INDEPENDENCE: we have just celebrated Independence Day and one of the things about being a chiropractor is that virtually all of us are going to have to be entrepreneurs. For the average person in America this is synonymous with being independent.

For most of us reading this, that is our current situation. Many of you have chosen to deliver NUCCA services exclusively. As such, you have created a unique factor, a niche, delivering a service available in few other places in the world, period. This is the opposite of a practice that seeks to attempt to offer everything: full spine adjusting, extremities adjusting, massage therapy, rehabilitation, nutrition, MDs on staff, and the list goes on. There is nothing wrong with any of this but each is a different way to practice, each with its own advantages and disadvantages.

NUCCA as a technique tends to demand a focus on technical excellence. Not that other techniques do not, it’s just that NUCCA protocol requires acquiring a skill set above and beyond that necessary in acquiring our clinical degree. The models many of us look up to are the likes of Dr. Grostic Sr., Dr. Gregory, Dr. Berti and Dr. Dickholtz Sr. Each limited their practices to correction of the ASC exclusively - unfettered, unadulterated, simple, powerful and effective. Both Dr. Grostic and Dr. Berti had practices that saw 200 patients per day so clearly this did not limit the number of people they could service.

As entrepreneurs we also must address the running of a business. We have to develop skills in practice management; staff management, patient management and these are aspects of practice that NUCCA as a technique does not address.

continued on pg. 2
President’s Letter / cont. from page 1

We each have a choice in how we practice; this is one of the wonderful things about being a chiropractor. As businessmen and women it behooves us to revisit the mission upon which our practice is based. We should evaluate the congruency of how we practice and the service we deliver with that mission statement, or consider revising it to better reflect what it is that we do. Both the NUCCA and UCRF boards will be having planning sessions these next two conferences to do exactly that. We will explore how we, as a technique and organization, participate and engage in the profession of chiropractic into the future.

The Small Steps fundraising campaign is just around the corner and I believe that we have a video in the works to motivate and assist us in making this a more successful event than ever before. Engaging our patients not only educates them as to the science of the wonderful care they are receiving, but it also brings a new appreciation, from them, for you and your practice. Participating is a win-win for research, you, your practice and your patients. Why not join us (especially if you are going to be part of the American team).

Have a great summer.

Lee G Yardley, D.C.
President, NUCCA Board of Directors
Board Certified Instructor, Co-Chair, Educational Committee Director, UCRF

2014 Small Steps To Success Fundraising Campaign

Small Steps Preparation Is Underway!
The NUCCA Fundraising Committee has listened to you and we are doing everything we can to have materials prepared ahead of time for the fall conference in Newport Beach, CA.
We'll keep you posted as materials become available.

The campaign will run from November 1-30, 2014. Please contact the NUCCA office if you would like to participate in the 2014 campaign.
Thank you for participating!
Sincerely, Johanna M Hoeller, DC, Fundraising Committee Chair

Thank You To Our NUCCA Members!

The ability for NUCCA to flourish has always been dependent upon the commitment and involvement of our membership, and we are profoundly appreciative of that support! Today we are 254 members strong!
The NUCCA Board of Directors and Board Certified Doctors are committed to each doctor in our “family”. THANK YOU for your commitment to excellence!

We also have 53 doctors who are not only committed to NUCCA, but they area additionally dedicated to NUCCA research through the Gregory Circle. The number of doctors participating in the Gregory Circle has increased 36% over last year! The added support from these doctors allows NUCCA to fund advanced programs and projects in the areas of research, education and public awareness to significantly advance and promote quality healthcare.
Again, thank you so much for your support!
RESEARCH UPDATE
by Dr. Charles Woodfield and Dr. Gordon Hasick

2014 International Research Congress on Integrative Medicine and Health (IRCIMH), Miami, FL, May 13-16, 2014

The International Research Congress on Integrative Medicine and Health (IRCIMH) took place at the Hyatt Regency in Miami, Florida on May 13-16, 2014. The Congress was convened by the Consortium of Academic Health Centers for Integrative Medicine, a group of 57 esteemed academic health centers and affiliated institutions. This Congress also served as the 9th annual International Congress on Complementary Medicine Research (ICCMR) sponsored by the International Society for Complementary Medicine Research (ISCMR).

Dr. Charles Woodfield introduced NUCCA to an international audience of complementary and alternative health care providers and researchers, many of whom were MD, PhDs. The majority of contributors were researchers from the US with a presence from Palmer research and western states. Dr. Woodfield has presented to this conference previously in 2011 and 2012 and the 2014 IRCIMH conference provided an excellent opportunity to bring awareness to the CAM research community of NUCCA’s efforts and successes.

The poster, “Observed Changes in Quality of Life Measures and Cerebrospinal Fluid Parameters in Migraine Subjects Receiving Chiropractic Care” was presented to the many attendees from across the globe. Of the over 1,000 abstracts submitted for review, it was an honor to be one of 200 chosen for the poster presentation. This year posters were displayed throughout the entire conference period instead of just a short window of two hours. Most important and notable is that the abstract was published in the Journal of Alternative and Complementary Medicine, indexed in Pub Med! The poster will be displayed at the 2014 fall conference in Newport Beach. Be sure to attend, so you can see it!

Many thanks for making this all possible through your participation in the Gregory Circle, and also to those doctors participating in the “Small Steps to Success” campaign. Attendance at these conferences brings awareness to researchers and the public that we are actively pursuing research and are productive with our results. Getting the word out is vital for NUCCA’s sustainability. Thank you!

NUCCA Radiograph Inter-examiner Reliability Study

All 254 x-ray sets have been examined and analyzed by the study examiners. The data has been entered, the dataset cleaned, and they have been sent to Dr. Bud Gerstman for analysis. The manuscript submission to JMPT is planned for early September, 2014 with abstract for 2015 ACC-RAC. The next study phase investigates intra-examiner reliability. Using the 254 film sets that were prescreened and previously analyzed will result in a successful project.

Calgary Phase Contrast Migraine Study

The working titled, “Observed changes in migraine subjects following a National Upper Cervical Chiropractic Association (NUCCA) atlas vertebra correction intervention” manuscript finalization continues. A working final draft is now under extensive re-writing and reviews for submission for publication.

continued on page 4
RESEARCH UPDATE / cont. from page 3

There is no easy acceptance submission route in research. There is no guarantee the editor (for any journal) accepts the paper for peer review or that peer reviewers accept the manuscript for publication. The current plan is to submit to the Mayo Clinic Proceedings and then Headache and Cephalalgia are follow-up in the contingency plan.

Utilizing the data from this study, further work continues with Dr. Clive Beggs in drafting a manuscript, “Observed differences of PC-MRI measured venous outflow and CSF pulsatility in migraine subjects receiving an atlas correction intervention.” Dr. Beggs has worked closely with Dr. Zamboni on his CSF flow investigations and authored several papers discussing important hydrodynamic findings applicable to NUCCA work.

We recently had a single migraine research subject’s pre and two post scans (4 and 8 weeks post correction) reviewed and interpreted using the highly advanced SPIN software analysis. This technology enhances images, allowing extraction of additional hemodynamic and hydrodynamic flow pattern changes. This second analysis of the enhanced MRI data is under consideration for use in this manuscript. Stay tuned for more updates in the near future.


Compared to past years, the 2014 ACC-RAC Conference projected a different ambiance of the chiropractic profession, as reflected by the content of the posters displayed and the platform presentations. Most posters seemed divergent from spinal care to other domains such as acupuncture. Chiropractic was seen most clearly in posters presented by NUCCA, Sherman College, and Palmer-West. There were several excellent chiropractic case study posters from Life University. Peer reviewers were honored for their contribution to the conference.

The response was mixed toward the X-ray Reliability poster, as many attendees had no awareness of orthogonal x-ray analysis and subsequently received a lesson in NUCCA x-ray protocols. The NUCCA Hypertension study was brought up by many viewers.

The editor of JMPT and Conference Chair, Dr. Claire Johnson, did a little dance and high fived the poster stating she was looking forward to receiving a completed manuscript. She personally thanked Dr. Woodfield for his contribution in the peer review process. Dr. Dana Lawrence said this was “about time” and “to keep up the good work”.

Next year the 2015 Conference returns to Las Vegas, with a submission deadline for manuscripts of September 1, 2014. Dr. Claire Johnson said she looked forward to the NUCCA submissions. The poster was displayed at the 2014 NUCCA spring conference. If you were in attendance, hopefully you took a moment to review it.


The 4th Annual Scientific meeting of the ISNVD provided abundant opportunity for introducing NUCCA to the International Research Community. England, Taiwan and Korea had representatives as well as the NIH’s Office of Neurological Disorders and Stroke.

Paula Grammas, Ph.D., Texas Tech University Health Sciences Center, and Executive Director of Garrison Institute on Aging delivered the keynote presentation, “The Role of Blood Vessels and Inflammation in the Pathogenesis of Neurological Disorders”. Her hypothesis describes how Alzheimer’s results from a trauma leading to vascular disruption. Subsequent anti-inflammatory responses create the protein accumulation observed on autopsy. She set the underlying theme of the conference on traumatic brain injury being the originating incident leading to the neurological disorders frequently seen in the world’s industrialized countries.

Dr. Woodfield made history by being the first chiropractor to be invited and inducted as a member of the prestigious ISNVD. The 2014 ISNVD 4th Annual Scientific meeting provided an international educational opportunity for the NUCCA procedure. Several connections were made that could help our future research successes in defining the underlying physiology involved with the ASC and its correction.

continued on page 5
The cadre of speakers included cell physiologists, pathologists, MD/PhD researchers and MRI physicists. It provided an opportunity to interact with the authors of the many papers used as resources in the Calgary Migraine study. The Conference also offered a venue to learn what others are doing that could be used for our future NUCCA studies.

Dr. Woodfield’s two presentations were very well received, as they described using new technology as an outcome measure. As challenging as “Dynamic MRI” data analysis and interpretation has been, it was reassuring to receive recognition from this international group of scientists and researchers. Several researchers made comments on how important this research is in looking at the underlying physiology involved with neurovascular disorders.

Several researchers approached Dr. Woodfield saying they were unaware anything like NUCCA existed. The fact that NUCCA has a board certification program requiring re-certification raised many an eyebrow of interest. As the same NUCCA protocol utilized in the hypertension study was used in the migraine study, this created “scientific” credibility for NUCCA. The repeatability and relative low risk of the research-based correction using the NUCCA protocol and performed by board certified doctors impressed many in the audience.

NIH representatives discussed mTBI for four hours. They demonstrated that the damage is not axonal in origin, but due to vessel disruption and subsequent inflammatory reactions following injury. Other than special imaging research, little else is being done. It appears there is no solution to address the resulting tragedy of mTBI other than time to heal. Dr. Woodfield’s second presentation closed the meeting. This presentation provided mTBI and MVA stats of the migraine subjects, producing interest with questions about NUCCA and mTBI. Watch for some of this information on the new UC Monograph website.

Radiographic Animation Study (RAS) Analysis Project

Evaluating the reliability and validity of the NUCCA assessments, including pre-post patient x-ray positioning, is imperative. Investing in ground floor projects yields huge benefits in the long run, especially this important piece of the puzzle. This project helps in establishing technology, assisting in the accuracy and consistencies of the NUCCA x-ray positioning protocol.

Dr. Vazquez from Life University West is finalizing analysis of the randomized films for phase two of the reliability process. The data entry of the results is underway for analysis by a biostatistician. The manuscript will be prepared for the indexed literature and a paper submitted for 2015 ACC-RAC consideration.

The UC Monograph bridges the content gap between research and practice. It is being designed to help validate and support a NUCCA practitioners’ clinical work. The utmost care to assure content accuracy and clarity requires much time and effort to complete this task. The new online version of the Upper Cervical Monograph is currently being written and built for anticipated launch by the 2014 fall conference.
NUCCA's recent spring 2014 seminar in Minneapolis stressed the Triceps Pull as its theme. Instruction was excellent in helping doctors master the triceps pull in their adjustment, and many excellent helpful tips were advanced by certified doctors. I would like to re-print my article, The Triceps Pull and Adjustment from the May 1997 NUCCA MONOGRAPH in this column to also help in our discussion of the triceps pull. There are points that I made in this article that are important to our understanding of this mechanism, and crucial to what makes NUCCA doctors uniquely qualified to correct the Atlas Subluxation Complex and Atlas Subluxation Syndrome in the body.

The purpose of this article is to simplify the adjustment for NUCCA doctors. There have been too many doctors who have given up the NUCCA work and others who struggle because they believe that it is too difficult to learn. I believe that this is only true for those who do not have a clear understanding of the anatomy and proper mechanics involved. When doctors have taken the time to educate themselves or have been taught correctly, the triceps pull and adjustment becomes simpler and more efficient for them. Doctors also will not hurt themselves adjusting patients if they have the correct understanding of the process involved.

First, one must realize that there is a difference between the triceps pull and the adjustment. The triceps pull involves the mechanics of pulling the long head of the triceps muscle, compressing the shoulder girdle and other mechanics involved in the closed ring of the adjusting hands, arms, shoulders and episternal notch. The triceps pull is not the adjustment of the atlas vertebra. The adjustment occurs when the atlas vertebra reduces in its misalignment to its correct alignment, as a result of the triceps pull. There is no adjustment if there is not a correction in the misalignment of the atlas vertebra and thus reduction of neurological encroachment.

For a proper triceps pull, the humeral heads should be in the posterior one-third position of the glenoid fossa. It is important to visualize the glenoid fossa divided evenly, anterior to posterior, into three sections. If one were to raise his arm to a 90 degree angle with the arm projecting forward anteriorly, this would set the humeral head in the anterior one-third of the glenoid fossa. Now, pulling the humeral head posteriorly into the center of the glenoid fossa will place the humeral head in the center one-third of the glenoid fossa. To snugly pull the humeral head farther posterior in the fossa will place the humeral head in the posterior one-third of the glenoid fossa. In the adjustment, this posterior one-third is the proper position in the glenoid fossa for the humeral head. Any farther posterior would be too far, and the force of the triceps pull would be lost behind the shoulder girdle and would consequently be ineffective.

It is important for the doctor to understand and visualize the origin and insertion of the triceps muscle and the long head attachment of the triceps muscle. The triceps muscle inserts onto the olecranon process of the ulna bone and the long head attaches into the infraglenoid tuberosity of the scapula (see figs. 1 & 2). It is important to be able to visualize the infraglenoid tuberosity, just below the inferior rim of the glenoid fossa on the lateral side of the scapula. If one can visualize the glenoid fossa and the infraglenoid tubercle, then one can visualize the long head of the triceps attaching to this tubercle (see fig. 3). This tubercle is the location of the beginning of the triceps pull. This is the proper anatomical location to visualize in beginning the pull of the triceps long head.

The line of pull is a straight line between the insertion of the triceps on the olecranon process of the ulna bone, and the muscle origin of its long head on the infraglenoid tuberosity of the scapula. The direction of the line of pull is upward toward the glenoid fossa. Initiate the triceps pull just one-quarter of an inch below the center of the fossa, which would be in the exact location of the infraglenoid tuberosity.

The doctor should not activate the triceps muscle below the elbow. Such action moves the elbow joint first causing too much force, depth and lack of control in the adjustment. The triceps long head is correctly pulled just below the shoulder joint. The doctor needs to activate the shoulder girdle first. The shoulder girdle is the greatest
lever in the adjustment, because it is the largest. This is what the doctor is adjusting against; it is the doctor’s foundation and strength that will cause the atlas to move under its great force.

In the triceps pull the doctor pulls the long head of the triceps back against the infraglenoid tuberosity, with a straight line of pull from the olecranon process to the center of the glenoid cavity. There is a slight backward movement of each shoulder, followed by complete shoulder girdle compression. The scapulae will follow the shoulder girdle compression medially. The scapulae should not lead the shoulder girdle compression, only follow the compression.

As the doctor contacts the atlas transverse process, the pressure of the pisiform on the atlas vertebrae always remains the same throughout the adjustment. It should be no different at the time of the adjustment than it was at the time of first taking contact. It is a firm contact of the atlas transverse process that remains the same throughout the triceps pull.

The doctor overcomes the resistance of the subluxation by overcoming the resistance of his/her own shoulder girdle. As the doctor contacts the atlas vertebra, he/she pulls the long head of the triceps muscle in a straight line to the center of the glenoid fossa compressing the shoulder girdle, thus compressing the closed chain ring that has been formed between the patient’s atlas vertebra, the doctor’s adjusting arms and shoulder girdle. This adjusting chain is set into action when the resistance of the shoulder girdle is overcome. If ten pounds of force is the amount required to overcome and correct a subluxation, the vertebrae will move at the same instant the adjustor’s triceps brachii have exerted ten pounds of force against his/her own shoulder girdle. This is a built-in mechanism in the adjustor that controls force and protects the patient. The doctor cannot use the same amount of force for every subluxation, it would be harmful and impractical. Each subluxation has its own resistance so that each subluxation has its own individual adjustment.

The adjustment force must be delivered in the fraction of a second that it meets the resistance of the subluxation. It should be a surprise to the adjustor! If the adjustor tries to force the atlas to move, then the adjustor could push the atlas. The adjustor could then jam the subluxation or force the subluxation into a different pattern, or the atlas could possibly rebound and increase in its misalignment.

The adjustor must remember that the atlas corrects properly if it moves as a result of the adjustor overcoming the resistance of his/her own shoulder girdle. Once this pressure builds to a greater level than the resistance of the subluxation, then at that instant the adjustment is made.

With proper understanding and correct visualization, the adjustment can be simpler for the doctor. Hopefully this article will help the doctor’s understanding of the proper mechanics involved in the adjustment.

References:


Illustrations by Emily Ann MacDonald
Certification and Standards Update

The new continuing education program, being implemented immediately, states that doctors must **submit films every two years in order to maintain your active candidacy level in the NUCCA directory.**

If you are currently listed as an active candidate (including Board Certified doctors) in the NUCCA directory and haven’t submitted and passed a submission since March 1, 2013 YOU MUST TAKE ACTION!

1. In order to maintain your active candidacy level on the NUCCA website, you must send in (and pass) a submission that is congruent with your current candidate level every 2 years. If you haven’t passed a submission since March 1, 2013, you must submit films (and pass) by **March 14, 2015** in order to maintain your active candidacy. Information regarding the requirements for each level of candidacy can be found on the NUCCA website.

2. The purpose of this change is to maintain a clear and accurate representation of our membership on the NUCCA website to the public. For example; an individual passing a particular level of the certification program 10 years ago and not having provided a current submission of the proficiency of their work, makes it is impossible for the NUCCA organization to make truthful representations to the public via our member directory.

3. Any submission provided for review, must be a **current submission** and the films taken must be within 30 days of the submission date.

4. A current list of reviewing doctors to submit your CE films are listed on the **NUCCA website**. There will be no fee to submit your CE films before October 31, 2014. After October 31, 2014, there will be a $100 fee for continuing education submissions. **Click here** to download the form/checklist that should be sent with your submission.

As the NUCCA organization continues to grow, our liability and accountability becomes more important. These changes are implemented in support of a number of current organizational needs:

1. In response to numerous inquiries made to the NUCCA office about the varied experiences the same patient has in different NUCCA offices.

2. To retain the good reputation of our 48-year history that has benefited so many people through a measurable and accurate method of care.

3. The UCRF research results that come from following a standardized protocol of care that is precise and reproducible.

4. To provide the optimal support for advanced learning of the NUCCA procedure.

5. Clear and accurate communication to the public.

6. Chiropractic universities are requesting that we have documented whether a doctors’ status within our certification program is active when they teach or speak.

7. Annual or biannual credentialed testing is a common practice and standard of practice among many, if not most, other professional organizations.

Your help and support of these standards will help ensure a healthy future for everyone; patients, practitioners and the NUCCA organization.

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**What kind of chiropractor is needed to adjust a giraffe?**

Dr. Joe adjusting a giraffe at Johnson Spinal Care in Minnesota!
The Upper Cervical Diplomate

The ICA’s Council on Upper Cervical Care has excellent NUCCA representation: Dr. Jeffrey Scholten (President), Dr. Robert Brooks (Chairman), and a brand new position held by Dr. Kyrie Kleinfelter (Public Relations Committee Chair).

Besides the Upper Cervical Council promoting professional and public understanding of Upper Cervical Chiropractic Procedures, it offers the Diplomate in Chiropractic Upper Cervical Procedures. This post graduate, 300 hour specialty program, is currently in its second of three years. There are currently 20 diplomate candidates, including a number of NUCCA members: Dr. Jeff Scholten, Dr. Johanna Hoeller, Dr. Trish Gregg, Dr. Jean Paul Bohemier, Dr. Matthew McNally, and Dr. Philip Schalow.

The first year of the program consisted of advanced study in anatomy, neurology, biomechanics, imaging, research methods, and subluxation theory. The second year is mainly dedicated to studying the major upper cervical procedures as well as continued study in advanced imaging and research methods. Three studies are required as part of the diplomate program, and presentations from the candidates on their second year projects will be made at Palmer College (Davenport) on October 25-26, 2014.

The Council’s influence is only as strong as its membership, and we request your involvement. If you support the idea of a Specialist in Upper Cervical Chiropractic Procedures and unity between the various upper cervical procedures, please join us! Membership to the Council is prorated at a mere $14/month and can be attained by emailing Molly Rangnath at MRangnath@chiropractic.org, or by contacting Drs. Brooks, Kleinfelter or Scholten directly. Elections for President, Vice President, as well as board positions (one year and two year terms), will be held in September.

Patient Spotlight by Dr. Ankur Tayal

Migraine Headaches for 60 Years

Shelia Perkins has had migraine headaches since she was six years old, generally 1-2 times a week since the mid-1950’s. Her husband heard about NUCCA care and it made sense to him. After looking into it himself he sent his wife in, hoping that NUCCA might be able to change things.

Sheila remembers being flung off horses many times as a little girl and in her teenage years. Another time, an elderly man driving a vehicle side-swiped her into the driver’s side door. Neck and back issues followed from this injury.

When she was 29 Sheila had a stroke, which the doctors say was residual from migraines. She lost function in her left arm and part of her vision after that stroke, much of which slowly recovered. Her blood pressure was extremely low and she has had two heart attacks.

“I have had many drug treatments and hypnosis, all with dismal results”, she recalls. The pain would be so intense that her husband would inject pretty serious painkillers into her system. “Oh, Malcolm’s quite good with a needle!”

Sheila was assessed at UC Life Chiropractic Centre in Victoria, B.C. and they proceeded with the NUCCA program. X-rays were taken and the imbalance was corrected. She has not had a migraine headache since that first adjustment, which was 15 months ago. Needless to say, she is thrilled!

The icing on the cake for Shelia is how much she enjoys watching her body straighten itself out. She marvels about her model-like posture now, as compared to a very crooked frame from before. “You also noticed that one leg was shorter than the other, and I was wearing orthotic shoes at the time. Well, they fixed that too so no more orthodoxes!”

NUCCA understands the relationships between head and neck alignment, posture, migraine headaches and blood flow. We are certainly on our way to understanding more about these relationships, and this great story is a product of all our great work in the research and clinical fields. People like Shelia get a chance to enjoy their golden years.

“I feel like I was already living on borrowed time, so this is a nice bonus.”
Miscellaneous NUCCA Activities

> Dr. Justin Brown presented Upper Cervical Pediatrics on June 8th in Orlando for the Florida Chiropractic Society.

> The NUCCA Elective at Life University has been taught 3 times now and the 4th class is set for August 1-3 and September 19-21. The program is going strong.

> Dr. Kerry Johnson taught the NUCCA elective in July at Northwestern Health Sciences University in the Twin Cities. There were 17 students attending!

> Dr. Benjamin Kuhn will be at Life West Chiropractic College for a visit and workshop with the students August 15-16, 2014. He will also be visiting Palmer in September.

> Twelve doctors attended the regional workshop held by Dr. Glenn Cripe Dr. Tym Flory on July 11-12, 2014. This day and a half workshop was for doctors located in the southwest U.S.
The 2014 spring conference, focusing on perfecting the Triceps Pull, was a great success, with 152 attendees and no snowstorm! Dr. Michael Zabelin was honored to receive the Gregory Award at the President’s Reception. It is safe to say he was surprised, as he is not often found speechless! Congratulations to the well-deserving Dr. Zabelin!

There was an updated policy approved by NUCCA membership at the annual meeting during the conference:

To be listed in the NUCCA directory a doctor must be a member in good standing of NUCCA, and have attended at least one NUCCA Spring conference or NUCCA Fall seminar during the preceding two calendar years. This shall take effect immediately following the conclusion of the present conference and shall include the Spring conference of 2012. Exceptions to this requirement may be made by majority vote of the board of directors. Such exceptions shall be published to all current members of NUCCA upon a decision being reached.

Check out the great pictures from the spring conference below!
2014 Fall Conference

The 2014 fall conference is right around the corner, October 9-11th! It will take place in Newport Beach, CA, at the Radisson. There are many new classes scheduled for this conference that you won’t want to miss!

Dave Klein, previous guest speaker on healthcare compliance and Medicare, will be joining us again on Thursday, October 9th! Dave is a Certified Coding Professional and healthcare compliance expert. He will be offering complimentary half-hour consultations during conference hours on Thursday – please email Jessica at the NUCCA office (jburgus@intrinxec.com) to schedule your one-on-one session.

Dr. Steven MacDonald will also be offering complimentary consultations on Friday and Saturday during the conference. These half-hour sessions are for doctors currently in practice, who would like some one-on-one guidance reviewing films. Please email Dr. MacDonald directly (drmacnucca1@sbcglobal.net) to reserve your session.

In the spirit of what Dr. Berti and Dr. Yardley did in the Northwest, we have designed an advanced workshop for doctors who would like advanced and personal attention to work on their NUCCA skills. This class will be limited to the first 20 doctors who submit a set of pre and post x-rays for review. X-rays must be submitted by September 1, 2014 to one of the following doctors (Yardley, Packer, Flory or Dickholtz Jr.) for review, and will count as your continuing education submission for 2014. Email Jessica at the NUCCA office (jburgus@intrinxec.com) to make sure there is still room! A comment sheet will be given to you when your x-rays are returned at the conference. We will discuss x-ray taking, x-ray analysis, biomechanics, adjusting and headpiece placement on a case by case basis, from the x-rays presented. You must submit films in advance to attend this workshop.

We have another special treat for you at this fall conference! Best-selling author, Garrett Gunderson from Freedom Fast Track, will be speaking on Thursday. He wrote the book “Killing Sacred Cows” and is a renowned speaker in chiropractic circles. He will speak on building value in your practice by being technically excellent and the best at what you do.

Look for all the upcoming conference details on the NUCCA website: http://www.nucca.org/conferences.php

Reminders

- The 2014 Fall Conference is on October 9-11, 2014 in Newport Beach, CA. Be sure to Register Today.
- Review new continuing education program Click here for more information.
- Submit x-rays by September 1st if you would like to attend the advanced workshop at the fall NUCCA conference.
- It’s not too late to join the Gregory Circle! For an extra $50/month you can be a Bronze Jr. member and support NUCCA research!
- Contact the NUCCA office with any questions! You can send an email to info@nucca.org or call 1-800-541-5799