

JANUARY

GSCS Monthly e-newsletter

"The official voice of straight chiropractic in NJ"

JANUARY 2026

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From the Prez

Stop Thinking?

I think I finally understand what chiropractors were talking about when they used the phrase "stop your stinkin' thinkin'" It does not

mean we should abstain from rational thought.

What I believe it means to me is to suspend what you think is possible. By not thinking about it and being open to seeing the most people possible, I have noticed I am capable of seeing so many more people. It also seems by doing so you are attracting people for whatever reason to your office for care. Maybe we should stop thinking so much or at least overthinking, ha-ha!

Jay Yuhas, D.C.
GSCS President

Chiropractic in a nutshell

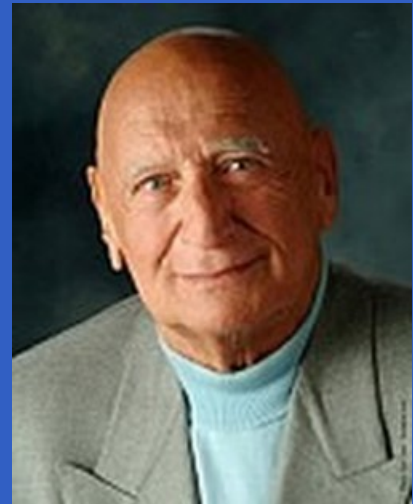
“Chiropractic holds true that a vertebral subluxation, by its very existence, inhibits the body's ability to fully express its inherent potential. Every vertebral subluxation, by definition includes some alteration of nerve function from perfection to something else.

Vertebral subluxation is, at the very least, a change in the body's structure, and every scientist knows that a change in structure must inevitably result in a change in function. Therefore, all vertebral subluxations must result in altered function. In short, people with vertebral subluxations are better off without them.

It does not matter if the subluxated person has a disease or symptom. The presence or absence of disease is irrelevant.

EVERY human being, sick or well, newborn or aged, regardless of nutrition, exercise, occupation, sex, race, religion, and all other factors of life is better off without vertebral subluxation.”

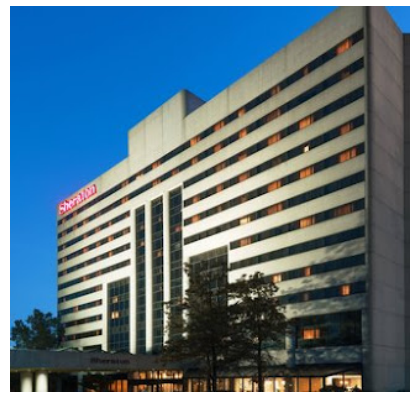
Reggie



GSCS Convention 2026

Registration will start mid-December!

The next Garden State Chiropractic Society annual convention will be held on April 11-12, 2026.



New location: We will be at the Sheraton Edison in Raritan Center, 125 Raritan Center Parkway, Edison.

Our speakers include Judy Campanale, DC, Damien Ciasullo, DC, Andrew Daniele, DC, William Decken, DC, Anthony DeMarco, DC, Brian Dooley, DC, David McGonagle, DC, Mary-Ellen Rada, DC, Mark Romano, DC and Stamatis Tsamoutalidis, DC. Two hours of ethics and record keeping and two hours of nutrition will be offered and are necessary for your license renewal in NJ. We are in the process of applying for continuing education credits and will keep you updated on state approvals.

Registration began mid-December for Early Bird fees. Rates will increase February 1, 2026.

[Click HERE for the speaker schedule](#)

[Click HERE for CE category hours applied for - General States](#)

[Click HERE for CE category hours applied for - Florida](#)

[Click HERE for a lists of state approvals](#) Please note: North Carolina has been approved but is not yet listed on this form.

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

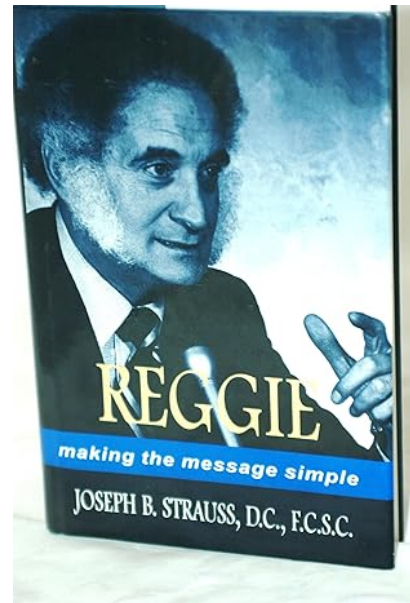
like, *"Well, I'd work at the best level I can."* Great! Sometimes, though, they may not quite get the right idea - perhaps focusing on less back pain or something therapeutically-oriented. Stop. Back up. Go through the way in which interference takes place and how the nerve system functions, not all 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 has *told 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.

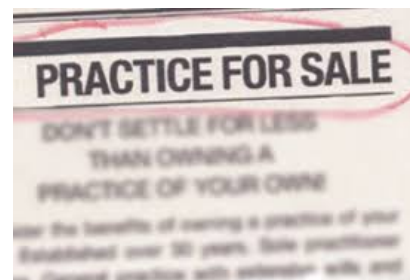
SUMMARY: A 10-bullet summary of REGGIE: Making the Message Simple written by Joe Strauss, DC, FCSC



1. Chiropractic is about life expression, not symptom treatment—its purpose is to remove interference to the body's innate intelligence.
2. The nervous system is central; the spine matters only because it protects and influences nerve function.
3. Subluxation is a functional disturbance, not a bone "out of place," and must be understood neurologically, not mechanically.
4. Pain is not the problem—it is a message. Correcting subluxation aims at cause, not relief.
5. The adjustment is specific and intentional, not forceful or repetitive; more force does not equal better results.
6. Chiropractors should not diagnose or treat disease, because doing so shifts chiropractic into a medical model.
7. Objective chiropractic requires philosophical clarity, separating chiropractic from therapy, rehab, and symptom-based care.
8. Results are not owned by the chiropractor; healing is the body's job once interference is removed.
9. Language matters—how chiropractors explain what they do shapes public understanding and professional integrity.
10. Simplicity is strength: when chiropractic is clearly defined and consistently practiced, it stands on its own without justification.

Practice for sale

Amazing office in transition: 42 years in Matawan NJ and going strong! Vitalistic, subluxation-correction based office that is rock solid. Great opportunity for an associate DC, or possibly purchase of practice outright. Wonderful, educated base of long time patients who understand chiropractic - 75% self pay (monthly or annually) 100PVA.



Call Andrew Daniele, 732-241-5319.

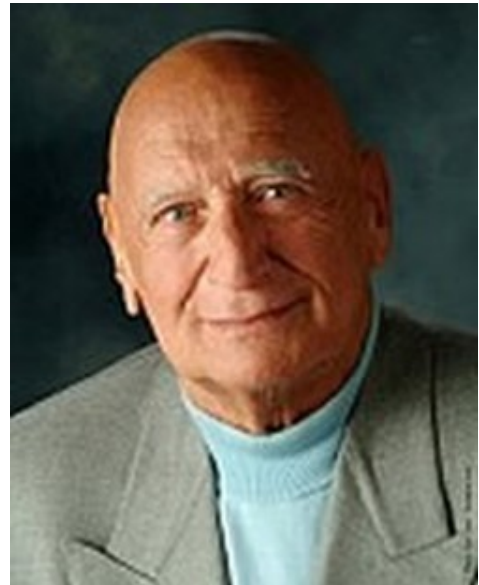
We will open the book.
Its pages are blank.
We are going to put
words on them ourselves.
The book is called
Opportunity
and its first chapter
is New Year's Day.

- Edith Lovejoy Pierce -

REGGIE Q & A #14

My spouse seems to need adjusting much less often than I do. Why is that?

Well, that could have to do with the shape of your spine, or with your lifestyle. You know, no two human beings are alike, and everybody's different. Some people get colds more often than others. Some people get a cold and it lasts 3 days, others get a cold and it lasts 10 days. Why is one different from another? Why does one person have a better memory than another? Why is one person good at some things and bad at something else? Why is one person faster at running than another? The answer is we don't know. Every human being is different from every other. That's why chiropractors are trained to work with you as an individual. They will start out seeing the whole family, perhaps, on a regular basis, and then adjust your visiting schedule according to how well you hold your adjustments and how frequently you need an adjustment, as compared



with your spouse or your kids. So everybody is different; we just have to live with that and accept that.

Submitted by Tom Gregory, DC



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.

Please contact your local TD bank for further information.

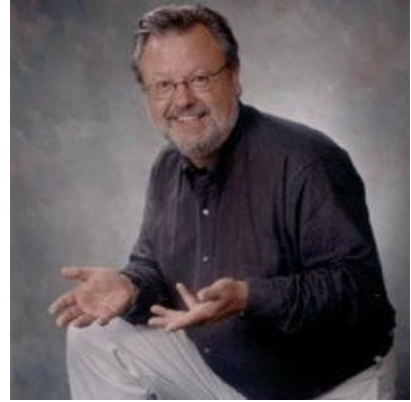
See the attached flyer for details.

Click [HERE](#) for flyer.

Happy New Blue Book! Volume 3!

A new publication by Claude Lessard, DC: The 2027 Chiropractic Textbook

<https://www.sherman.edu/product-category/books/>



The 2027 Chiropractic Text Book is an updated systematic presentation regarding the study of chiropractic for classroom use with the curriculum of chiropractic institutions. Its four volumes continually reveal the chiropractic objective, which is derived from the 33 principles of chiropractic's basic science, and how to apply it in practice. The articles continue in number from when we left off in each previous volume and the method employed is the same.



Volume 1 explained what is meant by innate-normal, which is the function of the innate law of living things in the body (Prin. 27.) It also explained natural laws and it presented a number of fundamental principles. This was built upon further by Volume 2, which took up the study of cycles, in preparation for the work in Volume 3.

The 2027 Chiropractic Text Book Volume 3 consists of the explanation of coordination of activities of body parts and chiropractic's applied science, which is the practical application of the principles of chiropractic's basic science in analysis. These encompass the study of the autonomic nerve system, innate-normal transmission of innate impulses, DIS-EASE, attenuation of the momentum of innate impulses, methods and analysis of vertebral subluxations in accordance with the 33 principles of chiropractic's basic science.

Dr. Claude Lessard

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 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.

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