

NEW JERSEY

Chiropractor

ASSOCIATION OF NJ CHIROPRACTORS™

ANJC

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Luciano D'Amato
Alex Farinola
Anthony Gencarelli

Andrew Halperin
Jesse Hann
Daniel Hanna

Lewis Korb
Karine Manasse
Ray Marquez

Why Donating to ANJC PAC is a MUST Not A Should!

By Donald Antonelli, DC/ ANJC PAC Chairperson *"PAC-Pushing Ahead Chiropractic"*



Pictured: David Graber, DC, Don Antonelli, DC and David Friedman, DC

Since ANJC's existence, we quickly became one of the premier chiropractic associations in the country because of the aggressive, hard-working chiropractors who stepped up to fight the battles that we were never able to take on before.

Battle after battle was thrown at our profession and we have fought together so that our patients' had better access to our care and we were paid a fair fee for the great service we provide.

Some may have forgotten how we fought to regain extraspinal care, filed lawsuits for re-exam reimbursement and therapies. We passed a number of legislative bills including the Scope of Practice, nutritional counseling, the 1st in the United States Licensed Chiropractic Assistant ("LCA") law and so much more.

We have fought back carriers and others who attempted to restrict patient access to care, continually fight insurance companies' onerous paperwork requirements, denials of medically necessary care and coverage limitations. It happened because each of us stepped up to fight...And fight we did!

Now more than ever, we need you to dig deep and fight back even harder against the abuses we continually endure and the restrictions that continue to be placed on our patients who want the best in drug-free healthcare.

A small donation to ANJC PAC, gives us the firepower to meet, speak and educate legislators who make the laws that will impact your patient's right to care and your reimbursement for that care.

It's very simple...If We Do nothing, We Are Guaranteed Nothing!

We need YOU right now to be part of the ANJC PAC TEAM to support and fight for our profession's right to practice as we want and allow our patients' access to our care.

As the new chairperson of the ANJC PAC, I am continually impressed by the group of chiropractors, who on their own free time, commit to fight on behalf of our profession, our colleagues and our patients. Please support the importance of the ANJC PAC TEAM.



Go to www.anjc.info/pac to make a small \$25/month donation to help us fight for you in our most challenging of times.



From the President's Desk

By Dr. Andreas Skounakis
ANJC President

Dear ANJC Members,

Our annual conference was an incredible success thanks to your active participation and engagement. It was a gathering filled with inspiration, education, and camaraderie as we came together to further elevate chiropractic care and transform lives.

Throughout the conference, we had the privilege of listening to renowned speakers and industry experts who shared their insights and expertise. Their presentations were thought-provoking; challenging us to think outside the box and embrace innovation in our practices. We explored new advancements in chiropractic techniques, cutting-edge research, and emerging trends in healthcare. These sessions expanded our knowledge and provided us with valuable tools to enhance our patient care.

One of the highlights of the conference was the panel discussions and workshops, where we engaged in lively conversations on key issues affecting our profession. We addressed the challenges we face in a changing healthcare landscape and discussed strategies to navigate through them. The collective wisdom and diverse perspectives shared during these sessions were truly enriching and will undoubtedly shape the future of our profession.

In addition to the educational sessions, the conference provided ample opportunities for networking and building connections with fellow members. The sense of community and support within the ANJC was palpable as we exchanged ideas, shared best practices, and forged new collaborations. These connections will continue to strengthen our profession and enable us to deliver even better care to our patients.

Furthermore, I want to express my deep gratitude to our sponsors and exhibitors, whose support and presence at the conference contributed significantly to its success. Their commitment to our chiropractic community is invaluable and their products and services showcased the latest advancements in our field.

Looking ahead, we are committed to taking the learnings from this summit and turning them into actionable initiatives. The ANJC Board of Directors and staff will work diligently to enhance the benefits and services we provide to our members. We will continue to listen to your feedback and suggestions, ensuring that our offerings align with your needs and aspirations.

I encourage each one of you to carry forward the spirit of unity, innovation, and advocacy that we experienced during this conference. Let us apply the knowledge gained, embrace new ideas, and strive for excellence in our practices. Together, we can position chiropractors as the providers of choice for optimal health and wellness in New Jersey.

Once again, I extend my heartfelt gratitude to all who attended and contributed to the success of this annual summit. Your dedication to the ANJC and the chiropractic profession is truly commendable. Let us continue to elevate chiropractic care, transform lives, and make a lasting impact on the well-being of our patients.

Thank you, and I look forward to the incredible journey that lies ahead for the ANJC and its members.

Andreas Skounakis, DC
President ANJC

ASSOCIATION OF NJ CHIROPRACTORS™



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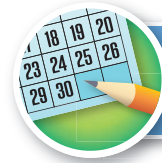
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SAVE *these* DATES!

ANJC VISION:

To position Doctors of Chiropractic as providers of first choice for New Jersey families to obtain optimal health and wellness, while improving the quality of their lives.

ANJC MISSION:

To improve the health of patients, families and communities by promoting high standards of professionalism and patient care through chiropractic methods, education, advocacy and accountability.

ASSOCIATION OF NEW JERSEY CHIROPRACTORS

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JULY 20, 2023

11:00 A.M. - 12:00 P.M.

Webinar:

Facts About Adult Scoliosis **(1 CEU)**

AUGUST 10, 2023

11:00 A.M. - 1:00 P.M.

Webinar:

Patient Communication: Ethical Considerations During the Doctor-Patient Encounter Doctor Your Words re Powerful! **(2 CEUs)**

AUGUST 16, 2023

12:30 P.M. - 1:30 P.M.

Webinar:

Sugar Is Sticky! Exploring the damaging effects of sugar and advanced glycated end-products on our health **(1 CEU)**

SAVE THE DATE

**2023 Fall Symposium
Thursday, October 19th
Pines Manor, Edison**

5:30 p.m. Registration and Exhibit Hall

6:00 - 8:00 p.m. Presentation

8:00 - 10:00 p.m. Dinner and Exhibit Hall

What They Didn't Teach in Chiropractic School...The Rest of the Story

Presented by:

Kathy (KMC) Weidner, MCS-P, CPCO, CCPC, CCCA

2 CEUs



ANJC Leadership



Executive Director's Update

By Suzanne Corson - ANJC Executive Director

ANJC ELECTED OFFICIALS

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Dr. Victor Rossi, *Vice President*
Dr. Kostantinos Linardakis, *2nd Vice President*

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It's been more than six months since I joined the ANJC as the Executive Director and I'm so proud of what we've accomplished together. We've provided continuing education credits to members through our in-person and virtual events, welcomed more than 500 to the 2023 ANJC Annual Conference in Atlantic City and hosted an engaging round of Regional Events throughout the state. We've also relaunched our website and fine-tuned our communications to ensure we are reaching members, and non-members, through many different mediums. We are seeing membership grow as we welcome back past and recruit new members. But what I am most proud of is how the ANJC HQ staff has connected with our members, listening to the issues, identifying challenges, brainstorming for solutions and learning what our members need and expect from the Association of New Jersey Chiropractors.

As we look to the future, the ANJC HQ Staff, Board of Directors and Consultant Team are focused on how we can and should be building our organization to better serve our members. To be successful, we need more members to get involved. We need to hear about the challenges practitioners are encountering, what barriers to care patients are facing, what continuing education topics are essential and why is ANJC membership valuable.

All ANJC members have a skill, experience and/or hobby that would benefit the organization and make a positive impact on the profession. There are committees, projects and groups that require a range of time commitment. For members that can get involved, there is a place at the ANJC.

Please reach out to me any time by phone, email or let's schedule time to share a cup of coffee. I am excited for the future of the Association of New Jersey Chiropractors and look forward to building it together.

Suzanne Corson
suzanne@anjc.info
(908) 722-5678 x105



Once the contract is signed by all parties, a due diligence period begins where the buyer can inspect your practice, obtain appraisals, review financial records, etc., to ensure they are buying what was represented to them. The New Jersey Division of Revenue must be notified at least ten days prior to closing of the sale by filing Form C9600 and obtaining tax clearance to close. If the buyer is obtaining bank financing, all of the bank underwriting conditions must be satisfied. Then, assuming all has gone well, the closing will occur when actual ownership transfers by signing a closing statement, Bill of Sale for Assets or Stock Transfer Agreement for Sale of Stock, and money changes hands. That is when the sale is complete.

Q. I'm selling the assets of my chiropractic practice not the stock of my practice professional corporation. Should I immediately dissolve my PC after the closing?

A. Most likely not but it will key off of whether you are selling your PC accounts receivable as part of the sale or not. If not (which is typically what occurs), you must maintain your PC as active with the state for as long as it takes to collect your outstanding accounts receivable or write them off. To do this and accept payment for claims after closing, the PC must be active. Once all accounts receivable are collected or written off, your accountant should file any final tax returns, obtain final tax clearance from the New Jersey Division of Revenue, and then the PC can finally be dissolved. This will likely be a year plus following the closing.

Q. I am selling my practice. All I have to do is sign a contract for sale and it is done, right?

A. Wrong. There are a number of steps that will occur when you sell your practice, the first of which is entering a contract for sale. This is true whether it is a stock or asset sale for your practice.

Q. A patient came to treat with me after seeing an advertisement for a free consultation. Can I treat them on the same day as the free consult?

A. In most situations, the answer is no. NJAC 13:44E-2.1(g)(4) provides: In the event a patient responding to an advertisement offering free or reduced fee services is in need of services other than those advertised as free or reduced, including extraordinary diagnostic services or immediate chiropractic care, the licensee shall not charge for any such services rendered during a period of 24 hours from the time the advertised free service was rendered unless the practitioner obtains a signed waiver from the patient. This regulation includes the actual waiver language you should use in these situations, which requires an "imminent need for chiropractic care." Thus, the only way to legally treat the patient on the same day of the free consult is if the patient is in an acute condition where they cannot wait 24 hour for care and they sign off on the regulatory waiver.

Why Not Just Close Your Practice? A Word of Warning to Chiropractors



By Jeffrey Randolph
ANJC Legal Counsel

As a chiropractor, you have certain onerous responsibilities imposed by your chiropractic regulations as it relates to closing your practice and maintaining practice records. This is the very reason that it is advisable to think ahead and line up a buyer for your practice assets rather than just shutting down the practice. If you do not do so, you may be on the hook for storing both your active and inactive patient charts for seven years (or seven years from age 18 for minors).

NJAC 13:44E-2.2(b) provides, in pertinent, that all chiropractors licensed in New Jersey must maintain patient records, including all radiographs and other diagnostic findings, for at least seven years from the date of the last entry. In the case of a minor child, records shall be kept for seven years from the date of the last entry or seven years from the date of majority, whichever is later. Note that the time frame runs from the "date of last entry" in the file, not necessarily the last date of treatment. Thus, if you receive a check from a carrier months or years after the last date of service and input it in the chart, the time frame begins from then.



NJAC 13:44E-2.2(g) governs what a chiropractor must do when they shut their practice or it will not be attended by another chiropractor for at least three months. First, you must "establish a procedure by which patients can obtain patient records or acquiesce in the transfer of those records to another licensee or health care professional who is assuming the responsibilities of that practice." Second, "if the practice is unattended by another licensee, publish a notice of the cessation and the established procedure for the retrieval of records in a newspaper of general circulation in the

geographic location of the licensee's practice, at least once each month for the first three months after the cessation." Third, you must "file a notice of the established procedure for the retrieval of records with the Board of Chiropractic Examiners." Finally, you must "make reasonable efforts to directly notify any patient treated during the six months preceding the cessation in order to provide information concerning the established procedure for the retrieval of records."

As the regulatory language states, if you sell the shares or assets of your practice to another chiropractor (or other appropriately licensed healthcare provider), they will take over as custodian of your patient charts, avoiding the need to establish a procedure for patients to obtain records for up to seven years or more. Since pursuant to a sale the buyer will take over the practice, there is no need to publish notice of cessation in the paper for three months. You also will be absolved of the responsibility to notify active patients treated in the past six months how to get copies of their records.

As you can see, even if you sell the assets of your practice (which include your patient records) for a fraction of the value of the practice, it is well worthwhile to avoid the responsibilities detailed above. The buyer will assume responsibility for the charts which will save your storages fees for seven-plus years and the nightmare of you or a family member having to go through musty charts every time you receive a request for copies of patient records for the foreseeable future.

Jeffrey Randolph, Esq. (the author of *Legal Ease* and *Legal Q&A*) is an independent person of the ANJC and his views are not authorized, sponsored, or otherwise approved by the ANJC. The information provided is for general guidance on matters of interest only and may not take into account particular facts relevant to your individual situation. The application and impact of laws and health care can vary widely based on the specific facts involved. Given the changing nature of laws, rules and regulations, there may be omissions or inaccuracies in information contained in these materials. Accordingly, the information you receive is provided with the understanding that the presenters and the A.N.J.C. are not herein engaged in rendering legal, accounting, tax, health care or other professional advice and services nor are they providing specific advice with regard to your practice, the treatment of any specific illness, disease, deformity or condition, or any other matter that affects trade, commerce, or legal rights of others.

Rotator Cuff Impingement: Complicated?

Rotator cuff impingement is one of the most common injuries chiropractors will see in their office. Frequently, shoulder complaints make chiropractors nervous and are treated with the manipulation of the thoracic and cervical spine and A-P thrusts to the shoulder. While manipulation to the thoracic and cervical spines can have important components to shoulder impingement, especially the thoracic spine associated with postural disorders, it is important to understand the common causes of shoulder impingement.

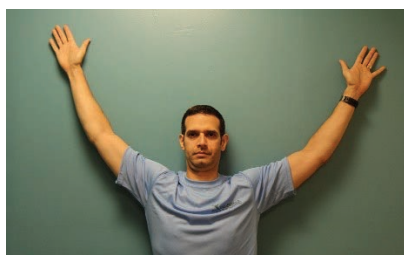
There are six common causes of subacromial shoulder impingement. Tensile failure of rotator cuff fibers, poor scapular mechanics, rotator cuff imbalance, anterior capsular laxity, posterior capsule contracture, and supraspinatus outlet narrowing are the common reasons for this type of injury. Of these reasons for impingement, the one that is most commonly handled by chiropractors is poor scapular mechanics.

Scapular dyskinesis involves so many common situations that chiropractors deal with on a daily basis. Increased TS kyphosis, poor thoracic spine mobility, weakness in scapular stabilizers (especially lower and medial scapular stabilizers) create altered scapular mechanics leading to impingement. Maintenance of scapular dynamic stability with mobility of the glenohumeral joint keeps humeral head in constraint with glenoid throughout full range of motion of the shoulder.

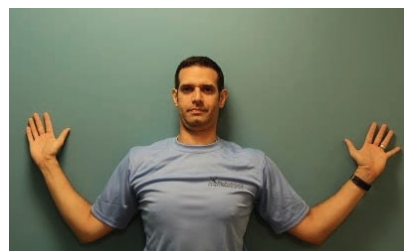
The scapula is protracted laterally and then anteriorly around the thoracic wall during throwing motions (arm acceleration and follow through) which is controlled by eccentric contraction of medial and lower stabilizers. In abduction, the scapula moves laterally through first 30-50 degrees then rotates around a fixed axis until full elevation. Without this rotation acromion lift does not occur, resulting in impingement.

In order to treat scapular dyskinesis, several treatment methods must be implemented. First, manipulation of the thoracic spine and mobilization of the scapula are critical in assisting in restoring proper motion. Second, the muscles involved in scapular motion must be neurologically balanced. This can be accomplished by doing soft tissue treatments over the entire upper quadrant. The goal is to simply develop a hyperemia in the skin of the upper quadrant. Once a hyperemia has been created, the neurologic reset should have occurred. Third, strengthening of the medial and lower scapular stabilizers as well as the serratus anterior are critical for long term stabilization. Finally, we can use taping techniques for postural correction to assist the patient between treatments.

Rotator cuff imbalances are another reason for subacromial impingement. Imbalances in rotator cuff strength alter the dynamic stabilization of the glenohumeral joint. When we lose the balance in the rotator cuff, with rare exception, the ER of the shoulder becomes weaker than the IR, the head of



Wall Angels



the humerus is no longer balanced in the glenoid allowing for a narrowing of the subacromial space. In order to treat this component of subacromial impingement, the doctor should focus on rebalancing the weakened rotator cuff with exercises.

Tensile failure of the rotator cuff involves a little more experience with shoulder injuries.

Although rare, single event traumas may cause rotator cuff injury. More commonly, repetitive micro-traumas are the cause. An example of this is the deceleration phase of overhead pitching. The eccentric contraction of the superior and posterior rotator cuff can result in tensile failure over continuous repetitive strain.

Treatment of the rotator cuff includes a more aggressive soft tissue treatment to the involved tendons for the purpose of increasing fibroblastic activity and eccentric loading to increase collagen synthesis. Higher pressure soft tissue treatments increase the number of fibroblasts to the tissue and eccentric loading has been found to drastically increase collagen synthesis in injured tendons. By combining the two therapies, we can drastically increase the healing process of injured tendons. In the athletic situation, the doctor may also be involved in getting the patient to a coach who may properly restore or improve the athlete's mechanics to help prevent future injuries.

The next reason for impingement is associated with the capsule of the shoulder. Anterior laxity and posture capsule contracture can frequently present at the same time. Anterior laxity can easily be diagnosed using Relocation Test, and posterior capsule contracture can easily be discovered by watching for early and excessive anterior translation during supine passive IR. When the shoulder translates anteriorly either due to laxity or being "pushed" forward from a posterior capsule contracture, it reduces the subacromial space creating impingement with overhead movements. Treatment of these conditions are slightly different. Posterior capsule contracture should be treated with soft tissue release of the posterior capsule and posterior glide mobilization to improve IR of the glenohumeral joint. Anterior laxity should be combated with both rotator cuff and scapular stabilization exercises.

[ROTATOR CUFF CONTINUED ON PAGE 10]

Adjustment Hacks

— Part 1 —



TECHNIQUE Update

By Dr. David I. Graber, DC, DACBSP



The term “Hacks” in modern usage refers to clever tips or techniques for doing or improving something. In over 30 years teaching of thousands of chiropractors and studying the research literature, I’ve found many good hacks to improve a chiropractor’s adjusting skills. Here are a few of them

based mostly on diversified types of high-velocity low-amplitude (HVLA) techniques, which is the style of adjusting most commonly used by practicing DC’s.

Both hands work: Most adjusting techniques involve both hands contacting the patient. As traditionally taught, one hand is for stabilization (i.e. it doesn’t move) and is known as the indifferent hand (IH). The other is the active contact or thrusting hand (CH). In theory this is to optimize specificity to a particular segment to adjust. However, in all adjustments while the CH produces an applied directed force (linear motion) or torque (rotational motion), the IH produces a counter-force or counter-torque. That counter-force or counter-torque might be small (a “cheat” or twist) or large (a “scissor”).

Research has shown that localizing the effect of an adjustment to a singular spinal vertebra or a single articulation rarely happens. Multiple segments move and multiple joints cavitate during an adjustment, even when it is applied specifically to a segment. The more force and movement the IH produces during the adjustment, the more segments will be moved and more cavitation events will occur.

Practically speaking, it’s better to use the IH as a tool to make a better adjustment, but not so much as to perform sloppy technique. To focus on specificity, but not be a fanatic about it to the point where it can actually reduce the effectiveness of the technique. Aiming for specificity also errs on the side of safer adjustments.

Stabilize before you mobilize: When setting up for an adjustment make sure both you and the patient are stable. As the chiropractor your feet should have good contact with the floor, your spine is straight, your shoulders in place, your core is engaged, and your hand contact has some degree of arch. The patient needs to be solidly positioned on the table so they feel secure. This stability needs to be maintained during the pre-load phase (a.k.a. “taking out the slack” or “tractioning out”) of the adjustment, for both the patient’s and the doctor’s sake. Every adjustment has some degree of stress put on the doctor performing it. I have seen too many chiropractors over the years (myself included!), putting too much strain on their bodies by not being stable when delivering their adjustments. Also, poor stability leads to an erratic transfer of forces during an adjustment, thereby lessening its efficacy.

One key is to not rush! Take your time to setup properly.

Move it in your mind first: Visualization or mental imagery of the successful performance and outcome of any physical skill improves its execution. Modern research demonstrates that almost everything that happens in the mind is not actually just symbolic or cognitive, it is embodied. Embodied means that your visualization is very closely tied to physical movements and processes in the body.

The two most common techniques used to generate images are visual and kinesthetic (the experience or feel of the body while performing a movement). Numerous studies have also



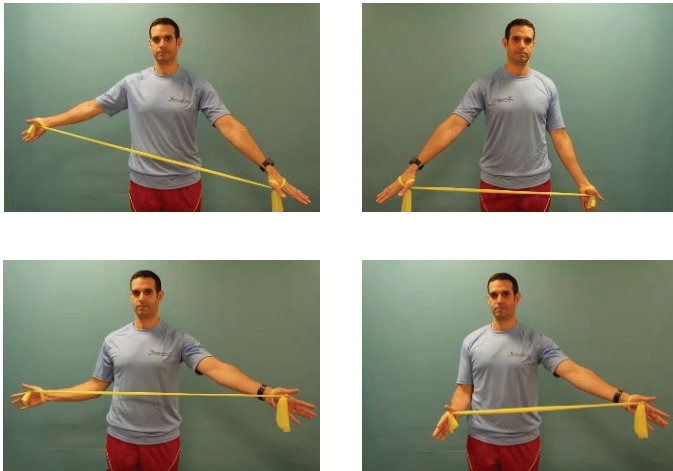
shown that mental imagery improves an athlete’s motor skills during competition, and the same principle applies to the chiropractic adjustment.

You must be clear about what you want to accomplish with your technique. Before giving an adjustment thrust or impulse, see in your mind’s eye and feel in your body the end result. Engage all your senses, make it real. The experience should be visible, felt, heard, touched, etc.

Devote time each day to mental practice of your adjustment. Psychologists have discovered that significant mental practice is nearly as effective as the real thing, making it one of the best tools for honing your talents. Practice, practice, and more practice: Visualization is a skill that takes time to develop. Mental rehearsal is a skill that improves with practice.

Use your whole body to deliver an adjustment: I’ve found many doctors who adjust the cervical spine with a flick of the wrist, thrust in a lumbo-pelvic side posture with their upper body only, or adjust the thoracic spine from the shoulders. Once you stabilize your body, preload, and visualize the outcome, generate the force needed from the ground up.

[HACKS CONTINUED ON PAGE 10]



Supraspinatus, infraspinatus and teres minor eccentric loading

Finally, AC outlet narrowing can cause impingement via two different possibilities. The AC outlet could be caused by either OA changes to the acromion or by congenital shape of the acromion. While it is not possible to change the shape of the acromion through conservative management, by improving posture, scapular mechanics, strengthening the scapular stabilizers and balancing the rotator cuff it may be possible to prevent more aggressive surgical intervention.



AC Outlet Taping

While the shoulder can be a daunting and complicated structure, following the above evaluation and treatment methods can quickly bring the shoulder into a more simplistic and manageable state. Having knowledge of soft tissue treatments, manipulation and mobilization, rehabilitation, and taping can make even the most complicated shoulder injury highly treatable.

References:

Willams GR, Martin K. Management of rotator cuff and impingement injuries in the athlete. *Journal of Athletic Training*. 2000; 35 (3): 300-315

Hovis WD, et al. Posterior instability of the shoulder with secondary impingement in elite golfers. *Am J Sports Med*. 2002 Nov/Dec; 30 (6): 886-890

Gehlsen, G. M., Ganion L. R., et al. (1999). Fibroblast responses to variation in soft tissue mobilization pressure." *Medicine & Science in Sports & Exercise*, 31(4): 531-5

Langberg H, et al Eccentric rehabilitation exercise increases peritendinous type I collagen synthesis in humans with Achilles tendinosis. *Scand J Med Sci Sports* 2007;17:61-66.

Gregory H. Doerr, DC, CCSP, is in private practice in Cliffside Park and Hackensack. He lectures internationally for FAKTR and Functional Taping for Musculoskeletal Injuries and is a former lecturer for Graston Technique and The Council on Chiropractic and Extremity Procedures (CCEP).

Spring from your legs, torque from the hips, and impulse from the pectoral or the latissimus muscles.

Avoid using forceful movements: Many patients have joints and soft tissue that are very stiff, rigid, and have little pliability. These are usually chronic tissue changes that have taken years to develop. Avoid trying to use excessive force in a heroic effort to mobilize them.



There are schools of thought that teach you should demand motion and movement from these articulations by using aggressive adjustments. In over 30 years of practice and well over a million adjustments rendered I have found that it is better to nurture movement by incremental imposition, rather than try to wrest it with dramatic action. You can always put more force in a second and third time, or on the next visit. You can never take force back once it's delivered. This is not an endorsement of "light force" techniques, rather "just right" force ones.

It's important to remember the SAID principle here. **SAID stands for: Specific Adaptation to Imposed Demand.** Soft tissue responds and adapts to the forces put upon it over time. Teaming up adjustments and other manual and mechanical therapies with daily specific functional exercises and movements, you can more effectively and more comfortably achieve the therapeutic goal.

Further, if the movement causes pain, investigate before you adjust. It's always better to err on side of caution.

References available at my blog: chiro-excellence.com, or upon request sent to: DrDavidGraber@gmail.com

Dr. David Graber is nationally known presenter on chiropractic technique and is a member of the ANJC board of directors. He maintains a private practice in Parsippany, NJ. He blogs on chiropractic and clinical topics at: drgraber.wordpress.com. He can be reached at: DrDavidGraber@gmail.com.



By Dina Brown

Director of Insurance and Government Affairs

CIGNA Modifier-25 Shelved Due to Opposition from Provider and Patient Groups

Cigna has delayed implementation of changes to its modifier 25 reimbursement policy after receiving significant pushback from over 100 medical societies, including the American Chiropractic Association.

- In a jointly signed letter to the insurance carrier, the policy, which was scheduled to take effect May 25, 2023, would have resulted in inappropriate denials or delayed payments for legitimate E/M services and increased the already high level of administrative burden on healthcare providers.
- The groups - which include the American Medical Association (AMA), the American Academy of Family Physicians (AAFP), and the American Nurses Association (ANA) - propose instead that Cigna conduct targeted outreach to select providers who may have "unexpected coding patterns" and collaborate with healthcare organizations on education programs to support the correct use of modifier 25.
- Cigna has committed to working more collaboratively with stakeholders as it moves forward with future initiatives.

Chiropractic Medicare Coverage Modernization Act

As I am sure you've heard by now, both the U.S. House of Representatives and the U.S. Senate reintroduced legislation to increase access to Medicare-covered services provided by a Doctor of Chiropractic. Contact your Senator or Representative today and ask them to support patient's access to high quality chiropractic care!

Highlights of the Modernization Act include:

- Brings Medicare's coverage of chiropractic into alignment with most other federal programs and private health plans, giving seniors improved coverage of non-drug treatments to alleviate pain and improve function.
- Updates the Medicare statute that has limited beneficiary access to chiropractic services for over 50 years.
- No new benefits: it simply allows Medicare beneficiaries access to the profession's broad-based, non-drug approach to pain management and musculoskeletal health that is within their state's scope of practice licensure.
- As of printing, Rep. Van Drew, Jefferson [R-NJ-2] and Rep. Pascrell, Bill, Jr. [D-NJ-9] are the only cosponsors from NJ.
- Learn more at www.acatoday.org/medicare, including how you can reach out to Congress in support of this important legislation.

License Biennial Ends Aug. 31st – Check Your Credit Transcript!

All chiropractic physicians in New Jersey have through August 31, 2023 to complete their Continuing Education requirements.

Now is the time to check your transcripts to ensure you have met the CEU requirements. All ANJC-sponsored credits are listed in your ANJC profile under the Credit Tracker tab. Other than newly licensed DCs, every license holder must complete 30 hours from September 1, 2021 - August 31, 2023.

A licensee applying for biennial renewal must have completed, during the preceding biennial period, 30 continuing educational credits to qualify for the renewal of his or her license. Two credits must be completed in the study of State laws and rules governing chiropractic professional ethics or recordkeeping and documentation as it pertains to the practice of chiropractic in New Jersey, and a minimum of two credits must be completed in nutrition education.

A licensee who completes more than 30 continuing chiropractic credits may apply no more than 7 of the excess credits to the continuing chiropractic education requirements for the following biennial period only.

You can earn more than 12 continuing chiropractic education credits from live webinar courses (synchronous distance learning activities) that are a live didactic learning experience where the instructor and learner are in direct live communication during the course.

A licensee shall complete no more than 12 of the total continuing chiropractic education credits by asynchronous distance learning courses where the instructor and the learner are not in direct, live communication during the course.



By Rob Silverman, DC

Intermittent Fasting & Immune System Rejuvenation

This article is excerpted and adapted from Dr. Silverman's new book, *Immune Reboot: Your Guide to Maximizing Immunity, Restoring Gut Health, and Optimizing Vitality*.

When the body is dealing with chronic disease or low-level systemic inflammation, the immune system becomes dysregulated. It becomes imbalanced and clogged with old white blood cells that aren't functioning well.

In this situation, boosting the immune system may not be the best strategy for restoring health. The use of immune-boosting supplements to amplify certain aspects of an immune system that is already imbalanced and over-extended will only perpetuate the dysfunction.

Rather than boosting the system, a better goal is to reset and rejuvenate it, and to replace worn-out immune cells with new ones to improve immune resilience. At the same time, however, the immune system must have sufficient micronutrients to support the growth of healthy new immune cells.

Fasting and Autophagy

Fasting is a well-known method for stimulating the removal of old immune cells, producing new ones, and resetting the immune system. Fasting triggers the process called autophagy—a breakdown and removal of damaged or dysfunctional white blood cells, including those misdirected against the body's own tissue (autoimmunity). Autophagy is particularly effective in destroying immunosenescent cells responsible for altering immune functions due to aging.

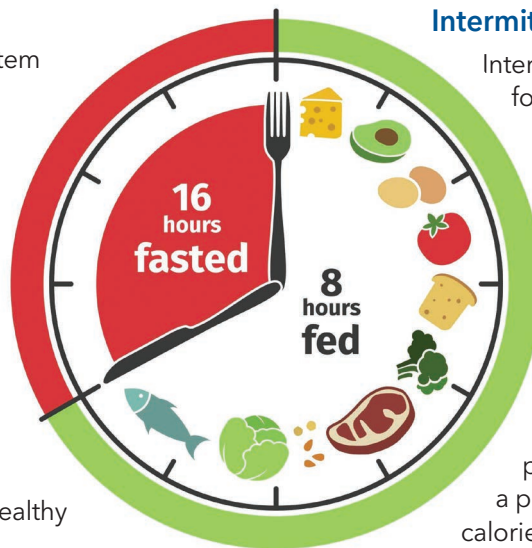
Intermittent fasting—a meal schedule that alternates between normal eating patterns and brief but frequent full fasts (or restricted caloric intake)—is an effective method for increasing the rate of autophagy. There are several different approaches to this, including alternate-day fasting and daily time-restricted eating.

Regardless of the method chosen, the principle is similar. During periods of calorie restriction, the body removes senescent leukocytes and replaces them with newly generated cells, reducing the overall inflammation in the body.

Eating again following a brief fast will stimulate stem cells to generate new leukocytes, a discovery for which Japanese cell biologist, Yoshinori Ohsumi, won the 2016 Nobel Prize in physiology or medicine.

Within cells, a similar process of removal and replacement

occurs with the mitochondria. At that level, fasting triggers a different type of autophagy called mitophagy, where old, damaged, dysfunctional mitochondria are broken down and removed, allowing the remaining mitochondria to function better. At the same time, mitophagy helps reduce the production of undesirable inflammatory cytokines from the cell.



Intermittent Fasting Basics

Intermittent fasting (IF) can take several forms. Which works best for an individual is a matter of personal preference.

Some people follow alternate-day fasting, a cycle of fasting on one day, and eating normally on the next. Others prefer the 5:2 approach, with five days per week of unrestricted eating and two non-consecutive days of eating only one small meal (500 to 700 calories).

The fasting-mimicking diet (FMD), pioneered by Valter Longo, Ph.D., is a periodic, multi-day diet that restricts calories but is high in unsaturated fats and nutrients, mimicking the fasting state.

For most people, time-restricted eating (TRE) is a more manageable way to follow an intermittent fasting eating pattern. One common approach is limiting eating to a relatively short daytime window after fasting for at least 12 hours overnight. In my experience, aiming for a 14:10 eating pattern works well for many people. This means fasting for 14 hours between the evening meal and the first meal the next day. This pattern allows for three meals daily and isn't unduly disruptive of daily routines.

After fasting overnight, unsweetened clear liquids such as water, tea, herbal tea, and black coffee are acceptable and encouraged. Drinking plenty of these liquids keep you hydrated and helps replace snacks in the evening hours. In addition, coffee and green tea are excellent sources of antioxidant compounds that support immunity.

During the 10-hour eating window, I advise my patients to follow a health-oriented, plant-forward diet. There's no need to reduce or count calories or fat grams during the eating window. Eat your normal healthy diet in your usual portions. The reality is that most Americans eat half or more of their daily calories by snacking on low-nutrient ultra-processed foods (aka junk food) after dinner. Time-restricted eating means fasting for 14 hours or longer after the evening meal, which helps avoid this very damaging and highly inflammatory eating pattern.

Daily intermittent fasting also enhances mitophagy and improves mitochondrial function. The mechanisms behind this are still being explored. We know, however, that the process involves several transcription factors that promote mitochondrial biogenesis. One example is nuclear factor 2 (NRF2), which regulates the mitochondrial production of reactive oxygen species. Fasting may enhance the production of NRF2 and improve the expression of antioxidant regulatory genes.

A Role for Spermidine

The value of intermittent fasting for immune rejuvenation through autophagy may be enhanced by supplementing with spermidine--a polyamine that induces autophagy through the TOR kinase pathway. Spermidine mimics the action of caloric restriction on the body.

While not a substitute for intermittent fasting, spermidine supplements are particularly valuable for maintaining the rejuvenation effect during times when fasting periods must be shorter than usual. This is particularly helpful for keeping you on track when your schedule is disrupted by travel, work, illness, or other unpredictable aspects of daily life.

Improving Metabolism

Being overweight or obese has a multitude of negative impacts on immunity. Adipocytes (fat cells) secrete many chemical messengers, including leptin (the satiety hormone) and adiponectin (a cytokine linked to insulin resistance). In overweight and obese people, leptin secretion increases and induces the production of pro-inflammatory cytokines, including TNF-alpha, IL-6, IL-8, and IL-12. Adiponectin production is reduced, leading to the inhibition of phagocytic activity in macrophages and neutrophils. Adipose tissue also releases the inflammatory cytokines TNF-alpha, IL-6, and IL-8. About 30 percent of circulating IL-6 is generated by adipose tissue.

Excess adipose tissue causes people who are overweight or obese to have chronic low-level inflammation and reduced immune response. Regardless of age, they are at increased risk of infection and a worse disease outcome, increasing mortality risk. During flu epidemics, for example, people who are overweight or obese are more likely to get sick, remain sick for longer durations, and continue shedding the virus for longer – all indicators of impaired immunity. Overweight or obese people, especially if they also have diabetes, are much more likely to need hospitalization for COVID-19.

Time-restricted eating, even without cutting calories, can reduce body weight, inflammation, hypertension, and high cholesterol. Many people find that intermittent fasting helps them lose weight by losing body fat, not muscle. In addition, it also reduces inflammation and improves insulin sensitivity.

In a recent study, a 3-month IF diet intervention among 36 people with diabetes who used drugs to lower blood sugar or used insulin found that 90 percent of them were able to reduce their intake of drugs after intermittent fasting. The IF effect was so powerful that 55 percent of these patients experienced diabetes remission, discontinued their diabetes medications,

and maintained normal blood sugar levels for at least a year.

By not adding to their blood sugar during the fasting period, people with diabetes can activate their bodies' ability to use existing blood sugar for energy, so there's little left over to be stored as fat. Sometimes, the body will dip into its hepatic glycogen reserve overnight. When done consistently, time-restricted eating can also help normalize blood sugar and reduce insulin resistance in people with prediabetes.

Fat loss of any kind leads to better immune function by reducing the accumulation of fatty tissue, reducing chronic low-grade inflammation, and disrupting inflammatory signaling cascades. Reducing body fat – particularly visceral fat – may improve T cell receptor signaling for antigen presentation. Weight loss also helps restore T-cell sensitivity to antigens.

Wait at least 1 hour after waking for your first meal of the day to get the maximum benefit from time-restricted eating. Have the last meal of the day at least 2 to 3 hours before bedtime. Aim for 30 grams of protein during the eating window, preferably spread between breakfast and lunch, to help prevent late-afternoon sugar cravings.



Critical Nutrients for Immunity

A well-balanced diet emphasizing plants, high-quality protein, and good fats, will lay the macronutrient foundation for strong immunity. But even with a good basic diet, many people run low on some essential minerals, particularly if they're battling a chronic illness or long-term inflammation.

High levels of critical nutrients are essential for maintaining a healthy immune system and rejuvenating it through fasting. Good nutrition is also essential for efficiently producing ATP within the mitochondria. B vitamins, vitamin K, iron, magnesium, selenium, and zinc are all crucial for peak immunity.

The B vitamins thiamine, riboflavin, and niacin are essential, as is the closely related alpha-lipoic acid, along with amino acids such as carnitine, cysteine, and coenzyme Q10 (ubiquinone or CoQ10).

[NUTRITION CONTINUED ON PAGE 14]

Iron is crucial for an effective immune system. Low serum iron is a common response to infection. It's the body's way of slowing the progress of the infection by keeping microbes from accessing the iron they need to reproduce and spread. At the same time, immune system cells need iron to support their metabolism. When iron is scarce, the mitochondria in immune cells can't generate enough energy. They become less effective at fighting infection and generating immune memory to fight future infections.

Iron deficiency is one of the most common micronutrient deficiencies worldwide, particularly among pregnant women, the elderly, and hospitalized patients. Iron supplements can raise low serum iron levels and help maintain a healthy balance between enough iron to support immune system cells while also limiting the iron supply to pathogens.

Magnesium is essential for hundreds of enzymatic processes in the body. The immune system is vital for forming many coenzymes and cofactors needed for the complex signaling within and among white blood cells and for developing antibodies.

Most Americans are magnesium deficient. Low magnesium can contribute to developing a cytokine storm, a severe immune reaction to an infection in which the body releases too many cytokines into the blood too quickly, and may also contribute to autoimmunity.

Magnesium is also needed to produce the enzymes that metabolize vitamin D. Consequently, magnesium deficiency will reduce the effectiveness of vitamin D supplements.

Selenium is an essential micronutrient that has a crucial role in optimal immune responsiveness. It is a potent antioxidant that helps lower oxidative stress and reduce inflammation, ultimately enhancing immunity. Selenium deficiency leads to less robust immune responses to viruses and bacteria.

Zinc is a trace mineral for dietary purposes, but large quantities are essential for the immune system. Some researchers even call it the gatekeeper of immune function, given its importance in cytokine signaling and for mobilizing the cells of the adaptive immune system. Low zinc levels are known to increase susceptibility to viral infection.

Zinc is necessary for maintaining the integrity of the pulmonary and intestinal mucosal barriers. It's also essential for the proper function of the pathways that trigger T cell and B cell proliferation in response to infection.

As a co-factor for many enzymes involved in immune cell function, zinc also balances pro- and anti-inflammatory immune processes.

Curcumin. In addition to vitamin and mineral supplements to support immunity, some botanical supplements can be beneficial. Curcumin, the active ingredient in the traditional turmeric spice, can potently modulate both innate and adaptive immune cells. Turmeric comes from *Curcuma longa*, a root used in traditional Ayurvedic medicine for thousands of years to modulate inflammation and immunity.



Curcumin at low levels has been shown to enhance the production of antibodies. It has also been shown to reduce the production of pro-inflammatory cytokines, which may help prevent or attenuate damaging cytokine storms in response to infection.

Curcumin can also enhance antibody responses, which may modulate the activation

of T cells, B cells, macrophages, neutrophils, natural killer cells, and dendritic cells. Curcumin can also down-regulate the expression of various proinflammatory cytokines, including TNF-alpha, IL-1, IL-2, IL-6, IL-8, IL-12, and chemokines, by inhibiting the transcription factor NF-kappaB. Curcumin can affect the expression of enzymes that are hallmarks of inflammation in autoimmune diseases, including lipooxygenase and cyclooxygenase (COX). This often makes curcumin beneficial in reducing pain and other symptoms of osteoarthritis, allergy, and asthma.

Intermittent fasting is a virtuoso of sorts since it provides a myriad of health-promoting functions that support immune rejuvenation. Adhering to intermittent fasting, you can have an immune system that functions optimally resulting in immune resilience.

Robert G. Silverman, DC, DACBN, DCBCN, MS, CCN, CNS, CSCS, CIISN, CKTP, CES, HKC, FAKTR

Dr. Robert Silverman is a chiropractic doctor, clinical nutritionist, national/international speaker, author of Amazon's #1 bestseller *Inside-Out Health*, founder and CEO of Westchester Integrative Health Center. He graduated magna cum laude from the University of Bridgeport College of Chiropractic and has a Master of Science in human nutrition. The ACA Sports Council named Dr. Silverman "Sports Chiropractor of the Year" in 2015. Dr. Silverman is on the advisory board for the Functional Medicine University and is a seasoned health and wellness expert on both the speaking circuits and the media. Dr. Silverman is a thought leader in his field and practice, a frequently published author in peer-reviewed journals and other mainstream publications.

Dr. Silverman was the principal investigator on two Level 1 laser FDA studies.

His new book, the Amazon bestseller *Immune Reboot*, was released in December 2022.

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By Dr. Dennis Long

Dr. Dennis Long, DC ANJC Board Member since 2020 ANJC Member since 2006

About Me:

I grew up in the Greenville section of Jersey City and am a 1991 graduate of Seton Hall University in South Orange. I attended chiropractic college at NY Chiropractic College, now Northeast, college in Seneca Falls. After completing my clinic in Levittown, Long Island, I graduated in 1998. Following my graduation I lived in Port Washington, New York, while my wife worked in Manhattan. I got my first associate job in a family practice in Center Moriches, NY. Following that associate position, I took another associate position on the Grand Concourse in the Bronx which was primarily no-fault and workers compensation. It was very different from the practice I was at prior and I learned a lot. I found that I really enjoyed that type of practice. As luck would have it a chiropractor was selling his practice in Jamaica, Queens and was probably the only practice which I could (barely) afford and continue practicing there today.

Early mornings and late nights commuting to Queens were tough as our son was two and our daughter was on the way. Again, as luck would have it, a practitioner in Emerson, NJ with a home office was retiring. It was the right opportunity at the right time. We sold our home in Glen Rock and moved our family to Emerson where I built a busy practice. I was working seven days a week between the Queens and Emerson offices. I hired an associate to help in Queens which allowed me the ability to work from my home office four days a week. This gave me the opportunity to spend time with my family and coach my kids' baseball, basketball and softball teams. Last year I closed the Emerson office, moved to Old Tappan, NJ and practice solely out of my Queens office.

How did you get involved in the ANJC?

My involvement in the ANJC began as a general member as most people do. In 2006 as the ANJC, as we know it today, was being formed from about seven other New Jersey organizations to form one, powerful, united organization with a singular voice to represent the profession and fight for

every chiropractor. The ANJC created a buzz and an energy felt not just in New Jersey, but throughout the country. The ANJC was on the forefront and it was amazing to watch and be a part of. As our organization was battling insurance companies, expanding scope, fighting for the ability to perform an extremity adjustment, ANJC quickly became one of the leading chiropractic state associations. We were repeatedly asked by our colleagues throughout the country for advice and guidance as we were a strong ally.



There was a point where I felt that the ANJC was doing so much for me as a member, I was compelled to give back and see how I could help. Shortly after I was recruited by Dr. Tom D'Elia who was a Board Member and Insurance Committee Chair to join the committee.

Why are you passionate about chiropractic?

I am passionate about chiropractic because I am blessed to be part of the world's best healthcare profession. Our profession provides hope and help to patients when other healthcare professions have given up on them or they have lost faith in other healthcare professionals. Chiropractors are uniquely trained to provide an avenue to true healthcare, without the use of drugs or surgery, many times with just with the use of our bare hands. We are amazingly trained, amazingly good at what we do and often times have the

most appreciative and satisfied patients.

What is your favorite thing about being a chiropractor?

My favorite thing about being a chiropractor is the gratitude and appreciation I receive from helping my patients. It is extremely rewarding and, after all, helping people was the primary reason that I chose chiropractic as my profession. On most of my days, the good far outweighs the bad. Because every day I have helped my patients to the best of my ability; I taught something; I learned something; I shared, I cared, I loved, I laughed AND I get paid for this. I'm grateful to be a chiropractor and I'm lucky to be a chiropractor.

[SPOTLIGHT CONTINUED ON PAGE 16]



ANJC Board of Directors

What do you value the most from your ANJC membership?

Camaraderie. When you are in practice, you are in the trenches. You're fighting what you believe to be your own battle. However, when you step out of your trenches and attend a Regional Meeting or Annual Conference and speak to your fellow chiropractors, you realize we are all fighting similar battles on a daily basis. Fighting battles are not new to chiropractors. It almost seems like it's part of our DNA. It is what keeps a sharp and how we survive. If you have not been an active member, I highly recommend you start to put a little bit more energy and focus into our profession as an

ANJC volunteer or committee member. The rewards you will get out of it will be far greater than what you put into it.

What is the biggest challenge facing NJ Chiropractors today?

We face many challenges, but I think our biggest challenge is ourselves. Our commitment to ourselves and our commitment to our profession. There will always be trials and tribulations, hurdles to overcome. We need to be ready, willing, and able to address each circumstance to dictate the outcome. If we had every single ANJC member step up with time, money and/or resources then no challenge will seem too great to overcome.

In your opinion, what is the best way an ANJC member can help their colleagues?

I think the best way an ANJC member can help their colleagues is by helping the profession. By focusing on making a positive impact on the profession, they are directly helping themselves and their colleagues. Get involved by attending a Continuing Education event, Regional Meeting, Annual Conference and learn about volunteer opportunities including the many ANJC committees. Reach out to ANJC Executive Director, Suzanne Corson, and share what skills, experience, hobbies and interests you have. Everyone has something to give and we will be able to find a group or project that will be fun and rewarding. And, I promise, you will get more out of it than what you put into it.



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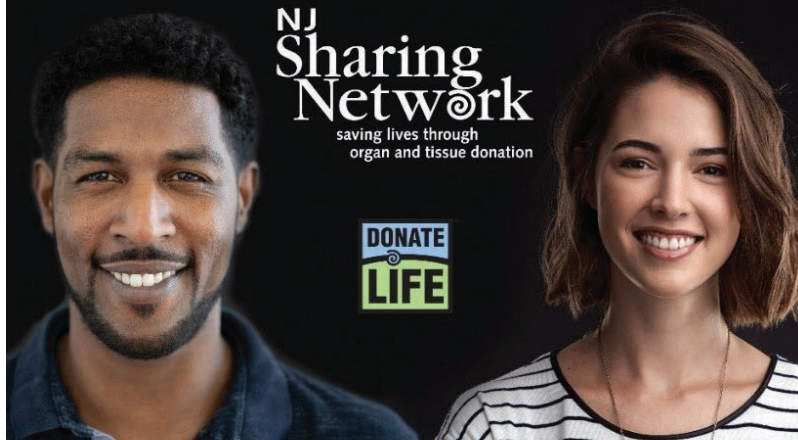
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NEARLY 4,000

People in New Jersey are currently waiting for a life-saving transplant.

KNOW THE FACTS

- People of all ages and medical histories should consider themselves potential donors.
- The decision to be an organ donor will in no way affect the level of medical care for a sick or injured person.
- Most religions support organ donation and consider it the greatest gift a person can give
- One organ and tissue donor can save 8 lives and restore health to over 75 others.

TWO MEMBERS OF THE ANJC COMMUNITY ARE IN NEED OF AN ORGAN TRANSPLANT

Beth Altieri was born with Juvenile Rheumatoid Arthritis and lost her native kidneys at 16 due to NSAIDs. She is currently on dialysis 3x per week and in dire need of a kidney transplant. We are spreading awareness for testing because due to prior exposure, she will only match 1% of the population.

Dr. Louis Stimmel discovered he has end stage kidney failure during a routine physical examination in 2021. He is currently on dialysis 3x per week and was able to get on the kidney transplant list at St. Barnabas Medical Center in Livingston, NJ. Dr. Loui is asking the public for help in search of a compatible kidney donor since his children do not qualify.

Learn more about how you can support them through sharing their stories and joining the National Donate Life Registry as an organ and tissue donor.

To learn more, get involved and register as an organ and tissue donor, visit: WWW.NJSHARINGNETWORK.ORG

2023 Conference WRAP UP

By Dr. Jonathan Masur, MD

"I was recently afforded the tremendous opportunity to deliver the Friday Morning General Opening Session presentation at the 2023 ANJC Annual Conference. As a Neuroradiologist, it seemed logical that my own clinical practice would overlap with the practice of the chiropractor, but it was gratifying to have discussions with the members and receive feedback on what is important to them.

The session mainly focused on spine imaging. Particularly MRI. While CT is a mainstay of radiology imaging, the lack of radiation, soft tissue contrast, and level of detail for spinal disorders with MRI is far superior to CT. There was focus on degenerative disease, a significant topic for the ANJC members. Discerning acute changes from chronic ones is one advantage of MRI, and we reviewed some of the more common findings that could make these distinctions. Of course, one of the more important things emphasized in our mutual discussions was the value of an interactive consultation between the radiologist and the chiropractic physician, because many cases are complex, and the clinical scenario is



very important. At Princeton Radiology, we have a team of radiologists always available to discuss cases, guide imaging, and assist clinical decision-making in this way. At the end of the presentation, I also briefly surveyed some non-degenerative diseases of the spine.

There was a robust Q&A portion of the session, and we made progress "learning from each other". We had multiple discussions that reverberated throughout the audience about several topics, related to many aspects of clinical practice and imaging findings. Questions were taken both during and after the slide presentation, and this proved to be lively and informative. I believe it came across that Princeton Radiology values clinical collaboration and invests in the coordination of its patient care processes, modern equipment, and other technology. All imaging studies we perform are available to the ordering physician through a simple physician portal. I also informed the audience that Princeton Radiology has a unique pre-authorization service for MRIs, the medical necessity of which is certainly challenged by commercial payers these days. It was a shared learning session indeed, and it felt as though we set the stage for future collaboration both in the clinical and conference setting with the unified goal of improving patient care.

After the session, I had the pleasure of meeting several of the attendees and discussing the presentation in the context of their clinical practice. This was rewarding and enlightening. As a general rule, radiologists gain the most insight into the efficacy of their work by receiving feedback from the ordering clinicians. In this sense, I hope that the information





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provided in the session will produce a positive effect on the practice of the chiropractor regarding imaging usage and patient outcomes, and I look forward to feedback in that regard. Future sessions could revisit and expand upon the imaging principles discussed and their clinical manifestations.

I would like to give a warm thank you to the ANJC. The coordination of the event and the hospitality were excellent, and the logistics of both my stay at the conference and the talk session were made easy. Special thanks to Jaelyn Waterman and Vic Rossi for their efforts in this regard. I look forward to cultivating and continuing our professional relationship.





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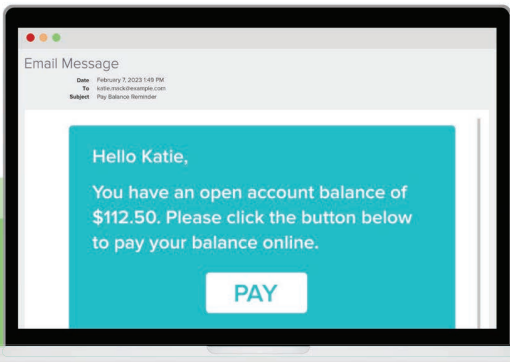
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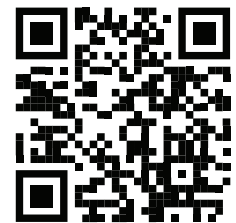
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