, P.A.</b> Ray Knaub	<b>Nutri-West Mid Atlantic</b> Amy Hare	<b>World Connections</b> Steve Middleton
<b>Coil Heaven</b> Michael McNair	<b>Kane X-ray Company</b> Nancy Thompson	<b>Metro Marketing</b> Laurie Dengel	<b>Plymouth Bell Laboratories</b> Rhoda Dowie	

## Classifieds

To place a classified ad in the MCA Journal, please send it in writing, along with appropriate payment, to MCA, 720 Light St., Baltimore, MD 21230. The cost for a 25-word ad is \$15 for MCA members (2 issues for \$25) or \$25 per issue for non-members. The next issue is set for distribution on March 1, 2006. The deadline for classifieds is February 15.

**Associate Wanted** — Clinic Directors needed for Baltimore City/P.G. County. Administrative/Clinical experience preferred. Base salary with incentives offered. Fax resume to 301-434-0920 or call 301-585-3200. (1/06)

**Associate Wanted** — This is a great opportunity to earn and learn in Westminster. Busy chiropractic office will train an energetic person with good work ethic to be a successful chiropractor. Unlimited growth and income potential. Call Dr. Wallace at 410-790-1335. (1/06)

**Associate Wanted** — PT/FT for PI practice in Prince George's County. Must be professional and motivated. Long term or partnership potential available. Salary plus bonuses. PT privileges required. Fax resume to 240-430-3001. (1/06)

**Associate Wanted** — Salary and Commission with full benefits package. Excellent long-term potential. Great opportunity for a motivated individual. Beautiful southern Maryland. Fax resume to 301-609-9985. (1/06)

**Associate Wanted** — Glen Burnie & Fells Point. Well established family practices. Great opportunity for the right doctors to become part of a winning team. Excellent salary and benefits. Call Dawn 410-761-7955. (1/06)

**Associate Wanted** — Busy family practice located in College Park, Md. seeks chiropractor who is licensed or can obtain a Maryland license. For additional information, please contact Jamal Fadul, M.D. at 301-441-4400 or fax resume to 301-809-6686. (1/06)

**Associate Wanted** — Chiropractors needed for Baltimore City/P.G. County. Administrative/Clinical experience preferred. Base salary with incentives offered. Fax resume to 301-434-6932 or call 301-585-3200. (3/06)

**Associate Wanted** — Wanted, energetic chiropractor interested in an independent contractor relationship in a busy office with physical therapy, xray, medical doc and podiatrist. Flat fee call 443-417-0946. (3/06)

**Associate Wanted** — Associate needed PT/FT for state-of-the-art Owings Mills practice. Excellent long-term/partnership opportunity for the right doctor. Salary, benefits, 401K and great work environment. Contact Marcy at 410-356-9939 or [marcy@hqchiro.com](mailto:marcy@hqchiro.com). (1/06)

**Associates/Owners/Partners/Coverage Docs/Practices for Sale Wanted** — We are a multiple practice group (DC, MD, VA) and are always looking for one or more of the above. If you are exploring your opportunities, contact me. I may have exactly what you're looking for. [Rick.Schmitt@comcast.net](mailto:Rick.Schmitt@comcast.net) or fax to 301-970-2273. (9/06)

**Chiropractic Assistant Wanted** — Laurel: Seeking a high-energy, hardworking, highly motivated and coachable chiropractic assistant committed to improving health and wellness in our busy chiropractic office. Fax your resume to 301-362-1171. (1/06)

**Office For Lease** — Office of chiropractic practice of 20 yr old is available for lease in vibrant Woodlawn area, Baltimore. Call 410-786-1036/240-786-1036. (3/06)

**Practice For Sale** — Established downtown Baltimore office for sale. Price negotiable. Call 301-585-3200. (1/06)

**Practice For Sale** — Full spine practice with therapy for sale in Winchester, Va. Please call 540-662-1237. Ask for Dr. Bartel. (1/06)

**Practice For Sale** — Established downtown Baltimore office for sale. Price negotiable. Call 301-585-3200. (3/06)

**Practice Sharing** — AA Co. Looking for a chiropractor to share expenses with two other doctors. Onsite acupuncturist, nutritionist and massage therapist. Fax inquiries to 410-674-8608. (1/06)

**CA Office Coverage** — Attention doctors. My name is Dori Donner and I am a licensed CA looking to do coverage work in the evenings and on weekends. Feel free to call me at 443-465-3999 or email me at [ddonner74@yahoo.com](mailto:ddonner74@yahoo.com). (1/06)

**Office Coverage** — Want a break? Need a break? Whatever the reason, leave your practice in capable hands. A 1998 Palmer graduate w/ clinic ownership experience. Licensed DC w/PT privileges ready to help. Contact Dr. Gary Amaral - 410-365-6891 or [ahcps@verizon.net](mailto:ahcps@verizon.net). (1/07)

**Office Coverage** — Licensed, experienced DC with PT privileges available for vacation relief. Multiple references, including high volume. Please call Charles Weitzman D.C., 443-929-2001. (1/06)

**Office Coverage** — Licensed, experienced and insured DC with PT privileges. Please contact at 410-901-2903 or [DrEdAChiro@bcctv.com](mailto:DrEdAChiro@bcctv.com). (3/06)

**Office Coverage** — Available for office coverage. 16 years private practice experience. Professional, personal care, reliable. Relax away from your office. Dr. Hoffman pager: 410-324-0990, office: 410-668-2266. (3/06)

**Equipment For Sale** — New Summit s-ray machine, green rare earth film cassettes, Hope Micro-max Automatic processor, leaded window wall, red light, and I.D. Marker all included! Takes excellent films! Take over remainder of existing lease. Contact Dr. Patrick Ingram at 410-833-3038. (3/06)