



GSCS Monthly e-newsletter

"The official voice of straight chiropractic in NJ"

October 2023

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From the Prez

Fascination

As chiropractors, we can become fascinated by many things. We look to what other chiropractors are doing or practice management groups or the newest new patient procedures but what we should be fascinated with is the human body. It is incredible that

there is an innate intelligence in living matter that regulates and controls function and that this is subject to a universal intelligence that gives properties to all matter. If we focused on this and let our practice members in on it, we would not be so fascinated with the other external things nor would we have to worry about looking for people to serve!

Jay Yuhas, D.C.
GSCS President

RECAP: GSCS Annual Summer Picnic with the Jersey Shore BlueClaws: September 3

On September 3, members of the GSCS and their families were able to watch the Jersey Shore BlueClaws (a Philadelphia Phillies affiliate) win their final home game against the Aberdeen Iron Birds (a Baltimore Orioles affiliate) with a walk off home run in the bottom of the 9th inning!

We enjoyed great food and drink from the Champions Club, a triple box party room with a decor inspired by great moments in BlueClaws history.



Save the date!

GSCS Convention 2024

Mark your calendars for next year's convention. The GSCS will offer up to 15 hours of CE the weekend of April 13-14, 2024 at the APA Hotel Woodbridge

More info to follow.



Setting The Orientation of The Orientation

You've probably seen TOITMITWD, the initialism of "*The Orientation Is The Most Important Thing We Do*," one of the valuable lessons from a mentor in non-therapeutic chiropractic, Joe D.



Learning from other chiropractors means we didn't have to discover everything on our own through lengthy and potentially costly trial-and-error. I came out of Sherman having had a course in chiropractic communications, which was, basically, taking the instructors' presentations, putting some personalization to it, and delivering it as a talk to the class. An instructor would critique us afterwards, giving some tips and pointers based on what they thought went well and what didn't. These were great opportunities to organize topics and thoughts and be in front of an audience. We had a head start on spreading our chiropractic message to the world!

My early days in practice, though, were somewhat different. My office in Princeton was near the on-campus lecture halls and many people - students at the university and even people outside the student body, including me - would voluntarily attend lectures on the campus about a wide variety of topics delivered by a diverse spectrum of lecturers with wide ranges of areas of expertise and speaking experience. When people came to my office, however, they were much less like an audience member and more like a consumer. They already had their own idea of why they were there - not to be informed or entertained by someone making a presentation.

People making appointments or just being walk-ins at the office weren't there for a lecture (so often, in those days, the orientation was even known as a Lay Lecture or some other kind of "*talk*"). These people were coming in because they wanted to visit a chiropractor. I'm not saying a lecture or a talk is a bad thing for a chiropractor to do. There can be times when you will have a designed event to deliver your message in front of an audience. More often than not, those would immediately be followed by you and/or a helper giving interested audience members the opportunity to make an appointment to visit your office ... in the roles of consumers. It's also unlikely that the talk or lecture that you have ready will match the topic of their interest in making that appointment.

Now, I was good at doing the lay lecture / talk. I had my material down, though in less of a verbatim-memorized style, favoring something a bit flexible, letting my talk be reactive to the people's cues and moods. I didn't do/say things FOR their reactions; I did/said things BECAUSE of their reactions. Communication is not talking AT people; it's fostering a meeting of the minds so that you and they can come to areas of

agreement.

It wasn't long before I stopped doing Orientation talks on the first visit. Why? The one-way delivery of a talk didn't allow me to know what the people were thinking! I couldn't be sure that we had a meeting of the minds or any areas of agreement. I didn't stop doing an Orientation, I just started doing them in a different way. I still knew TOITMITWD, but I knew the second most important thing was to monitor the effectiveness, the communicative value of the one Orientation I was doing with that one person or family. I needed the people to be more engaged, to talk back, to reveal their thinking and understandings, their choices. They were the ones who would be deciding if my office was right for them. It was time to change HOW I did the Orientation.

The use of active-listening in a one-on-one orientation makes it unlike any other form of lay-person educational effort. It is not a lecture - though the chiropractor does serve as a source of information. The greatest distinction here is that the lay-person serves as the source of thinking. The most essential method is for the chiropractor to ask truly open-ended questions and listen - more than give a speech and hope that the person gets any of it. It is a person's beliefs and active thinking which determines what they will decide to do, not the mere hearing of information. By having the person answer a series of open-ended questions, they will have the opportunity to think-through the rationale behind living as much time free of the impairment of vertebral subluxation as possible and decide to be checked throughout their lives for vertebral subluxations, simply because it is a better way to live!

When done even somewhat well, the result of this is that the person will *tell you that they believe vertebral subluxations are bad*, that vertebral subluxations happen for a wide variety of reasons which are part of daily living, for everyone, *including themselves*, that, if they are subluxated, they would like them corrected *as soon as possible*, and that, if that could be done, because they'd rather live without them, they'd like to be checked for vertebral subluxations *for as long as they are alive!* Most chiropractors would love to have such a powerful result, a true understanding and commitment from the consumer, but they go about it in far less effective ways.

The first part is a brief introduction to very basic anatomy and physiology of the spine and nerve system. Not every layperson has taken anatomy courses, so, this is the only part of the interaction where the chiropractor may be providing most of the information. It consists of the chiropractor using a model spine - just a spine, no ribs, no pelvic bones, no inflamed disc - and pointing out a few basic parts; the spinal bones or vertebrae; the nerve tissue or the openings where the nerve pathways are located, including the spinal cord and brain or the spinal canal, IVF and, if it is unavoidably part of the model, the skull. The lesson should end up with the brain, which is where the important phase of open-ended questioning begins.

The first question - and, keep in mind, the first step in anything worthwhile is always the hardest, so make it a small one - can be something like, "So, what does the brain do?" The point is to get them to reason out that the brain is the organ used to create the messages of life to be used by all body parts to stay alive and contribute to the best performance possible. Most people know this, so it is a good starting question, letting the person feel safe and empowered to go on and answer other questions. A brief discussion then follows on how the brain distributes the life messages over nerve pathways to all the cells of the body.

The next question will be about vertebral subluxation but involves a bit of preparation. First, the chiropractor demonstrates that spinal bones are freely moveable

and that they may misalign slightly - during this, the chiropractor gently turns a segment so that it appears out of geometric alignment with its neighbors (even though this is a philosophic inaccuracy in that the misalignment component of a vertebral subluxation is not according to a geometric norm, but "*Innate Normal*," yet this is something that the lay person need not appreciate at this juncture in order to get the essential idea). The chiropractor then asks, "*Is that a good thing or a bad thing?*" The person will typically answer that it is a bad thing. The next question is perhaps the most important question in this and appears in one form or another throughout the rest of the one-on-one; "*I agree. Why? What does it do to the nerve pathways?*" The person will typically answer that it blocks the pathways or presses on them or doesn't protect them or some other similar response. The key here is to ask specifically about the "*nerve pathways*," so they remain focused on why vertebral subluxations are a concern. They need to stay focused on the messages, not on the bones. Finally, ask them "*What happens to the function of the body if the life messages are not reaching the cells?*" They will very easily be able to state, in some form, that the function is not what it should be.

Next, the person is asked, "*How do you suppose a bone may move out of place like that? What might make a spinal bone move?*" They will readily come up with a few things. Make them provide at least three. All you need to do is ask, "*Anything else?*" until you get three. Remember, this is about engaging *their active mind*, not of you showing off your superior knowledge! After they have given three, simply ask, "*If I kept asking, 'Anything else?' do you think you could keep on giving more examples?*" Of course, they could, but all you need to do is let them see that the list is really quite long. Next, notice the character of the answers. Most of the time, they will be in the category of physical events. Let them know that those answers all fit into the category that you will call "*physical things*" and acknowledge that such things can surely have a physical effect on the body, including causing a vertebral subluxation! Ask them, "*Is it possible for a non-physical thing, such as mental or emotional factors, to also affect the body physically?*" They will quickly answer, yes, and adults especially will readily acknowledge that mental or emotional stress is certainly part of their daily living and that there is another very long list under the category that you will call "*mental or emotional things*." For the last category, let them know that it is not as obvious as the first two, but ask them if they've ever sat behind a diesel bus in traffic, for instance, and what they notice when the bus accelerates from a stop. They will usually mention that they see a big cloud of exhaust or that they can smell the fumes, or something similar. Acknowledge that they are right! Tell them that they have identified the third category of stress factors, a chemical in their environment, yet so many of the chemicals are not as obvious as the diesel exhaust cloud. Some of them have no color or smell in the air. Some have no taste in the water. Some have no flavor in the food additives. Some they don't even think about as chemicals, such as the caffeine in their coffee. But let them discover and know the list under "*chemical things*" is also a long one.

Then, review that they've identified three lists - the "*physical things, the 'mental or emotional things,' and the 'chemical things'*" - and ask them, "Who experiences these three lists?" They will invariably answer that everybody does! Ask them, "*How often?*" They will answer that these things happen every day or all the time. Ask them if they experience these things all the time. They will agree that they do, as well. Summarize by saying that you agree with them, that vertebral subluxations can be caused by a wide variety of things that they experience these potential causes of subluxations all the time, for as long as they are still breathing!

Now, here comes the fun part! Ask them, "If you had a vertebral subluxation right now, would you like to leave it there?" Of course, they quickly say, no! Ask them what they

would like to have happen and they will also say they want it to be gone or corrected or put back, in whatever way they will express it, right away. They don't want to leave it in the subluxated state. Importantly, now, ask them *"Why? What will happen to the nerve pathways?"* They will tell you that they are now open or clear, or something similar. Then, ask, *"What about the life messages from the brain?"* They will tell you that they are getting through the way they should. Next, *"What about the function of the cells or the body?"* They will tell you that it is as it should be.

Ask them about this a bit further to strengthen their connection to the concepts. *"What you're asking is for an 'adjustment,' besides, 'subluxation,' the only other technical term in this office that you need to understand - it's a procedure to allow your body to return the bone to its proper position. If we could do that, how long would you want the bone to stay in the right position?"* They, of course, will say that they'd like it to stay there forever! Simply tell them that you remember what they said earlier about the many causes of vertebral subluxation and ask them if the three lists disappear simply because they visit a chiropractor. They usually chuckle a bit and acknowledge that the lists are still part of life's challenges. Then let them know that people who understand this, what they have told you about today, are the people who choose to visit a chiropractor every week for the rest of their lives. These people understand the value of living free of vertebral subluxation – for themselves *and for them* – which is why they will see families who were referred to the office coming in weekly.

The next part of the interaction is critical. It makes the entire thing pertinent or relevant to their individual circumstances. It's why *they* make the decision to commit to being checked for vertebral subluxation. It's a three-part question sequence that is repeated three times. All the chiropractor needs to do is ask about something in the individual's life. Typically, the things would be about their work, their play and perhaps their interests.

It's a simple sequence, then, to ask, *"What do you do at work?"* Whatever they answer, ask them back, *"Would you rather do that with all your nerve channels open or with some of them closed off by nerve interference?"* They will choose, open, with no nerve interference. Importantly - no, *critically and essentially* - say, *"I agree. Why?"* or *"I agree. Why do you say that?"* or something similar. Having them tell you what they are thinking is the only way to know if there has been true communication, that they actually *get* the concepts. Let them state back to you that they would rather go to work with no nerve interference. Listen carefully. See if they show non-therapeutic understanding in what they say. They may say something like, *"Well, I'd work at the best level I can."* Great! Sometimes, though, they may not quite get the right idea - perhaps focusing on less back pain or something therapeutically-oriented. Stop. Back up. Go through the way in which interference takes place and how the nerve system functions, not all of it being dedicated to sensation, most of it being dedicated to messages of control, and the possibility of interference keeping them from feeling something, all together! Only once they're back on-track with you, showing proper understanding, can you go on to the second iteration, asking, *"What do you like to do for fun? [- response -] Would you rather do that with only some of the life messages getting through or with all of them?"* Again, they will say all of them. Again, you must say, *"I agree. Why?"* Inevitably, they will answer that they'd rather play soccer, for instance, with all the life messages because they'd be able to kick at their best or run at their fastest or be better focused on the play, whatever. So far, in these first two questions, you've not used the term, subluxation. It's a brand-new word for them. Asking them about nerve channels being open or nerve interference or life messages getting through, for instance, allow you to introduce this brand-new word in a *context they've already just covered*, so they can more easily appreciate and relate its

significance. So, now, ask about their life once more, "When you leave here tonight and drive home, would you rather do that with subluxations or with no subluxations?" Naturally, they will respond with "No subluxations," even though it is a brand new word to them because you have used it so much and made them say it already and have now placed it consistently with "no nerve interference ... all life messages getting through," so they can use it comfortably, knowing it is a negative thing that they'd rather not have.

So, in only a half hour, or so, the person *hastold you* several things:

- 1.. Subluxation is bad.
 2. Subluxations happen for a wide variety of reasons that are part of everyone's daily living.
 3. If they had a subluxation, they'd want it corrected as soon as possible - they don't want it to stay there.
 4. They'd like to be checked – and, naturally, have their kids and everyone they know checked - forever!
- ... because, no matter what they do in life, they'd be better off attempting to do it free of the devastating impairment of vertebral subluxation!

The last part is the challenge of making this possible for them. That's something for the chiropractor to consider in structuring their office procedures. The entire experience must support this visionary goal - the posters, the pamphlets, the dress code, the words, actions and attitudes of the chiropractor and any staff ... and, I believe, the mechanism of exchange. This is a system based upon a vision for what is possible for humanity. If the fee system is a barrier - and it is regularly reported that the one thing keeping people from using chiropractic in this optimum way, as a means of staying as free from subluxation as possible for a lifetime, is affordability - then it doesn't matter how great an idea it is.

Submitted by Jim Healey, DC

Providing Quality Care

As objective straight chiropractors we love our philosophy, and rightfully so-- what's not to love? We get to work alongside this beautiful thing called innate intelligence. Every subluxation that we assist in correcting allows this wonderful wisdom to be more fully expressed. We are in the business of LIFE, and everyday we get to witness miracles.



In our excitement and awe we spend countless hours educating folks. Yet chiropractic is more than a philosophy. It is also a science and an art. How are we faring in these other areas?

Many times a new person will come to my office and describe their experience with another chiropractor. All too often I hear things like, "He did the same thing every time," or "He didn't go up my spine and check each one like you just did."

Let us not be negligent in our technique. Objective criteria should be used to determine the presence of subluxation, and these same criteria *should be cleared* post adjustment. Only you know if you are taking the time to recheck your practice members after you make an adjustment.

Furthermore, finding the primary subluxation is of utmost importance. We all know that as the body adapts to a subluxation, compensations occur. Take the time to assess the spine thoroughly. Decide (based on your technique's criteria) where to introduce a force first. Then go back and reassess. Likely you will find that you do not need to make as many adjustments as you originally thought. Remember innate is on the job with you, so be careful not to over-adjust!

Lastly, keep in mind that no two spines are alike, and different people respond better to different techniques. Be open to new techniques and methods. If a practice member returns with the same subluxation, visit after visit, year after year, without any *objective* improvement, consider doing something differently.

We owe it to our people to provide the best care possible. We owe it to this beautiful thing called chiropractic. We owe it to the world!

Submitted by Danielle Argenio, DC

Office for lease

35 W Main St | Denville, NJ 07834
Office For Lease | 1,100 SF | \$32.00 /SF/YR

Set up for a doctor's office. 3 exam rooms plus doctor's private office.

It's located in a medical building in downtown Denville. Walking distance to St. Clair's hospital

For more information and pictures please call or Text Gino at 973-418-0587 or email: Gino@integratitle.com



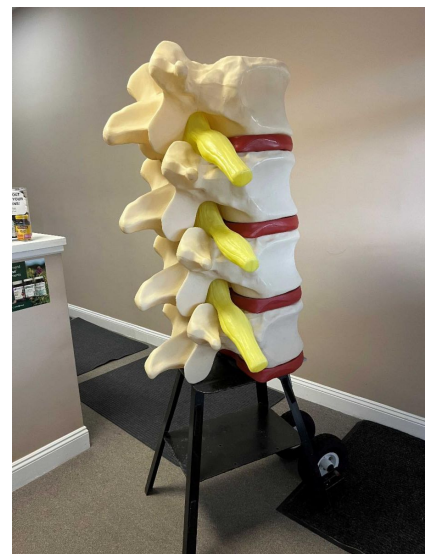
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The spine is on a steel platform with wheels to maneuver around. A sign can be attached to the base with Velcro.

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Branchville, NJ

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If you have prenatal and pediatric knowledge, experience, and skills and are energetic, ambitious, compassionate, and coachable, as well as an excellent communicator, committed to exceptional care and service, team-centered, with a strong work ethic and a desire to grow, we invite you to apply by responding to this email.

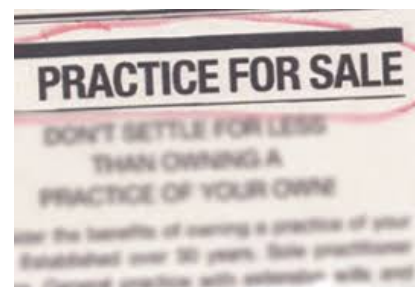
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Drs. Kim & Greg Stetzel have a wealth of experience and expertise, making Branchville Family Chiropractic a well-established resource for the community of Branchville, NJ and an excellent opportunity for the right chiropractor.

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Practice for sale

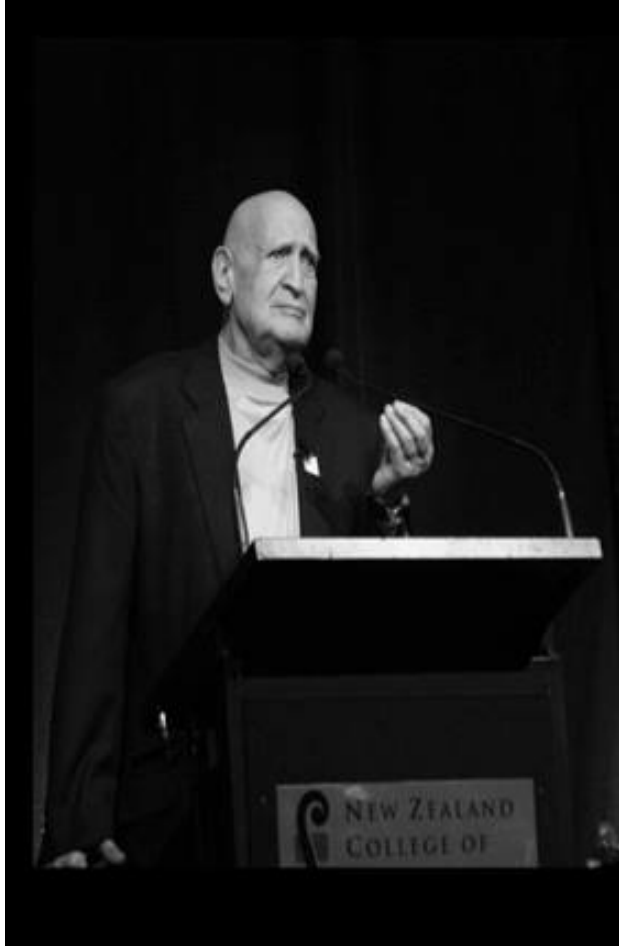
Centrally located in Mercer County NJ, our family chiropractic practice for sale brings together small town community and extraordinary lifestyle options. Preserved open space throughout the community, great schools in all ages ranges, and the demand for lifestyle-focused chiropractic care. 75 minutes from Manhattan, 45 minutes to Philly, 15 minutes from Whole Foods, excellent shopping options. River sports, mountains, bouldering throughout the Delaware River region, and less than an hour from the ocean. High concentration of white collar professionals near the state capital, universities and large corporations means people have the desire and resources for chiropractic care.



Our practice focuses on structural-based models of care for all ages and superior professionalism. We have an excellent ROI with operating overhead lower than 30% monthly gross income. No need to mess with unwinding poor insurance choices, this practice has the cash focus and support systems for immediate success. 24 patient hours per week, turnkey operations, \$360k gross collections, asking \$175k.

<https://www.progressivepracticesales.com/princeton-new-jersey>

Contact Aryn at draryndc@gmail.com



We must never lose sight of the fact that chiropractors do not treat diseases. Not any diseases. Our practice is limited to the location and correction of vertebral subluxations for the restoration and maintenance of the integrity of the nervous system.

This is necessary for every man, woman and child from the moment of birth to the moment of death, without regard to whatever diseases may or may not be present.

The dentist fills cavities, without regard to whether or not the patient has gallstones, ingrown toenails or cancer of the pancreas. We must correct vertebral subluxations with the same impartiality and not get lured into the trap of treating diseases.

SAFMedia

TD Bank Affinity fund

The Garden State Chiropractic Society has joined the affinity program sponsored by TD Bank.



You can link a new or existing account to the GSCS. The account may be savings, checking, certificate of deposit, etc. It may be a personal or a business account. Since TD Bank has offices in several states, you can invite family members, friends, associate members and practice members to participate in this program. New TD Bank Affinity Member Customers get \$25 when opening a new checking account in store. See the attached flyer for details.

Simply visit your closest TD Bank branch and state you would like to link your account(s) to the Garden State Chiropractic Society. We greatly appreciate your support.

Please contact your local TD bank for further information.

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Become a GSCS member

Not a member? Are you a student considering practicing in NJ? Are you a DC affiliated with an organization that just doesn't represent you and your understanding on chiropractic? Are you a DC who just has not gotten

Join Us!

around to joining a state organization yet?

The GSCS is New Jersey's oldest and most respected chiropractic organization. Our mission has never wavered. And now is a great time to join the GSCS.

Click [HERE](#) for a membership application.

**GARDEN STATE
CHIROPRACTIC SOCIETY**
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