

## 1: Chiropractic Care for Children | Pediatrics | JAMA Pediatrics | JAMA Network

*Enter your mobile number or email address below and we'll send you a link to download the free Kindle App. Then you can start reading Kindle books on your smartphone, tablet, or computer - no Kindle device required.*

Practitioners were also asked about their approach to childhood immunizations and a clinical scenario. Data were analyzed using simple descriptive statistics. Typical visit frequency ranged from 1 to 3 times weekly. Seventy percent of the respondents recommended herbs and dietary supplements. Pediatric chiropractic care is often inconsistent with recommended medical guidelines. National studies are needed to assess the safety, efficacy, and cost of chiropractic care for children. Family chiropractic care including patients ranging from neonates to the elderly became widespread in the early s, as DCs began to hold community screenings and offer chiropractic workshops at public schools. Considerable numbers of children and adolescents seek chiropractic care. Children made an estimated 20 million visits to DCs in However, randomized controlled clinical trials of chiropractic care for pediatric conditions are rare. One of the first such trials reported that chiropractic care offered no significant benefits for pediatric patients with asthma. In contrast, the mixers use a broader range of diagnostic tools and therapies, such as laboratory tests, advanced imaging procedures magnetic resonance imaging and computed tomography , nutritional supplements, and herbal remedies. They make more limited claims about their scope of practice and often restrict their practices to adults or to specific conditions, such as lower back pain. To respond in a knowledgeable manner, pediatricians must have basic information about the practices and pediatric care of DCs. We sought to describe chiropractic care in our metropolitan area for 1 practice patterns, including visit length, frequency, fees, and insurance reimbursement; 2 pediatric care, including training, techniques, specialization, and clinical judgment; and 3 peer recommendation of pediatric providers. Six data sources were used to identify DCs for the study: Figure 1 depicts the number of providers identified from the aforementioned sources. View Large Download Identification of chiropractors in the Boston metropolitan area. There were DCs with no society affiliations. The remaining overlapping memberships are labeled. Of the Boston DCs listed in these sources, we selected chiropractic practices. The survey was pilot-tested by telephone on 20 DCs. Minor revisions were made, and the remaining chiropractic practices were mailed surveys in July Six weeks after the initial mailing, nonrespondents were called for follow-up; 10 weeks after the initial mailing, nonrespondents received second surveys. Of the initial chiropractic practices surveyed, 10 addresses were nondeliverable, yielding a final sample size of We attempted to reach all nonrespondents by telephone; reasons for nonresponse included lack of interest in the study, little experience with children, and being "too busy. The survey was 4 pages long and required approximately 15 minutes to complete. Demographic items included age, race, sex, educational degrees, year of graduation from chiropractic school, year of licensing in Massachusetts, and membership in professional societies. Questions about practice characteristics included solo vs group practice, number of patients seen per week, length of initial and follow-up visits, and frequency of visits. Fee and insurance issues were addressed in questions about initial and follow-up visit fees, the proportion of fees covered by fee-for-service insurance, the use of a sliding scale, and acceptance of Medicaid patients. Doctors of chiropractic were asked about the scope and content of their practice, chiropractic techniques commonly used, use of radiographic examinations and other laboratory tests, and prescription of dietary supplements herbs and vitamins. Pediatric care was investigated in questions about specific training in pediatrics, length of pediatric training, pediatric patient load patients per week , and techniques used for children. Doctors of chiropractic were asked 1 whether they recommended childhood immunizations; 2 how many times they would see a patient before deciding chiropractic care might not be helping a condition; and 3 what actions they would immediately take if presented with a 2-week-old neonate with a temperature of For the third question, respondents were given the choices of referring the patient to a doctor of medicine or doctor of osteopathy, taking more history, treating the patient, or filling in a blank section with their own response. Finally, DCs were asked to recommend up to 5 DCs other than themselves for treating children. This question was aimed at developing a list of peer-recommended pediatric DCs in our geographic area. Statistical analysis All data were

entered into database software Microsoft Access; Microsoft Corporation, Redmond, Wash , exported to a spreadsheet Excel; Microsoft Corporation , and analyzed using simple descriptive statistics. Normally distributed data are reported as averages; nonnormally distributed data are reported as medians, modes, and ranges. Because we had no a priori hypotheses and a small sample size, no post hoc statistical comparisons were performed. On average, the respondents were graduated in and were licensed in Massachusetts in Practice characteristics and fee structures Forty-six percent of the respondents were in solo practice. Visit frequency for each patient was typically 1 to 3 times weekly. Scope of practice Doctors of chiropractic reported performing various diagnostic tests: More than manual techniques are used by DCs. Definitions of these techniques are as follows: It is not based on a specific analytic system, but uses the normal biomechanics of a joint to create motion. Upper trapezius muscles are evaluated for occipital fiber tone. On average, respondents had been treating pediatric patients for 12 years. Two thirds of the respondents reported training in pediatric medicine. Pediatric training included pediatric courses in chiropractic colleges, postgraduate elective courses, or national conference workshops. The most common reasons for nonresponse included 1 that the number of visits would vary according to the condition and 2 that DCs did not treat specific diseases, conditions, or symptoms. Doctors of chiropractic with the second response stated that their focus is primarily on promoting optimal general health and disease prevention. These DCs will be referred to as the peer-recommended pediatric DCs. Forty-five percent were members of the International Chiropractic Pediatric Association. Fees and visit lengths of the peer-recommended pediatric DCs were similar to the other respondents Table 2. Only 1 reported actively recommending childhood immunizations. Comment This study focused on questions pediatricians might ask about DCs in their communities, identifying DCs in a region, and characterizing their practice patterns, fees, and pediatric care. Although the proportion of pediatric visits has remained relatively stable from to , the number of DCs has grown substantially. We estimate that , pediatric chiropractic visits were made in the Boston metropolitan area in Extrapolating the data to the entire nation, approximately 30 million pediatric visits were made in the United States in , calculated as follows: The expected doubling of licensed DCs in the next 10 years 22 is likely to lead to additional pediatric visits to DCs. Safety is a major concern in pediatric health care. Doctors of chiropractic have reported few complications due to spinal manipulation; estimates of the incidence of serious neurologic or vertebrobasilar complications in adults range from 0. Shafirir and Kaufman 24 reported a case of quadriplegia resulting from chiropractic manipulation in a child with spinal cord astrocytoma. Another concern is the safety of repeated radiographic examinations in children and adolescents. Many pediatricians are concerned that chiropractic care may delay or prevent appropriate medical diagnoses and treatment. These results may be limited because in a real situation the practitioner might have more information about the patient, would not choose between 3 exclusive options, and could reevaluate and question the patient during an office visit. The question may also have been interpreted in different ways, ie, that the hypothetical patient had already seen a doctor of medicine or doctor of osteopathy or was concurrently seeing a pediatrician. Nonetheless, these results may concern pediatricians considering the adverse consequences of delayed medical care. Another issue of concern is the failure to promote childhood immunization. The remaining respondents either did not answer or stated that they educated parents to allow them to make their own informed decisions. These issues raise great concern as more and more children and families seek chiropractic care, particularly if the care is not coordinated with a pediatrician. Consumer Reports recently reported the frequent promotion of dietary supplements and in-office product distribution as a way of enhancing chiropractic income. Fewer of the peer-recommended pediatric DCs recommended and distributed nutritional supplements, reflecting the greater influence of "straight" philosophy on these practitioners. The clinical therapeutic effects and toxicity of these products need to be studied in both adults and children. Additionally, DCs must be evaluated on their education in nutritional supplementation and herbal therapies to determine their qualifications to prescribe these therapies. Despite the cost, most chiropractic patients report high levels of satisfaction with the care that they receive. The average minute visit to a chiropractor was slightly longer than the average minute visit to a pediatrician. The degree of patient satisfaction among adults can lead to parents desiring chiropractic care for their children, thus contributing to the increased demand for pediatric chiropractic care. This study has several limitations. First,

the survey was confined to the Boston metropolitan area and needs to be replicated with a larger national sample. Our results may be biased to reflect the views of these organizations, and therefore may not reflect those of the general chiropractic community. Selection bias is another limitation. Because the surveys required 10 to 20 minutes to complete, busier practices and those with few pediatric patients were less likely to respond. Therefore, the pediatric patient load, techniques, and practices of our respondents might not reflect the entire chiropractic community. On the other hand, our data describe a subset of practitioners with particular experience and interest in pediatric chiropractic care. Another limitation is that several of the questions about practice characteristics did not specifically restate the words "for children" ie, those on fees, visit frequency, and frequency of radiographic examinations ; therefore, some reported values may vary for purely pediatric populations. A few DCs self-reported that they charge less and order fewer radiographic examinations for children. Data were also collected by self-report rather than direct observation. Future studies may include independent methods to verify key outcomes. Respondents may have been more likely to either 1 report recommending immunizations and refer the neonate with a fever to a doctor of medicine or doctor of osteopathy or 2 omit the question. It is also possible that respondents may have reported higher pediatric values with respect to pediatric training and patient visits. Future studies might address the use within different age groups ie, infants, school-aged children, and adolescents. This preliminary survey of practitioners also did not address patient satisfaction, efficacy, or adverse effects of chiropractic care. All of these are crucial outcomes to address in future studies. Despite the limitations, to our knowledge this is one of the first studies to address chiropractic care for children; it adds vital information to understanding the practices of the CAM practitioners most frequently consulted by children in the United States. If DCs continue to provide pediatric and primary care, the medical community may need to consider different options to enhance and ensure the quality of this care. Although pediatricians may be unfamiliar or uncomfortable with chiropractic care, the fact that families are using these therapies needs to be acknowledged. If pediatricians wish to play a central role in coordinating comprehensive primary care for children, discussion about pediatric chiropractic care should be facilitated with patients, parents, and DCs.

## 2: Discover Chiropractic - Healing with a Human Touch

*The following guide to industry information, research, and analysis provides sources for industry trends and statistics, market research and analysis, financial ratios and salary surveys, and more. Select from the following sections or scroll below to view available resources.*

For most medical practices, it is difficult to stand firm on this ever-changing ground, when the rules are changing way faster than they get a chance to implement them. In the blink of an eye, SEO tips and tricks that were working just fine become obsolete and start harming your website. Since is almost over, it is important to look back at all the SEO strategies that you implemented throughout the year and how powerfully they worked for you. Even if you had a consistent year, put aside all your failures and start preparing for the next year. The sooner you begin strategizing for the next year, the better results you can expect. However, while planning your SEO strategies, keep in mind the following trends that will be vital in for increasing traffic and attracting a niche audience to your practice website. Build the Right Links Link building is not likely to disappear in , and it will be even more important to create a strategy that establishes quality links. This is one of the most effective ways for Google to know that a website can be trusted. Quality should be preferred over quantity when links are created. It is always better to have one link from a popular and trusted website than to have multiple links from irrelevant directories. There is no need to look for new links if they do not add value and help you build authority in your target market. It is critical to start thinking of link building as a long-term process. While the best links may not necessarily come from the most popular websites, it is important to seek coverage from relevant websites. A successful SEO strategy will shift toward relationship building and help your chiropractic practice develop powerful links that will be beneficial in the long term. Google has warned publishers that there will be a closer look at guest blogs in order to control spammy links. This means you will have to develop a diversified link-building strategy that aims for a complete backlink profile rather than individual links. The Opportunity To be on a safer side, it is advised to make the backlink profile cleanup a part of your routine. According to the recent link-building survey by PowerSuite, most SEOs are struggling with the lack of opportunities, but there are some useful tactics worth trying. The advice for is: Not wasting time on spammy tricks Growing your profile at a natural pace Creating helpful content worth linking to Establishing relationships with the niche instead of rushing to get as many links as possible Turning to legitimate paid methods

### 2. Increased Mobile Optimization

is likely to be the year when healthcare providers realize the importance of putting mobile first, rather than catering to mobile as a second thought. This will be even more important if Google decides to deploy its mobile-first index. However, even if Google does not, practices need to put mobile first. According to a study by BrightEdge, nearly 57 percent of website traffic comes from mobile devices. In addition, there is a massive difference between the way keywords rank on mobile and desktop. Therefore, mobile-first content is required to have the best chance of being visible in mobile search. With most searches performed on mobile devices, the demand for accelerated mobile pages AMPs is growing. In addition, with our attention span now at eight seconds, it is essential to keep your readers engaged in those critical moments. This demand is likely to grow in , helping practices improve their patient engagement rate and overall patient experience through responsive mobile pages. According to Google, over , domains have accepted the AMP framework. Practices that want to keep up with the fluctuations in mobile search need to decide whether they want AMP or any other fixes to improve their website speed.

### Voice Search Popularity Will Rise

Voice commands are becoming the norm for searching content from search engines. According to Google, nearly 20 percent of mobile queries are voice searches, and this is likely to grow in Most users prefer to speak into their smart devices instead of taking the time to type out queries. It is much faster, convenient and is catching on fast. In fact, industry experts imply that if voice search sustains its current growth rate, then in the next three years, nearly 50 percent of the total searches will be via speech. The top reasons for adopting voice searches are familiarity and convenience. Smartphones and virtual assistants are on the rise, and they are becoming a preferred choice for those who prefer not to type on small screens. The Challenge Optimization for voice search might be challenging as it is different from the traditional way of

Googling queries. Instead of incomplete phrases, visitors will now speak proper questions, which search engines will have to understand. In order to adapt to voice search, you may have to apply the following changes to your content: Use natural language and a conversational tone. Include an FAQ page and phrase the questions the way real patients would ask them, and provide comprehensive answers. Keep your local SEO updated as most of the voice searches are local in intent. These snippets are usually in the form of short sentences, bullet points or lists. You should then aim to answer these questions within your content. FAQ pages are a great way to tackle this. Optimizing your content in order to rank for the rich snippet feature will be a new achievement for healthcare marketers. However, the aim is to be more concise and mobile-friendly. Providing the user with a quick snippet of content that solves their query reduces the need to scroll through long blogs and articles. The Challenge Content optimization goes far beyond keywords and requires a more complex approach. The quality and relevance of content will continue to beat quantity. Often, lists are highlighted in the Quick Answers section. By creating a list of solutions to a question, optimizing the page with valuable links and ensuring the page is optimized for mobile users, a website has a higher chance of appearing in a prime location on SERPs. Unique, helpful content tailored to your target audience will never go out of fashion. HTTPS is a superior web browser protocol because it encrypts and filters all communications between the site and the browser. However, this warning is only for websites that are viewed in the Chrome browser. By doing this, Google has made it evident that it will favor secure websites over those unsecured ones. If you wish to gain higher search ranking, then install an SSL certificate on your website without any further delay. What is important to understand while we proceed toward is that SEO is already evolving, and ranking on the first page is not the ultimate goal anymore. As the search engines evolve, there will be many more opportunities for increasing your search traffic without focusing much on organic SERPs. The rise of featured snippets, voice search and mobile optimization can yield better results than an organic ranking. This is why it is useful to keep up with the latest trends and discover how your chiropractic practice can maintain a successful SEO strategy by blending established and the latest trends. It is difficult to predict how big of an impact each one of these tips could have on your practice, and it might not be possible to implement all of these on your practice website. Assess your business goals and make a list of what you think would be most beneficial for your practice. While traditional SEO techniques are still efficient, many new trends could impact your rankings. Your chiropractic practice needs to have an SEO strategy in place if you are looking to expand your reach and visibility. The SEO experts at Practice Builders have extensive experience helping chiropractors attract more traffic and convert more visitors into leads and patients. Check out our chiropractic marketing services and make sure to adjust your SEO strategy for accordingly.

### 3: Chiropractic SEO Trends for

*MB Ebook chiropractic practice methods and trends index of new inform By Isreal Waltraud FREE [DOWNLOAD] Did you trying to find chiropractic practice methods and trends index of new.*

### 4: Chiropractors & Chiropractic Practices - Industry Analysis, Trends, Statistics, and

*Chiropractic in the United States: Trends and Issues by incorporating other manual techniques in combination with Professional Survey on Chiropractic Practice.*

### 5: Chiropractors | Career Trend

*While traditional SEO techniques are still efficient, many new trends could impact your rankings. Your chiropractic practice needs to have an SEO strategy in place if you are looking to expand your reach and visibility.*

### 6: Practice Analysis

*New Information and Trends in Chiropractic Practice through The proportion of practicing chiropractors who have a bachelor's, master's or Ph.D. degree has.*

### 7: Methods and Trends - Financial Action Task Force (FATF)

*Fact is chiropractic practice is changing and those that only provide limited services (adjustment, massage therapy, etc.) will ultimately close. With an aging population, an obese population and a demographic that cannot afford prescription medication, chiropractic can be a new lease on life.*

*This is Gods world-so what? [creation] The reason for god chapter 1 Identify functional groups worksheet The social vampire Water is life barbara kingsolver Start up gym business plan Mussolini tamed: the polite prisoner Chemistry timberlake 11th edition Thinking with words The south wind of love The Kaleidoscope Kid AAA 2001 Spiral Guide to Rome Magnificent Obsessions Rand McNally Richmond, Va Easyfinder Plus Map Kpsc 2014 final list Jacob S. Lowry and George A. Gray. Foundation of nursing research WITCH IN FLIGHT WREATH 66 Doro windows xp The commanding self The Servants of the Light Tarot Planning for growth in Montana Firefox attachment to folder Blessings from the Kitchen of Lizette Restaurant code guide filetype Microwave radio transmission design guide trevor manning All rights reserved book The Rajahs Fortress New York Times Theater Reviews, 1985-1986 Cornerstones for Writing Year 5 Overhead Transparencies (Cornerstones) A Treasury of Italian Cuisine Quality system development handbook with ISO 9002 Making of champions Adolescent Catechesis, Spotlight on (Resources from the Living Light) Pattern Recognition, 1994 International Conference on (12th Icpr Vol. 3 World War I : the armistice and the treaty One stroke amazing metallics Citing Unenacted Federal Bills and Resolutions Legal alien Pat Mora Whats the time, Little Wolf?*