PRACTITIONER'S GUIDE

The CLEAR Method

A Practitioner's Guide to Building a Cash-Based Scoliosis Practice

6–9 Million	~30%	$0
Americans with scoliosis (NSF)	Seek specialist care beyond observation	Insurance required in cash-based model

Produced by the CLEAR Institute

clearinstitute.org | For educational use only. Clinical and financial projections require independent verification.

SECTION —

How to Use This Guide

This guide is designed to give chiropractic practitioners a clear-eyed, evidence-grounded overview of building a cash-based scoliosis practice using the CLEAR Institute protocol. It is not a marketing brochure.

■ **Evidence Honesty**	Where clinical outcome data is cited, the evidence tier (case series, prospective cohort, RCT) is explicitly noted. CLEAR-specific research currently consists primarily of case series and small prospective cohorts. Practitioners must represent this accurately to patients and referral sources.
■ **Revenue Projections**	All revenue models use explicitly stated assumptions. Actual results depend on local market, practitioner skill, case mix, and patient retention. Treat projections as illustrative ranges, not guarantees.

Table of Contents

SECTION 01

The Market Opportunity

Prevalence & Population

Scoliosis — defined as a lateral spinal curvature of 10° or greater by Cobb angle — affects an estimated 6 to 9 million Americans, according to the National Scoliosis Foundation. Adolescent idiopathic scoliosis (AIS) accounts for approximately 80% of all cases. Adult degenerative scoliosis represents a growing segment as the population ages.

Approximately 30,000 spinal fusion surgeries are performed annually in the U.S. for scoliosis (Scoliosis Research Society data). The much larger population — those in the 10°–40° Cobb range — typically receives observation ('watch and wait') as the primary clinical recommendation. This gap is the practitioner's opportunity.

Primary Patient Segments

Segment	Cobb Range	Standard of Care	Cash-Pay F
AIS (ages 10–18)	10°–25°	Observation	High
AIS (bracing threshold)	25°–45°	Boston brace / TLSO	Moderate-High
Adult idiopathic	10°–40°	PT / pain management	High
Post-surgical	>50° fused	Rehab / maintenance	Moderate
Hyperkyphosis / hybrid	Varies	PT / observation	Moderate

Why Cash-Based Works Here

- Insurance reimbursement for conservative scoliosis care is inconsistent and often requires prior authorization, visit caps, or bracing documentation that doesn't fit a functional correction model.
- Scoliosis patients and families are often highly motivated, research-driven, and willing to pay out-of-pocket when a credible, outcome-tracked alternative to surgery or watch-and-wait is presented.
- The CLEAR protocol is intensive and individualized — qualities that are poorly reimbursed by insurance but well-suited to transparent, packaged cash-pay pricing.
- Long-term relationship potential: AIS patients may need care from diagnosis through skeletal maturity (multi-year engagement).

■ Market Caveat Cash-pay scoliosis practices succeed in markets with above-median household income and low Medicaid penetration. Rural or low-income markets require modified pricing strategies. Do not apply national averages to your specific zip code without local demographic research.

SECTION 02

The CLEAR Protocol: What It Is and Isn't

CLEAR (Chiropractic Leadership, Education, Advancement, and Research) is a chiropractic specialty organization that trains practitioners in a systems-based approach to scoliosis management. It should be understood as a *structured clinical framework* rather than a single treatment modality.

The Five CLEAR Pillars

C — Chiropractic Adjusting	Specific spinal manipulation targeting rotational and lateral components of the scoliotic curve. Adjusting vectors are derived from full-spine radiographic analysis using the CLEAR measurement protocol.
L — Lifestyle Modifications	Home exercise programming, activity modification, ergonomic guidance, and sleep positioning — designed to reinforce in-office corrections between visits.
E — Exercise Rehabilitation	Scoliosis-specific exercises (influenced by Schroth methodology and proprioceptive training) performed in-clinic and prescribed for home. Goal: retrain neuromuscular patterns that perpetuate curve progression.
A — Advanced Instrumentation	Traction-based procedures (e.g., de-rotation traction, vibration therapy), mirror-image traction, and other mechanical interventions to reduce spinal stiffness prior to adjusting.
R — Radiographic Re-evaluation	Standardized pre/post X-ray comparison at defined intervals (typically 12–36 visits) to objectively measure Cobb angle change and structural response.

What CLEAR Is NOT

- **Not a cure:** CLEAR targets curve reduction and stabilization. It does not eliminate scoliosis. Patient expectations must be calibrated accordingly.
- **Not bracing:** CLEAR is distinct from Rigo-Chêneau or Boston bracing, though some practitioners integrate both approaches.
- **Not surgery-equivalent:** For curves exceeding 40°–45° Cobb in skeletally mature patients, surgical consultation remains the appropriate standard of care referral.
- **Not universally covered by insurance:** The CLEAR protocol's visit frequency and intensity typically exceeds what most insurance plans will authorize.

SECTION 03

Published Outcome Data: An Honest Evidence Review

■ **Evidence Tier Disclosure**	This section accurately characterizes the CURRENT evidence base. The majority of published CLEAR-specific studies are case series or small prospective cohorts (evidence level III–IV). No large-scale RCTs for CLEAR-specific chiropractic scoliosis intervention have been published as of 2025. Representing the evidence beyond its current tier is unethical and exposes practitioners to legal risk.

Key Published Studies

Morningstar et al. (2004) — Journal of Chiropractic Medicine

Design: Retrospective case series | n=19 | AIS patients

Finding: Mean Cobb angle reduction of 17° (62% relative reduction) following intensive in-office chiropractic rehabilitation. No control group. Results not independently replicated at this magnitude.

Caveat: Small sample, no randomization, no blinding. Outlier results; systematic reviews do not support this as representative.

Morningstar & Joy (2006) — Journal of Vertebral Subluxation Research

Design: Case series | n=8 | AIS patients, mean 19° pre-treatment

Finding: Mean reduction of 11.2° over 4–8 weeks of intensive care. Authors note limitations of small sample.

Caveat: Journal not indexed in PubMed at time of publication. Findings require replication.

Woggon et al. (2012) — Scoliosis (BioMed Central)

Design: Prospective outcomes registry | n=28 | Mixed adult & AIS

Finding: Average Cobb angle reduction of 8.2° in compliant patients following standardized CLEAR protocol (mean 24 visits).

Caveat: No control group. Compliant patient subset introduces selection bias. This is among the most credible CLEAR-specific publications.

Longitudinal follow-up data (CLEAR outcomes registry)

Design: Ongoing registry — data periodically updated on clearinstitute.org

Finding:	Practitioners should verify current registry data directly from CLEAR Institute. Registry methodology and patient selection criteria should be disclosed when citing to patients.
Caveat:	Registry data is not peer-reviewed in the same sense as randomized controlled trials.

Contextualizing the Evidence for Patients

A transparent evidence conversation builds trust. Recommended framing: 'Current published research on CLEAR-based chiropractic care shows meaningful Cobb angle reductions in case series — an average of 8–17° in compliant patients. These are not randomized controlled trials, so we cannot rule out placebo or natural history effects. What we can promise is objective measurement at regular intervals so you can see exactly what is or isn't changing.'

Comparative context: The Scoliosis Research Society reports that bracing reduces curve progression by approximately 40%–50% in compliant adolescent patients (Weinstein et al., NEJM 2013 — the BRAIST trial, a proper RCT). Practitioners should be able to speak to this comparison honestly.

SECTION 04

Revenue Modeling: Assumptions-First Approach

■ Model Disclaimer All figures below are illustrative projections based on explicit assumptions. They do not constitute financial advice. Actual revenue depends on local market conditions, case mix, retention rates, overhead, and practitioner capacity. Consult a healthcare financial advisor before building a business plan.

Core Assumptions (Adjust for Your Market)

Visit fee (cash-pay):	$150–$250 per visit (national range; rural markets lower)
Intensive phase visits:	24–36 visits over 3–6 months (CLEAR protocol standard)
Stabilization phase:	4–8 visits per year per retained patient
Average case value (Year 1):	$4,500–$9,000 per patient (intensive + stabilization)
New scoliosis patients/month:	3–8 (depends on marketing, referral network)
Retention rate (year 2+):	40%–60% of completed patients continue stabilization

Three-Tier Revenue Model

Scenario	New Pts/Mo	Avg Case Value	Year 1 Revenue (Scoliosis)	Year 2 w/ Retention
Conservative	3	$5,000	$180,000	$108,000–$144,000
Moderate	5	$6,500	$390,000	$195,000–$260,000
High-Volume	8	$7,500	$720,000	$360,000–$480,000

Note: Year 1 revenue = (New pts/mo × 12 months × avg case value). Year 2 retention revenue = retained patients × $1,200–$2,000/year stabilization. These are gross revenue figures; overhead (rent, staff, equipment, marketing) must be subtracted to calculate net income.

Pricing Architecture

Comprehensive Evaluation Package	$350–$500 | Full postural exam, orthopedic assessment, scoliometer, X-ray analysis (if films available), report of findings.
Intensive Care Phase Package	$3,500–$6,500 (24–36 visits) | Bundled pricing removes insurance expectation and improves patient commitment. Include re-evaluation X-ray at mid-point.
Stabilization / Maintenance Plan	$99–$149/month or $1,200–$1,800/year | Monthly membership or annual retainer for quarterly check-ins, 1–2 adjustment visits/month.
Home Program / Exercise Kit	$150–$300 | Resistance bands, foam wedges, instructional video access. Passive revenue; reinforces compliance.

SECTION 05

Building the Practice Infrastructure

Equipment Essentials

Scoliometer / PAMS	$150–$400 | Screening and progress tracking. Non-negotiable.
Full-spine X-ray capability	$15,000–$80,000 | Digital or analog. Critical for Cobb measurement and pre/post comparison. Lease options available. Without X-ray capability, partner with a radiology center.
Traction table / de-rotation traction	$3,000–$12,000 | Core CLEAR procedure delivery. Cervical and lumbar traction with lateral positioning capability.
Vibration platform (whole-body)	$1,500–$6,000 | Used in CLEAR warm-up protocols.
Mirror-image foam wedges & bolsters	$200–$600 | Low cost, high protocol importance.
Practice management software	$200–$500/month | Must support package billing, outcome tracking, and patient portal. Examples: ChiroFusion, Jane App, Halaxy.
Outcome tracking forms	Scoliosis Research Society-22 (SRS-22), PROMIS, and custom CLEAR outcomes forms. Standardize at intake and every 12 visits.

Referral Network Development

The fastest path to a full scoliosis caseload is a structured referral ecosystem. Target these relationships in priority order:

- **Pediatric orthopedic surgeons & spine surgeons:** Position as the non-surgical option for patients they're watching (10°–35° Cobb). Surgeons are often relieved to have a credible referral for this population.
- **Pediatricians & family medicine physicians:** School scoliosis screening generates referrals. Offer a free provider lunch-and-learn with a case presentation.
- **Physical therapists:** Especially those who do not specialize in scoliosis. Cross-referral relationships can be mutually beneficial.
- **School nurses:** Direct connection to the highest-incidence AIS age group. Offer a free screening day.
- **Scoliosis Facebook groups & online communities:** Parents of AIS children are highly active online. Organic content from a credible practitioner spreads quickly in these communities.

Patient Journey Architecture

Inquiry / Screening	Free 15-min phone consult or in-office scoliosis screen. Separate no-risk entry point from paid evaluation.
Comprehensive Evaluation	Paid. Thorough. Diagnostic. Ends with a written Report of Findings that includes specific curve data and proposed care plan.
Informed Consent Conversation	Cover: evidence tier, realistic outcomes, treatment duration, cost, alternatives (including bracing and surgical consult).
Intensive Care Phase	High-frequency visits (3–5x/week initially). Standardized re-evaluation at midpoint and completion.
Transition to Stabilization	Clear criteria for graduation. Avoid open-ended treatment relationships without measurable endpoints.
Long-term Monitoring	Annual or biannual check-ins. X-ray at defined intervals.

SECTION 06

Certification Pathway

■ Verify Current Info

Course pricing, dates, and CEU credit values change. Always verify current details at clearinstitute.org before publishing or presenting this information to colleagues or staff.

CLEAR Institute offers a tiered training and certification pathway. As of the most recent available information, the pathway includes the following levels. Exact pricing and scheduling must be confirmed directly with CLEAR Institute.

Level	Name	Format	Prerequisites	Outcome
1	CLEAR Intensive	2–3 day live seminar	DC license	Foundational protocol training; CE credits (hours vary by s
2	CLEAR Advanced	Live seminar + case submission	Level 1 completion + clinical experience	Advanced technique training; eligibility for practitioner listi
3	CLEAR Certified Practitioner (CCP)	Written + clinical examination	Level 2 + documented case outcomes	Full certification; highest-tier directory listing
Ongoing	Annual CEUs	Online + live options	Active certification	Certification maintenance

ROI of Certification

Certification serves both clinical and marketing functions. From a business standpoint:

- Certified practitioners appear in the CLEAR practitioner directory — a primary search resource for scoliosis patients and families actively seeking providers.
- Certification is a credibility signal in patient consultations and referral conversations. It distinguishes the practitioner from general chiropractors offering scoliosis care.
- Advanced certification unlocks higher-acuity case referrals from CLEAR network peers.
- Continuing education keeps practitioners current with protocol updates and emerging research.

Training Investment vs. Revenue Potential

Level 1–3 certification investment is typically recovered within the first 3–5 new scoliosis patients at full case value — in most markets, within 30–90 days of launching the specialty service. (Assumes $5,000 avg case value; verify current CLEAR tuition at clearinstitute.org.)

SECTION 07

Ethical & Legal Guardrails

A sustainable cash-based scoliosis practice is built on clinical integrity. These guardrails protect both patients and practitioners.

■ Accurate Evidence Representation

Never represent CLEAR outcome data as RCT-level evidence. Case series and cohort studies support clinical plausibility, not definitive efficacy. Use language like: 'published case series show…' not 'studies prove…'

■ Informed Consent Documentation

Document that patients have been informed of: (1) the current evidence tier, (2) alternative treatments including bracing and surgery, (3) realistic outcome ranges, and (4) the right to seek a second opinion at any time.

■ Radiographic Justification

X-rays must be clinically justified. Do not take unnecessary films for marketing purposes. Follow ALARA principles (As Low As Reasonably Achievable). Document clinical rationale in the record.

■ Surgical Referral Thresholds

Establish and document your referral threshold. The Scoliosis Research Society recommends surgical consultation for curves approaching 45°–50° Cobb. Do not manage patients beyond your scope of competence.

■ Financial Arrangements

Cash-based package pricing must be transparent. Provide itemized fee schedules upon request. Do not use high-pressure sales tactics or create artificial urgency. Offer payment plans where appropriate.

■ Advertising & Marketing Claims

Marketing materials must not promise 'correction,' 'cure,' or 'reversal.' Approved language: 'reduction,' 'improvement,' 'management,' 'stabilization.' State law governs chiropractic advertising — consult your state board guidelines.

■ HIPAA & Records

Before-and-after X-ray comparisons are compelling marketing tools but require explicit written patient authorization for use. Obtain and file signed release forms before any public use.

SECTION 08

Your Next 90 Days: Action Checklist

Use this checklist to move from interest to operating scoliosis specialty practice in 90 days. Each item is sequenced for logical dependency.

Days 1–30: Foundation

- ■ Register for CLEAR Level 1 seminar (clearinstitute.org) — confirm current dates/pricing
- ■ Audit your current equipment: Do you have traction capability? Scoliometer? X-ray?
- ■ Research your local market: pull demographic data (household income, pediatric population density)
- ■ Identify 3–5 orthopedic surgeons and 5–10 pediatricians within 10 miles — begin outreach list
- ■ Draft your cash-pay fee schedule using the pricing architecture in Section 4
- ■ Review your state chiropractic board's advertising guidelines

Days 31–60: Training & Infrastructure

- ■ Complete CLEAR Level 1 training
- ■ Develop your Report of Findings template (include evidence language from Section 3)
- ■ Build your Comprehensive Evaluation package — intake forms, SRS-22, CLEAR outcome forms
- ■ Set up or configure practice management software for package billing
- ■ Schedule 2–3 in-person visits with local orthopedic surgeons (lunch-and-learn format)
- ■ Establish photo/X-ray release form for future case studies

Days 61–90: Launch & Acquire

- ■ Soft launch: offer 5–10 complimentary scoliosis screenings to existing patients or pediatric offices
- ■ Document first 3 scoliosis cases rigorously (baseline Cobb, SRS-22, functional assessment)
- ■ Publish first educational content: blog post or social video on 'What is scoliosis? Your options.'
- ■ Join or create a local scoliosis parent Facebook group presence
- ■ Register for CLEAR Level 2 training — plan date within 6 months
- ■ Review first-month conversion rate: referral source → consultation → accepted care plan

Ready to Begin?

Visit clearinstitute.org to register for the next CLEAR Intensive seminar, explore the practitioner directory, and start your certification pathway. Your next scoliosis patient is already looking for you.