

## LIGAMENT LAXITY – FYSH

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more time is spent on teaching skills and less time is devoted to conditioning resulting in more frequent injuries in girls. A couple of laps of the field and a few stretches is not enough. A combination of stretching, strengthening and balance control is necessary.

### How can chiropractors help?

Firstly by recognizing that core muscle strength, balance and co-ordination are key components that play a protective role in spinal and joint stability. Without this, backs, hips, knees and ankles are at risk for injury. Secondly, by recognizing that patients with familial ligamentous laxity are at increased risk because of their pre-existing, inherited joint weakness. Encouraging conditioning exercises for these patients is essential. Core strength is critical to spinal strength and stability. Neck muscle strength is important not only for protection against cervical spine injuries but also for head and neck stability which may help minimize concussion injuries.

Make sure that the feet are checked. Diminished proprioception may predispose to more frequent ankle and knee injuries which in turn can place more stress on the hips and lumbar region. Patients who have lax ligaments in the legs and feet are often diagnosed as having flat feet. If the feet have an arch when not supporting weight, and flatten when standing, then this is likely the cause. Because

of ligament laxity in the arch, the foot does not have adequate support, the knee rotates medially and the pelvis drops on the involved side. Remember, this may be bilateral. Adjusting subluxations in the feet and making sure that children are wearing shoes that have good arch support can help minimize the problem.

Finally, spinal adjustments that require pre-stress may be difficult and in some instances inappropriate. Utilizing an adjusting instrument, such as an activator, or adjusting with a light, prone drop technique may be more effective.

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## PRIVATE CONTRACTING

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of Medicare, they cannot submit claims to Medicare for any of their patients for a two-year period. Private contracts must meet specific requirements:

- The physician must sign and file an affidavit agreeing to forego receiving any payment from Medicare for items or services provided to any Medicare beneficiary for the following two-year period (either directly, on a capitated basis, or from an organization that received Medicare reimbursement directly or on a capitated basis).
- Medicare does not pay either the patient or the physician for the services provided or contracted for.
- The contract must be in writing and must be signed by the beneficiary before any item or service is provided.
- The contract cannot be entered into at a time when the beneficiary is facing an emergency or an urgent health situation.
- In addition, the contract must state unambiguously that by signing the private contract, the beneficiary:
  - a. Gives up all Medicare payment for services furnished by the "opt out" physician.
  - b. Agrees not to bill Medicare or ask the physician to bill Medicare.

- c. Is liable for all of the physician's charges, without any Medicare balance billing limits.
- d. Acknowledges that Medigap or any other supplemental insurance will not pay toward the services.
- e. Acknowledges that he or she has the right to receive services from physicians for whom Medicare coverage and payment would be available.

To opt out, a physician must file an affidavit that meets the above criteria and is received by the carrier at least 30 days before the first day of the next calendar quarter. There is a 90-day period after the effective date of the first opt-out affidavit during which physicians may revoke the opt-out and return to Medicare as if they had never opted out.

The present Congressional attitude has been very resistant to ICA's inquiries regarding the addition of chiropractic to those professionals authorized to privately contract with Medicare beneficiaries. Rep. Pete Stark (D-CA) who presently serves as Chairman of the Subcommittee on Health of the House Committee on Ways and Means responded to ICA's questions stating that he personally opposed the emergence of a two-tier system in which physicians had the option to "cherry-pick" patients with means and neglect those who had only the Medicare benefits at their disposal. He further indicated that in the coming years of difficulty, staying

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