

21st Annual Salary & Expense Survey

Full steam ahead

Improvement in incomes and an increasingly favorable environment suggest there are grounds to be optimistic about the future.

BY HANNAH FELL

The results of this year's survey were consistent with several trends that have held true for the past few years. Multidisciplinary and integrated practices are achieving new levels of success, and increased salaries and reimbursement rates have followed. Chiropractors who have been in the industry longer are earning the larger paychecks that come with more experience, showing that

hard work and dedication do pay off.

Although the gender gap in chiropractic is still about 80 percent male and 20 percent female, the demographics in chiropractic colleges are more evenly balanced. With the passage of time, this gap is likely to narrow.

We noted that solo and group practitioners are spending strongly on advertising, in keeping with last year, and this is another encouraging trend. Healthy practices in a strong economy have the confidence to invest in future growth. Another encouraging trend is the rise in DCs offering their employees with some type of benefits in addition to their regular salary.

There is strength in numbers. Both

men and women are increasingly likely to work in some type of group setting. This finding makes sense as cost-sharing and staffing efficiencies encourage teamwork. Patients also appreciate the convenience of multiple providers under one roof.

About 46 percent of DCs said they have employed a massage therapist as part of their practice, followed by 14 percent of chiropractors who have employed an acupuncturist.

Our 21st Annual Salary and Expense Survey shows there is reason to be hopeful in entering and remaining in the chiropractic field, but our data should be construed as less predictive and more indicative of general trends. The results from

our past surveys have been consistent with fluctuations in regions and age groups. Our results include nearly 500 responses, and they show an increase in the average salary of DCs across all practice types.

A public health emergency

The opioid crisis has been increasingly devastating individuals and families nationwide. In 2017, data released by the Centers for Disease Control and Prevention revealed that deaths from opioid overuse rose to more than 64,070 people in 2017, from 52,898 in 2016.¹ As a result, legislators have been forced to take a deeper look at this crisis.

We are now seeing a number



About this survey

Our 21st Annual Salary and Expense Survey had a record number of participants, with nearly 500 doctors of chiropractic responding to the confidential, web-based questionnaire. Throughout March 2018, *Chiropractic Economics* magazine invited practicing chiropractors (and CAs on their behalf) to complete the yearly survey.

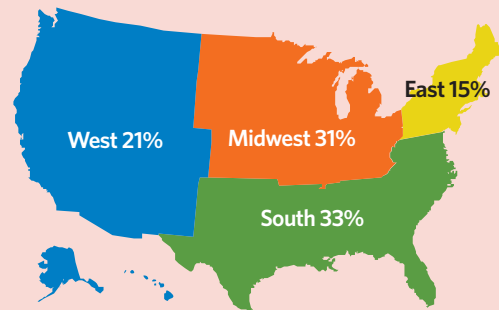
We extended the invitation by email as well as through announcements in our e-newsletters and social networking sites. Additionally, we encouraged a number of state, national and alumni associations to distribute the survey to their members.

Regional representation. Our response to this year's survey was wide-ranging, and we received at least one response from every state except Louisiana, Nebraska, New Hampshire, North Dakota, Rhode Island, South Dakota, Vermont, West Virginia, and Wyoming.

The regional breakdown is as follows: Midwest, 31 percent; South, 33 percent; West, 21 percent; and East, 15 percent. We also had responses from Canada, Europe and Hong Kong.

Statistics. You will find references to averages (or means) in this year's survey.

Reader feedback has indicated that the survey is better understood by only stating averages. The average is the number calculated by dividing the total by the number in the set. Some numbers have been rounded for clarity.



of states pass legislation that looks favorably upon more conservative approaches to pain management. Specifically, an increasing number of lawmakers are passing legislation to regulate the use of opioids. Texas, for instance, has created a select committee on opioids and substance abuse to provide legislative solutions to the crisis by November 2018.

Furthermore, the Louisiana Board of Pharmacy recently sent the state governor a report that specifically recommends chiropractic care as one of the primary alternative treatments for managing pain.²

Emerging research and legislation are pointing to something chiropractors have known for years: Noninvasive and non-addictive methods of treatment can be an excellent first option against pain and help patients avoid the use or overuse of opioids.

A tremendous moment

Chiropractors across the country are facing a once-in-a-generation

Continued on page 44

3-Year Comparison of Respondent Information

Personal characteristics	2018	2017	2016
Average age	48.3	48.4	47.1
Male	77.4%	79.8%	79.6%
Female	22.5%	20.2%	20.4%
Years in practice	19	20	19
Solo practitioner	55%	59%	60%
Group practitioner/partner	27%	25%	27%
Associate	12%	13%	11%
Franchise owner	1.77%	1.3%	1.6%
Practice characteristics			
Suburban	54.4%	51%	52%
Urban	25.9%	30%	31%
Rural	19.6%	19%	17%
No. of employees	3.5	3.9	4.3
Hours/week in patient care	34.0	34.8	33.9
Average PVA	16.6	33.8	23.5
Average patient visits/week	139.0	131.0	136.0
Average new patients/week	8.6	7.4	7.8
Income comparisons			
Average gross billings	\$619,530	\$608,564	\$689,092
Average gross collections	\$448,848	\$436,705	\$384,627
Average DC salary	\$107,310	\$101,734	\$76,542
Average DC total comp.	\$140,050	\$136,971	\$147,334
Expenses			
Advertising	\$13,442	\$15,455	\$8,057
Malpractice insurance	\$2,713	\$2,915	\$3,175
Office lease or mortgage	\$22,797	\$24,009	\$28,037

Nice to meet you

With close to 500 practices responding, our Salary and Expense survey attracted a wide range of doctors across the nation. We heard from practitioners between the ages of 25 and 75 years old, from those who have been in practice for less than a year to 30 years or more. By averaging the responses to many of this year's questions, we can see what the average respondent might look like:

- ▶ Male (Only 22 percent of respondents were female),
- ▶ 48 years old,
- ▶ A solo practitioner (55 percent), and
- ▶ Licensed in one state.

Our average respondent:

- ▶ Owns one clinic,
- ▶ Prefers to practice in the suburbs (54 percent),
- ▶ Employs three individuals in the clinic (two of whom work full time),

- ▶ Sees 139 patients each week,
- ▶ Has a patient-visit average (PVA) of 16.6,
- ▶ Attracts eight new patients each week, and
- ▶ Sees patients about 34 hours a week.

This respondent:

- ▶ Has average billings of \$619,530 and collections of \$448,850 for a reimbursement rate of 72 percent,
- ▶ Sells products to patients for 9 percent of gross revenues,
- ▶ Pays his CAs \$34,180 and himself \$107,310, and
- ▶ Enjoys average total compensation of \$140,050.

Finally, this typical respondent spends roughly \$22,800 on office leases or mortgages, \$13,440 on advertising, and \$2,715 on malpractice insurance. If offering additional modalities, this DC likely provides exercise programs and electrotherapy. ■

Overview of 2018 Respondents

Personal characteristics

Average age	48.3
Male	77.4%
Female	22.6%
Years in practice	21
Solo DC	55%
In a group or partnership	27%
Associate	12%
Franchise owner	1.8%
No. of state licenses	1.2

Clinic characteristics

Clinics	1.2
Urban	25.9%
Suburban	54.4%
Rural	19.7%
Average PVA	16.6
Average patients/week	139
Average new patients/week	8.6
Cash only	14.3%

Specialty

General	62.9%
Family	12.9%
Sports/rehab	12.1%
Nutrition	2.3%
Pediatrics	1.2%
Other	8.6%

Specialists In Clinic

LMT	46.2%
Acupuncturist	14.2%
Nutritionist	6.5%
MD/DO	8.9%
PT	7.7%
Fitness trainer	6.9%
Other	8.1%
None	42.5%

Income

Average billings	\$619,530
Range	\$300K-\$4.5M
Average collections	\$448,848
Range	\$0-\$3.5M
% Income from retail	8.5%

Average Salaries

Average MD/DO	\$112,181
Total DC comp	\$140,050
Average DC	\$107,310
Average Associate	\$63,412
Average PT	\$48,833
Average LDN	\$33,000
Average FT	\$21,333
Average CA	\$34,179
Average LMT	\$24,568

Average Expenses

Advertising	\$13,442
Malpractice insurance	\$2,713
Office lease/mortgage (yr)	\$22,797

Modalities Provided

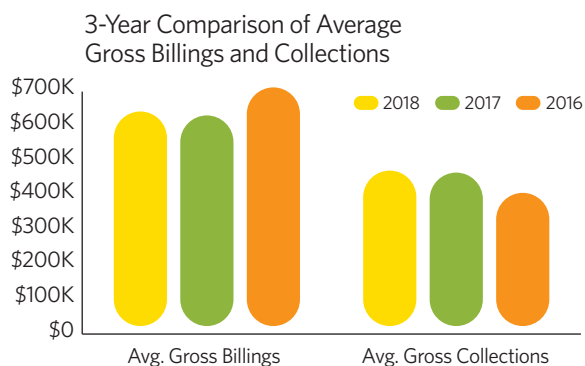
Chiropractic	98.8%
Electrotherapy	64.1%
Instrument adjusting	63.0%
Exercise programs	56.8%
Nutrition	56.0%
Massage	50.6%
Kinesiology tape	51.7%
PT/rehab	44.4%
Laser therapy	37.5%
Decompression	34.8%
IASTM	30.1%
Acupuncture	23.9%
Weight-loss programs	16.6%
Fitness devices	10.0%
Homeopathy	9.7%
Medical services	8.5%
Other	2.7%
None	0.8%

Pay it backward

Average collections continued to increase over last year's numbers and average billings increased as well.

According to our survey, average gross billings were reported at \$620,000, which is an increase from last year's \$608,100. Collections were reported at \$449,000, which is an increase from \$443,100 in 2017 and \$385,000 in 2016.

This year's billings and collections numbers equal an average reimbursement rate of almost 72.5 percent. This number is a slight decrease from last year's 73 percent average reimbursement rate. However, the average reimbursement rate is generally increasing over time as shown by the 17 percent increase from 2016 and the 11 percent increase from 2015. While many DCs may be billing for less, it appears as though they are getting a majority of that money back through better collections, compared to previous years. ■



Don't MinD me

Some DCs team up with MDs to create a more comprehensive practice or others consult regularly with general practitioners in their community. As such, this year we compared our salary survey to the data collected by *Medical Economics*.

In *Medical Economics* 88th Annual Physician Report, published in April 2017, respondents indicated that the average salary for a primary care physician was \$202,000. This is sharply contrasted with specialist physicians who top out between \$264,000 and \$460,000.

Comparatively, the average total compensation reported for DCs in this year's survey was \$140,050. This is up from 2017 (\$136,900) but down from 2016 (\$147,300). However, salaries increased firmly this year from \$101,734 last year to \$107,310 this year.

Medical Economics also reported that the highest median income came from the Northwestern and South Central regions (\$262,000 and \$256,000). Salaries were also higher in the suburbs with an average of \$257,000, followed by urban at \$254,000.

The average number of patients seen by general physicians was 85 per week and the average number of hours worked was 52. In addition, they found that the median earnings were higher for men (\$270,000) than women (\$204,000) with a gap of \$66,000, down from \$75,000 in 2014.

To compare more statistics between chiropractors and primary care doctors, visit *Medical Economics* at medicaleconomics.com. ■

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Better together

This year's survey showed an increase in the number of DCs practicing in groups (or partnerships) at 27 percent. This number is in line with previous survey findings from 2016 and 2017 where the percentage was also 27. Indeed, since 2013, the number has hovered between 25 and 30 percent, showing that a fair number of DCs have found success in joining forces.

The 55 percent of doctors reporting as solo practitioners was a slight decrease from last year's 59 percent and 2016's 60 percent.

Those indicating that they were working as an associate decreased again from 13 percent in 2017 to 12 percent this year. And the number of franchisees is holding steady from last year at 2 percent.

When it comes to billings and collections, solo practices saw an increase in both amounts this year, following the trend from 2017. Solo DCs reported average billings of \$480,000 and collections of \$366,000 compared to average billings of \$427,500 and collections of \$294,800 last year.

The solo reimbursement rate increased to 77 percent.

Group practice billings and collections fared better over solo DCs across the board, in keeping with the established trend, but reimbursement rates were relatively similar this year. This year's group billings were \$982,500 (compared to \$876,500 last year) and collections came in at \$640,300 compared to \$605,300 in 2017. The group practice reimbursement rate increased slightly from last year, coming in at 71 percent from last year's 69 percent and 66 percent in 2016.

The average total compensation for solo DCs this year was \$126,200 compared to \$128,100 last year. The average total compensation for a DC practicing in a group setting increased from \$187,600 last year to \$190,000 this year.

Salaries for solo DCs averaged \$94,300, an increase from \$91,000 last year, and those participating in a group practice averaged \$156,550, increasing from \$139,400 in 2017.

(Note: Total compensation for unincorporated DCs is defined as earnings after tax-deductible expenses, but before income tax. For DCs in a professional corporation, it is the sum of salary, bonuses, and retirement/profit-sharing contributions made on their behalf.) ■

Comparison of Solo & Group Practices

Clinic Label	Solo	Group
Clinic	72.3%	70.4%
Wellness center	19.4%	15.7%
Medical spa	0.4%	0.9%
Rehab center	6.2%	13.0%
Franchise	1.8%	0.0%

Clinic Statistics

No. of employees	1.5	5
No. of FT employees	1	3
PVA	16.2	16.2
No. patients/week	119.72	178
New patients/week	7.36	11
Cash only	14.5%	9.8%
Average billings	\$479,680	\$982,554
Average collections	\$365,925	\$640,318

Compensation and Benefits

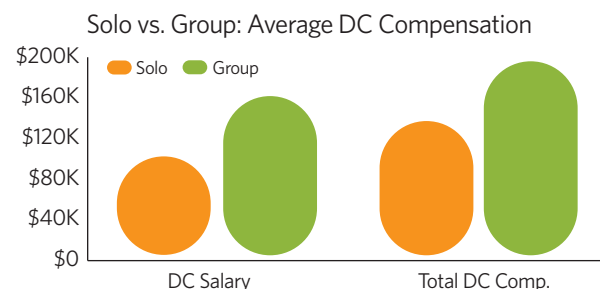
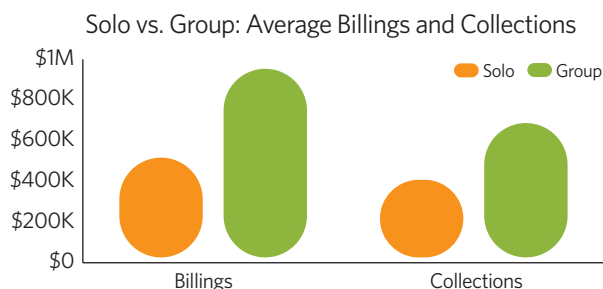
Retirement	27.3%	42.6%
Health care benefits	24.2%	55.6%
Incentives or bonuses	49.2%	64.2%
Profit sharing	6.1%	18.9%
Paid time off	63.6%	90.4%
Average CA	\$32,744	\$39,793
Average LMT	\$20,862	\$27,786
Average DC salary	\$94,300	\$156,546
Average total DC comp.	\$126,218	\$189,338

Specialists Provided

LMT	39%	54%
Acupuncturist	10%	20%
Nutritionist	3%	12%
PT	2%	14%
Fitness trainer	4%	12%
MD/DO	1%	22%
Other	8%	8%
None	52%	31%

Expenses

Office lease or mortgage (yr)	\$18,072	\$34,481
Advertising	\$9,076	\$24,861
Malpractice insurance	\$2,217	\$4,538



Team effort

In response to reader requests years ago, *Chiropractic Economics* expanded its “integrated clinics/DCs only” breakdown to provide a more comprehensive look at the profession.

We continued that trend this year by asking respondents to indicate if they were practicing as: a DC only, in an integrated clinic, or in a multidisciplinary clinic.

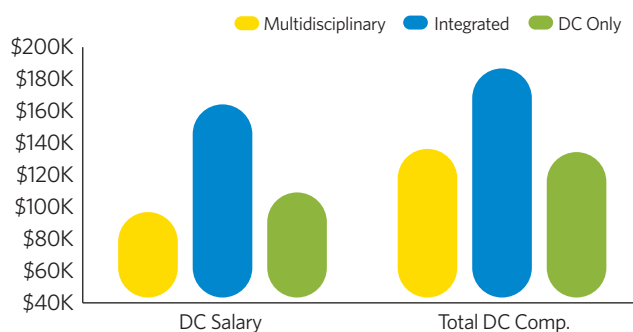
An integrated clinic includes those practices with both a DC and a medical doctor on staff. A multidisciplinary clinic is defined as having a practicing DC and any other complementary medicine practitioner on staff (e.g., acupuncturist, PT, LMT).

This year, 55 percent reported working alone, down from 64 percent last year; 30 percent said they oper-

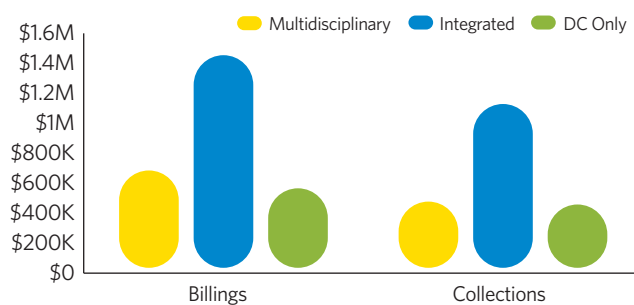
ated as a multidisciplinary clinic, up from 25 percent last year; and 8 percent responded as an integrated clinic, a decrease from 11 percent last year. Here is further breakdown of the numbers:

Billings. Integrated health care practices reported the highest billings (\$1,418,550), while multidisciplinary

A Look at Average DC Compensation



DC vs. Integrated Health Care vs. Multidisciplinary Clinics: Comparison of Financials



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practices reported billings of \$649,380 and DC-only practices came in at \$530,430.

Collections. Likewise, integrated practices saw the highest collections (\$1,092,940) while multidisciplinary clinics reported collections of \$441,780, and DC-only practices had collections of \$422,480.

Salaries and total compensation. Salaries rose across the board for two types of clinics, with DC-only and integrated clinics faring better salary-wise than multidisciplinary clinics. Integrated DCs had an average salary of \$146,000 annually. DC-only clinics had an average of \$112,650 followed by multidisciplinary clinics at \$93,470.

Total compensation for unincorporated DCs is defined as earnings after tax-deductible expenses, but before income taxes. For DCs in a professional corporation, it is the sum of salary, bonuses, and retirement/profit-sharing contributions made on their behalf. With regard to total compensation, integrated DCs averaged \$197,000 while DC-only clinics came in at \$131,400. Multidisciplinary clinics came in at \$134,000.

More to consider

Practice label. Fewer integrated practices identified as “rehab centers” again this year (11 percent) than last year (21 percent). This also applies to those clinics labeled as “wellness centers,” which declined drastically in integrated practices, dropping from 15 percent last year to 11 percent this year.

Specialties. All three types of clinics reported “general” as their main specialty. Sports/rehab was the second-most popular emphasis for integrated clinics again this year, and “family” for DC-only and multidisciplinary practices. ■

DC vs. Integrated and Multidisciplinary Clinics: Significant Comparisons

Practice Type	Multi	Integrated	DC Only
Solo	44.9%	10.3%	66.6%
Group/partnership	34.8%	59.0%	18.9%
Franchisee	0.7%	0.0%	2.6%
Clinic Label			
Clinic	57.1%	58.3%	77.3%
Wellness center	24.6%	11.1%	16.5%
Medical spa	1.6%	0.0%	0.0%
Rehab center	13.5%	27.8%	5.5%
Location			
Suburban	57.7%	65.4%	51.4%
Urban	24.7%	26.9%	26.5%
Rural	17.5%	7.7%	22.1%
Specialty			
General	54%	42%	69%
Family	15%	11%	12%
Sports/rehab	19%	11%	9%
Nutrition	4%	0%	2%
Pediatrics	1%	0%	1%
Other	6%	37%	6%
Clinic Statistics			
No. of employees	4	5	2
No. of FT employees	2	3	1
PVA	12.3	12.5	19.8
Patients/week	132.2	165.0	137.8
New patients/week	10.6	13.1	6.9
Cash only	10.1%	10.5%	16.9%
Expenses			
Office lease/mortgage (yr)	\$21,063	\$54,686	\$20,981
Advertising	\$18,155	\$63,497	\$7,832
Malpractice insurance	\$2,333	\$10,375	\$2,278
Compensation and benefits			
Offers retirement plan	34%	43%	28%
Healthcare benefits	26%	21%	21%
Offers incentives or bonuses	62%	50%	50%
Profit sharing	15%	19%	6%
Paid time off	74%	100%	66%
Average CA	\$35,136	\$64,418	\$30,286
Average LMT	\$24,973	\$33,500	\$18,860
Average DC	\$93,470	\$146,000	\$112,651
Average total DC comp	\$133,836	\$196,873	\$131,417

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Guys and dolls

As expected, this year's results did not reveal any drastic changes in gender demographics.

Still, we've seen a slight increase in female respondents over the last few surveys, and this year continues that trend. This year, 22.6 percent of respondents were female as opposed to 20.2 percent in 2017 and 20.4 in 2016. These results allude to a positive change we've seen in regard to closing the gender gap. While male respondents are still making more, the salaries of female DCs increased this year as did their total compensation.

This year's female DCs reported earning an average annual salary of \$72,682, compared to \$78,400 last year. Although this amount is a decrease from last year, total compensation for female DCs remained relatively the same in 2018. Total compensation is \$98,538 this year compared to \$98,540 last year. This number has continued to grow since 2016, when the average total compensation was \$77,000 annually for women.

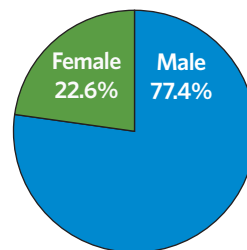
Male respondents also saw an increase in annual salary with an average of \$122,540, which is up from \$105,700 in 2017. Total compensation increased slightly for men, with an average of \$155,730 compared to \$147,100 last year.

Other statistics:

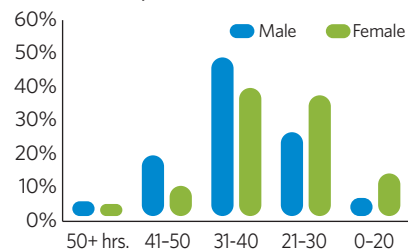
Patient hours. Almost 40 percent of female DCs reported working 31 to 40 hours in patient care per week, which is where the majority of women averaged. On the other hand, nearly 50 percent of males reported working 31 to 40 hours. Additionally, about 35 percent of women reported working 21 to 30 hours in patient care each week, compared to 25 percent of men.

Groups or partnerships. The number of women participating in a group

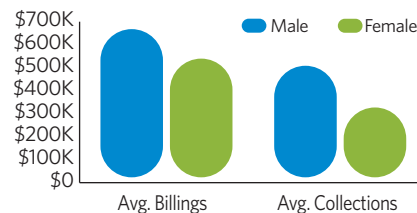
Male vs. Female Respondents



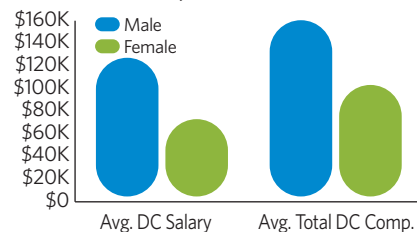
Hours Spent in Patient Care



Billings and Collections



Average Salary and Total Compensation



setting remained about the same this year at slightly more than 25 percent. Men participating in a group setting increased 27 percent this year.

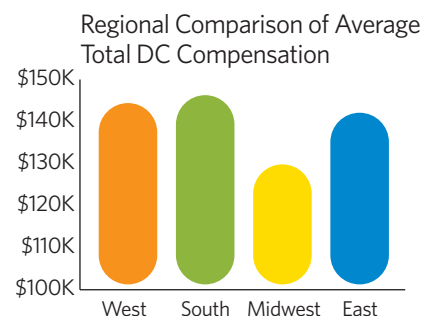
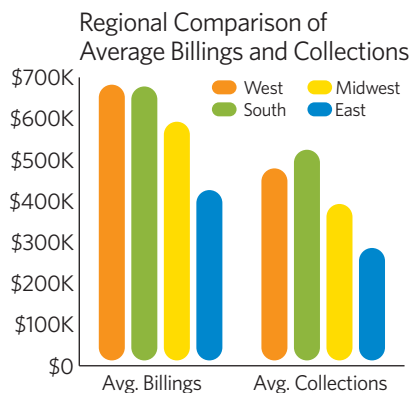
Marketing efforts. Much like 2017, this year's survey indicated that women spent less money on advertising than men (\$7,175 compared to \$14,780, respectively). In addition, women spent less on office leases than men (\$21,790 compared to \$23,050, respectively), and on malpractice insurance (\$2,400 compared to \$2,780, respectively). ■

Pacific to Atlantic

Following the trend from last year's survey, DCs across the nation have continued to balance out financially, and the South remained steady in its high billing and collection rates. Last year, the West dropped in average total compensation, but this year those numbers returned to their historic average.

The South saw the largest average total compensation at \$146,400, a large increase from \$135,780 in 2017. The West followed close behind at \$144,000, increasing from \$130,770. The East saw a decline from last year, dropping sharply, from \$141,300 in 2017 to \$132,320 this year. The Midwest averaged at \$121,110 this year, a marked decrease from last year's \$130,400.

The South also saw the largest reimbursement rate this year, with an average of 75 percent. The West, Midwest, and East followed close behind at 66 percent for all three. ■



Comparing the Regions

Personal characteristics

	West	South	Midwest	East
Average age	51.7	46.1	47.3	50.8
Male	84.9%	74.8%	76.6%	79.0%
Female	15.2%	25.3%	23.4%	21.0%
Solo	54.6%	50.5%	62.8%	65.1%
Group/partnership	36.4%	25.3%	24.5%	23.3%
Associate	4.6%	19.2%	6.4%	11.6%
Franchisee	1.5%	3.0%	4.3%	0.0%
Years in practice	20.0	16.3	18.0	24.4
Licenses	1.1	1.2	1.2	1.1
Clinics owned	1.1	1.2	1.0	1.0

Location

Urban	32.8%	34.0%	13.8%	18.6%
Suburban	57.8%	57.7%	47.9%	58.1%
Rural	9.4%	8.3%	38.3%	23.3%

Clinic stats

No. of employees	3.9	3.6	2.2	2
No. of FT employees	2.5	2.9	1.2	0.8
PVA	14.21	18.23	16.64	17.58
Patients/week	127.9	154.8	132.3	115.0
New patients/week	9	8.49	7.95	6.54
Cash only	17.0%	13.6%	10.4%	11.8%
Average billings	\$673,782	\$665,083	\$549,220	\$413,500
Average collections	\$453,311	\$509,813	\$364,082	\$264,625

Expenses

Office lease/mortgage (yr)	\$24,782	\$27,504	\$19,085	\$15,567
Advertising	\$10,869	\$14,116	\$13,939	\$15,812
Malpractice insurance	\$3,768	\$2,839	\$2,346	\$2,232

Salaries

Average associate	\$57,978	\$55,760	\$58,125	\$43,667
Average CA	\$27,665	\$34,789	\$39,834	\$26,605
Average LMT	\$32,486	\$17,934	\$24,124	\$30,000
Average DC	\$84,438	\$139,000	\$102,554	\$88,844
Average DC total comp	\$143,981	\$146,378	\$121,106	\$132,318

Location, location, location

With more space, a developing infrastructure and a large range of potential patients, it shouldn't be a surprise that many DCs choose to set up their practice in the suburbs. Over the course of many surveys, the majority have responded that the suburbs are the ideal location for their practice.

This year was no different, with a little more than half of DCs reporting the suburbs as their location preference.

Although the numbers were similar to last year's, there was a slight increase in suburban DCs at 54 percent compared to 51 percent in

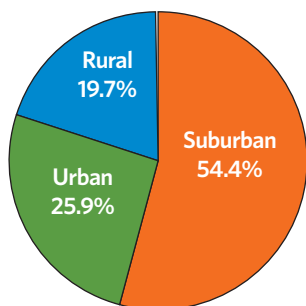
2017. The number of urban practices dropped slightly from 30 percent last year to 25 percent this year. The number of rural practices remained about the same from last year at nearly 20 percent.

Urban chiropractors still reported the highest average salary at \$148,325, with their suburban counterparts reporting an average of \$107,460. Urban practices also reported a slightly lower compensation rate than suburban DCs at \$135,980. Suburban DCs had an average compensation of \$153,180, an increase from

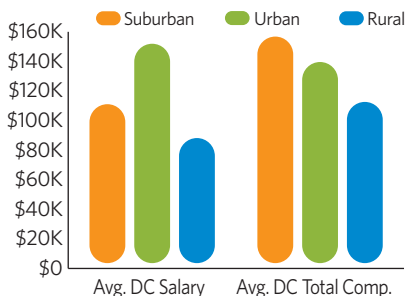
\$138,200 in 2017. Rural practices had an average salary of \$84,560, with average compensation at \$107,855.

Suburban practices had average billings of \$676,940 and collections of \$448,930 for a reimbursement rate of 66 percent. Rural practices followed closely behind with a reimbursement rate of 64 percent, with \$538,570 for billings and \$344,690 for collections. Urban DCs had average billings of \$701,840 and collections of \$654,470 for a reimbursement rate of 93 percent. This is a dramatic increase from last year's rate of 67 percent. ■

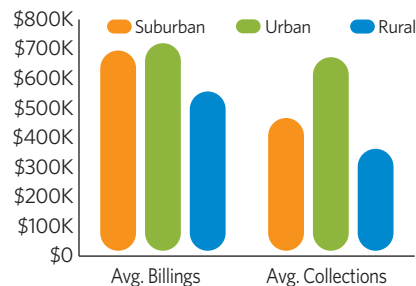
Location Preferences



Average DC Compensation by Locality



Suburban, Urban, and Rural Comparisons



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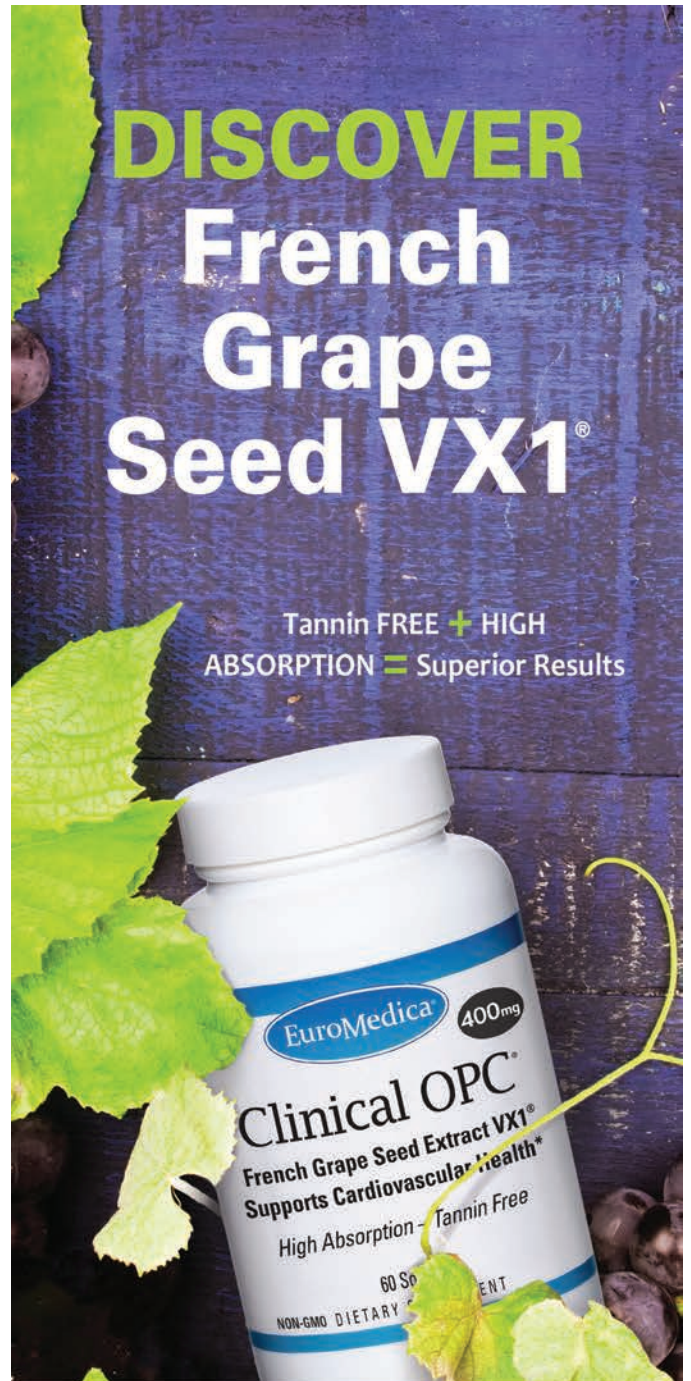
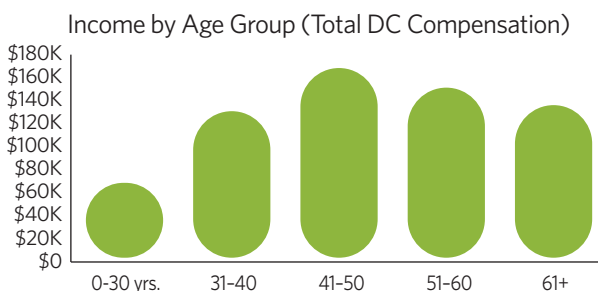
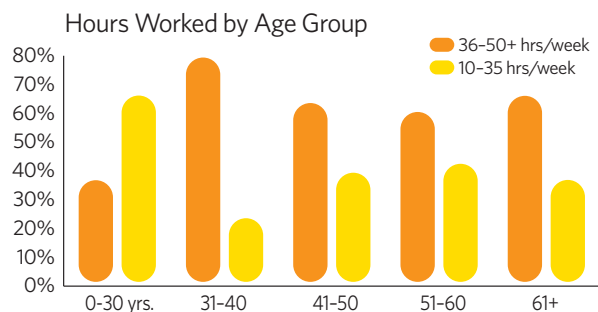
Stuck in the middle ages

As you grow older, your salary as a DC should increase, too. The results of this year's survey showed that experience and age still reign when it comes to earning large paychecks. Similar to last year's survey, younger DCs (up to age 30) reported the lowest income with an average salary of \$64,923 annually. This is down from last year at \$65,000 and about the same as \$64,900 in 2016.

Paychecks were about steady for DCs aged 31 to 40, who reported an average total compensation of \$127,200, which is slightly down from last year's \$132,400, but up from 2016's \$118,100 average. Historically, DCs aged 41 to 50 have made the most money, and that trend holds true for this year. Chiropractors in this age group earned an average of \$164,700 annually. Chiropractors in the 51 to 60 age range reported an average of \$147,600 annually.

Chiropractors in the 61-plus age brackets gained slightly and made \$132,500 on average.

This year's survey followed a similar trend in hours worked by age groups, when compared to last year's results. DCs in the 31-to 40-age group worked the most overall with 78 percent reporting more than 36 hours a week in patient care. In 2017, DCs aged over 60 clocked in the most hours, and this year that age group came in second at 65 percent. Unlike last year's results, 65 percent of DCs aged up to 30 reported working less than 35 hours a week. Except for the up-to-30 age group, the results show that the majority of chiropractors spend more than 35 hours per week in chiropractic care. These findings are a significant change from last year's survey, where most DCs spent less than 35 hours in patient care each week. ■



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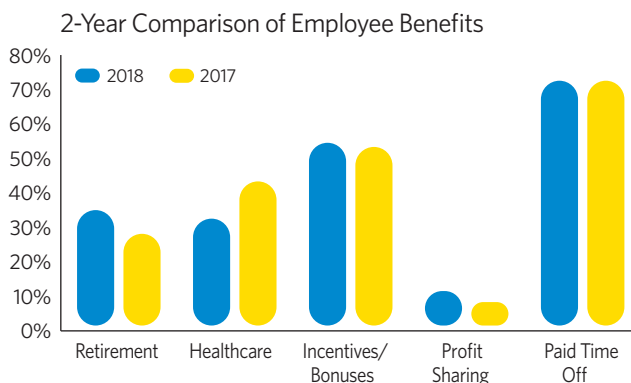
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Employee of the year

Chiropractors want to provide the best possible care to their patients. But are you providing that same kind of care to your employees?

By giving your employees benefits such as health care, paid time off, and retirement plans, you are investing in the success of your business and the performance of your employees (in addition to their happiness).

Overall, some employee's benefits have increased this



year compared to previous surveys, but a few have also decreased. According to our survey, almost 31 percent of respondents reported that they provided health care to their employees, which is a decrease from last year's 42 percent.

However, those who provide some type of retirement plan has increased from 27 percent last year to 33 percent this year—a gain of 6 percent.

Paid time off, which could include vacation or sick days, held steady at slightly more than 70 percent this year. Those offering bonuses increased from 52 percent to 53 percent. Profit sharing also increased from 7 percent in 2017 to 10 percent in 2018.

We asked respondents for salary information on full-time employees only—not part-timers. We defined “full time” as employees who work 30 hours or more a week.

Our survey also found that DCs on average employ one full-time and two part-time staff members.

The average salary paid to full-time employees was: DC: \$107,310; MD/DO: \$112,200; associate: \$63,412; PT: \$48,840; CA: \$34,200; and LMT: \$24,570. ■

Dare to be different

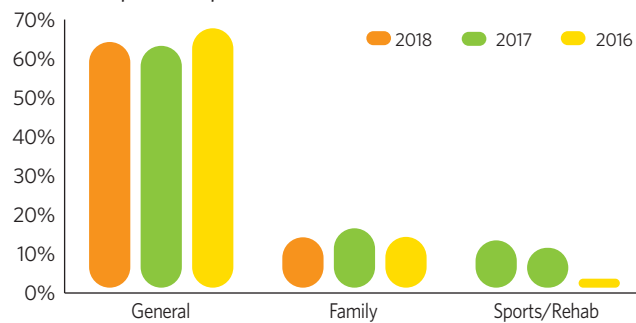
Attracting the type of patients you want often means differentiating yourself and the type of services you provide. For instance, DCs who want to work with athletes might add “sports and rehab” to their practice name. Those who want to work with children may want to indicate that with a “family practice” designation, while a “wellness center” strives to attract patients who aim to live a healthier, more balanced lifestyle.

In this year's survey, we once again asked respondents if they considered their practice as general, family, or sports/rehab. There was a significant increase in the number of sports/rehab practices with 12 percent this year compared to 10 percent in 2017 and 2 percent in 2016.

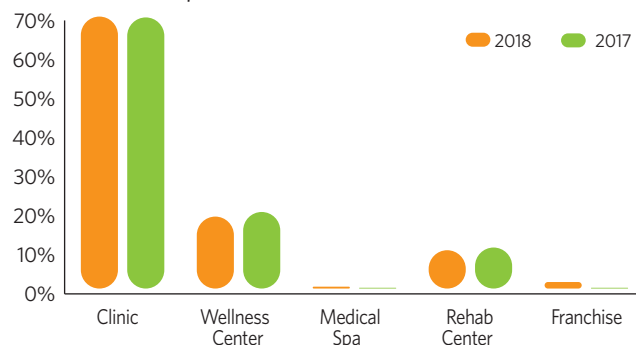
Family practices remained relatively the same, slightly declining to 13 percent. The “general” classification held steady as well, and was the most popular choice at 62 percent.

“Clinic” was still the most popular label this year, with nearly 70 percent of respondents reporting this label. The wellness center label dropped slightly in popularity to about 18 percent compared to almost 20 percent last year. Rehab centers remained steady at 10, the same as last year. Medical spa and franchise rounded out the bottom, with figures similar to previous years. ■

Chiropractic Specialties



2-Year Comparison of Practice Labels



Window shopping

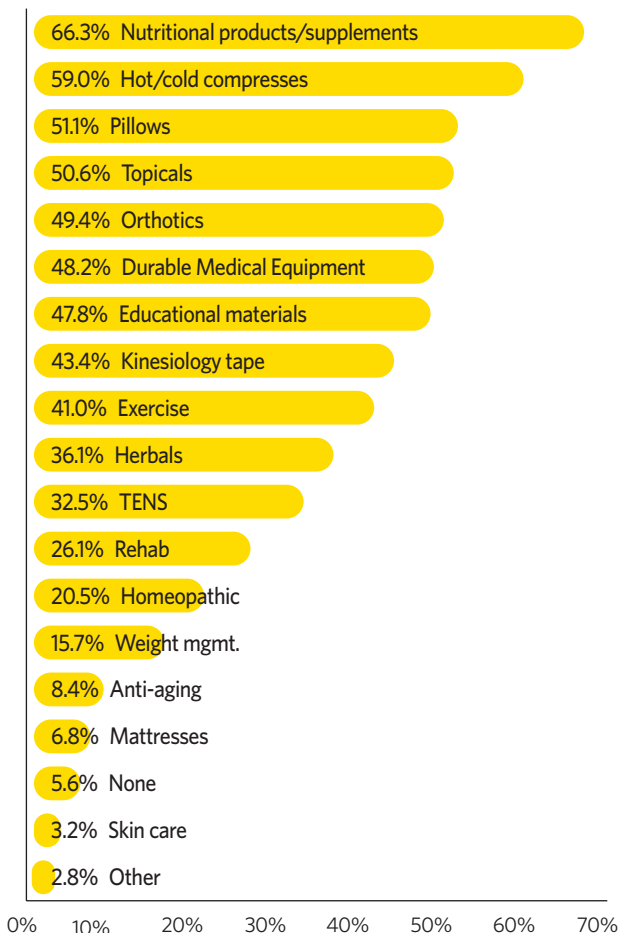
Our survey shows more than 92 percent of chiropractors sell at least one product in their practice. As this number has consistently remained high over the years, it's clear that DCs across the board find success through the integration of quality care and providing patients with the best products available.

A commitment to retailing top industry products benefits the DC financially, but doing so also creates an important relationship between patients and the tools they need to achieve wellness.

So which products do respondents offer? Are you selling the same products as other DCs? The top five include:

- ▶ **Nutritional products/supplements:** 66 percent, up from 61 percent last year.
- ▶ **Hot/cold compresses:** 59 percent, the same as last year.
- ▶ **Pillows:** 51 percent, down from 58 percent last year.
- ▶ **Topicals:** 50 percent, up from 45 percent last year.
- ▶ **Orthotics:** 49 percent, slightly up from last year. ■

Which Products Are Offered to Patients?



Another day, another dollar

While your true specialty lies in your ability to provide successful chiropractic care, there has been a steady rise in other sources of income: Retail, diagnostics and consulting have all increased from last year.

However, DCs still report that their major source of income remains in patient care, highlighting the dedication and commitment DCs have to their patients. Our survey showed that nearly 90 percent reported patient treatment as their major source of income, holding steady from 2017.

We also asked what percent of your treatment is paid for by the following: cash from patients, individual or group health insurance, Medicare, auto insurance, Medicaid, workers' compensation, barter or trade, and other.

The majority of treatments are paid for in cash at slightly more than 40 percent and insurance also at 36 percent. ■

Sources of Income

Patient treatment	88%
Retail	9%
Diagnostics	6%
Other	5%
Consulting	3%

Percent from Treatment

Cash	41%
Insurance	36%
Medicare	13%
Medicaid	5%
Other	4%
Workers' comp.	4%
Barter/trade	1%

Come on in

While you may not think of yourself as a "businessperson," it is invariably a huge part of being a DC. And as the business world continues to change and evolve, so do the expenses involved in running a chiropractic practice.

We've highlighted three standard spending areas in the profession; namely, malpractice insurance, advertising, and an office lease or mortgage.

- ▶ **Office lease or mortgage.** Average costs were \$22,800, a decrease from \$24,000 last year.
- ▶ **Advertising.** Average costs in this year's survey were \$13,450, which is a slight decrease from last year's \$15,400.
- ▶ **Malpractice insurance.** Respondents reported an average expense of \$2,715, which represents a slight decrease from last year's costs of \$2,900. ■

Major Practice Expenses

	2018	2017
Office lease/mortgage (yr)	\$22,798	\$24,009
Advertising	\$13,442	\$15,455
Malpractice insurance	\$2,713	\$2,915

Special of the day

Your skill in treating patients with regular adjustments and treating issues related to the musculoskeletal system can undoubtedly position you well for a comfortable career. But if you face stagnation and are looking for new paths to explore, year after year our survey demonstrates that joining forces with complementary specialists is a surefire way to expand your practice and boost your bottom line.

In 2018, a large percentage of DCs reported having other specialists working in or consulting with their practice. Those specialists include LMTs, PTs, acupuncturists, fitness trainers and LDNs, in addition to MDs and DOs.

The specialists who become part of your health care team allow you to offer a wider range of treatment options and programs. When evaluating how this benefits you, the numbers speak for themselves: Clinics employing specialists see more patients per week (141, compared to 139 patients per week in nonspecialist clinics); bill more (average of \$774,050 versus \$612,725); and collect more (average of \$552,890 versus \$448,850).

As a result, clinics employing specialists averaged a higher total compensation than those practices without specialists (\$144,750 and \$140,050, respectively).

Practices employing specialists also attract a higher number of new patients per week (11) compared to nonspecialist clinics (9).

Modalities offered

While more than 54 percent of respondents have at least one specialist on staff, the most common specialist was an LMT (46 percent).

Other popular specialists include:


- ▶ Acupuncturist, 14 percent;
- ▶ MD/DO, 9 percent;
- ▶ PT, 8 percent; and

	Specialists	No Specialists
Mean total comp.....	\$144,751	\$140,051
Expenses		
Office lease/mortgage (yr)	\$28,093	\$22,797
Advertising	\$18,086	\$13,442
Malpractice insurance	\$3,210	\$2,713
Salary		
DC	\$122,204	\$107,311
Associate	\$66,959	\$63,412
PT	\$78,600	\$43,833
CA	\$35,704	\$34,179
LMT	\$26,261	\$24,568

- ▶ Fitness trainer, 7 percent.
- ▶ Nutritionist, 6 percent;

And 8 percent of respondents indicated “other” for specialists they have in clinic.

Respondents (both clinics with specialists and clinics without) also reported that they offer a wide range of modalities, even if they do not have specialists who provide them. These modalities include:

- ▶ Chiropractic, 99 percent
- ▶ Electrotherapy, 64 percent
- ▶ Instrument adjusting, 63 percent
- ▶ Exercise programs, 57 percent
- ▶ Nutrition, 56 percent
- ▶ Kinesiology tape, 52 percent
- ▶ Massage, 51 percent
- ▶ PT/rehab, 44 percent
- ▶ Laser therapy, 37 percent
- ▶ Decompression, 35 percent
- ▶ IASTM, 30 percent
- ▶ Acupuncture, 24 percent
- ▶ Weight-loss programs, 17 percent
- ▶ Homeopathy, 10 percent
- ▶ Medical services, 8 percent
- ▶ Other, 3 percent
- ▶ None, 1 percent 



HANNAH FELL is the associate editor of *Chiropractic Economics*. She can be reached at hfell@chiroeco.com, 905-567-1535 or through ChiroEco.com.

Continued from page 27

opportunity to make the case for chiropractic care. The number of new patients is still about nine per week, as in 2017. Chiropractors across the country are seeing an average of 140 patients per week.

Evidently, greater numbers of people are seeing the value of chiropractic care. The millennial generation, for its part, strongly values health and fitness, indicating that the patient of the future will be predisposed to the wellness message.

There is reason to be hopeful. The industry is moving in a positive direction with support from government officials and health care organizations who view chiropractic as an effective option for musculoskeletal pain management. ■

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- ¹“Provisional Counts of Drug Overdose Deaths, as of 8/6/2017.” Centers for Disease Control and Prevention. https://www.cdc.gov/nchs/data/health_policy/monthly-drug-overdose-death-estimates.pdf. Published August 6, 2017. Accessed April 11, 2018.
- ²“Louisiana Commission on Preventing Opioid Abuse.” Louisiana Board of Pharmacy. <http://www.lsbme.la.gov/sites/default/files/documents/Healthcare%20Resources%20for%20the%20Practitioner/LA%20Commission%20on%20Opioid%20Abuse.pdf>. Published March 31, 2017. Accessed April 11, 2018.