ATTENDEE WORKBOOK · FCA NATIONAL CONVENTION 2026

Building Your Chiropractic Practice With the End in Mind

Six worksheets you can run in your practice this quarter — no software, no consultant, no purchase required. Print it, work through it with your team, and put a date on each phase.

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HOW TO USE THIS WORKBOOK

Worksheets 1–3 are diagnostic — do them first, honestly, in one sitting of about 90 minutes. Worksheets 4–6 are the fix. Nothing here is practice-specific advice; confirm anything with legal, tax, or coding consequences with your own attorney, CPA, and coding professional.

Worksheet 1 · The Ten-Chart Audit

Pull ten charts at random from the last 90 days. Score each against the six-element standard. One point per element present and specific — not merely present.

ELEMENT — MUST BE SPECIFIC, NOT JUST PRESENT	1	2	3	4	5	6	7	8	9	10
Subjective — symptoms, change since last visit, functional status; patient's own words where possible										
Objective — regions named individually (C2-C3, T7, L4-L5), measurable findings, variation from prior visit										
Assessment — ICD-10 to highest supported specificity, clinical reasoning, change from baseline										
Plan — services, frequency, duration, expected outcome, re-eval trigger; Modifier-AT on active-treatment CMT										
Medical necessity — explicit language tying services to diagnoses and functional goals, not boilerplate										
Signature — provider name, credentials, dated, signed day of service										
Score out of 6										

Two extra checks. First, read visits 3, 6, and 9 of the same patient back to back — if the language is interchangeable, you have a cloned-note problem regardless of your scores. Second, for every 98941 or 98942 in the sample, count the regions actually named. If the count is short, the code is unsupported.

Worksheet 2 · AI Tool Inventory

List every tool that touches patient information — scribes, coding assistants, transcription, scheduling bots, intake forms, anything built into your EHR. If a vendor processes PHI, it is a business associate under HIPAA and needs an executed BAA.

TOOL / VENDOR	WHAT IT DOES	PHI?	BAA ON FILE	WHO REVIEWS THE OUTPUT, AND HOW IT IS RECORDED

FOUR QUESTIONS TO RUN ON EVERY AI-DRAFTED NOTE, BEFORE YOU SIGN

Accurate — did any finding, medication, or history appear that I did not observe? · **Specific** — are the regions named and the findings measurable? · **Distinct** — does this read differently from the last visit, because the visit was different? · **Justified** — does the note support the code billed and the necessity of continued care?

Questions to ask any AI vendor, before you sign with them. Will you execute a HIPAA BAA? Is our data used to train your models, and can we opt out? Can we export our complete records, in what format, at what cost, on what notice? Is there an audit trail showing what the AI drafted and what the provider changed? Who is liable if AI-generated content leads to an audit finding?

Worksheet 3 · The Two-Week Test

If you were unreachable for two weeks starting tomorrow, what would break? Write the honest answer in the left column. Every line you write is a documentation gap — and a valuation discount. The right column is the fix and who owns it.

AREA	WHAT WOULD BREAK — BE SPECIFIC	OWNER & DATE
Clinical triage — the acute walk-in with red flags		
Patients needing modified care — post-fusion, pregnant, post-MVA, osteoporotic		
Billing — who appeals which denial, and how		
Banking, payroll, and signing authority		
System and vendor credentials, including AI tools		
Referral relationships that depend on you personally		
Anything else only you know		

You are not making yourself replaceable. You are making yourself replaceable *when you choose to be* — which is the only condition under which a practice can be sold, handed down, or simply left for two weeks.

Worksheet 4 · Diligence Readiness Checklist

Substantially what a buyer, lender, or successor asks for in week one — with about ten business days to produce it. Mark each item Ready, Partial, or Missing. You cannot assemble this in ten days if you have not been building it for three years.

REQUESTED ITEM	READY	PARTIAL	MISSING
CLINICAL			
Active patient count and visit volume, 36 months			
Chart sample, 25 records, for independent coding review			
Signed consent on file for every active patient			
Provider licenses, NPIs, malpractice history			
Written clinical protocols and treatment standards			
COMPLIANCE			
Security Risk Assessment, most recent			
HIPAA policies and staff training records			
Executed BAAs — every vendor touching PHI, AI included			
Payer audits, denials, and recoupments, 36 months			
AI tool inventory and documented oversight process			
BUSINESS			
P&Ls and tax returns, 3 years, reconciled to each other			
Add-back schedule for owner and personal expenses			
Lease, with assignment and change-of-control terms			
Employment agreements, non-competes, comp structure			
SOPs and referral-source documentation			

Worksheet 5 · Your 90-Day Plan

Put a real date on each phase before you file this workbook. A plan without a date is a wish.

PHASE 1 · AUDIT

DAYS 1–30 · START DATE _____

Self-assess across the three categories — patient care, compliance, operational. · Run Worksheet 1 on ten random charts. · Complete the AI inventory in Worksheet 2. · Run the Two-Week Test and name the top three things that would break.

PHASE 2 · REMEDIATE

DAYS 31–60 · START DATE _____

Rebuild templates — SOAP, consent, treatment plans — so the form itself forces variation and specificity. · Update HIPAA policies, complete the SRA if overdue, execute missing BAAs. · Document the top three owner-dependent workflows as transferable protocols. · Train the team on template and AI-oversight changes, and document the training.

PHASE 3 · SYSTEMATIZE

DAYS 61–90 · START DATE _____

Block a quarterly chart-audit cadence on the calendar. · Date the annual policy review and SRA cycle twelve months out. · Build a vendor contract renewal calendar, AI terms included. · Hold a 90-day review: what carried, what didn't, what's next quarter.

Worksheet 6 · Recurring Calendar

The work only holds if it recurs. Put these on the calendar as recurring events, with a named owner, before the end of Phase 3.

RECURRING ITEM	FREQUENCY	OWNER	NEXT DATE
Ten-chart audit against the six-element standard	Quarterly		
AI output spot-check — five notes per provider	Monthly		
HIPAA policy review and Security Risk Assessment	Annual		
Vendor and AI contract renewal review	Annual		
Staff compliance and documentation training	Annual		
Two-Week Test re-run	Annual		
Financial normalization review with your CPA	Annual		

Reference · Where the Standards Come From

Florida recordkeeping requirements: Fla. Stat. §460.413 and FAC 64B2-17.006(5) — records retained a minimum of four years from the last patient appointment. Continuing education and scope: Fla. Stat. §460.408(1)(b), FAC 64B2-13.004. HIPAA documentation retention: 45 CFR §164.316 and §164.530(j) — six years. Compliance program structure: OIG Compliance Program Guidance for Individual and Small Group Physician Practices, 65 Fed. Reg. 59434 (Oct. 5, 2000). Chiropractic coverage and documentation: CMS Medicare Benefit Policy Manual, Chapter 15, §240, including Modifier-AT for active treatment. AI vendors handling PHI are business associates under HHS/OCR HIPAA guidance. Where two standards conflict, keep records to the longest applicable period.

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