CHIRO WEBSITE PRO

A PRACTICAL GUIDE FOR CHIROPRACTIC PRACTICES

Explosive Growth:

The 10 Steps of Running Effective Chiropractic Google Ads

Build a campaign you can measure, improve, and afford.

CHIRO WEBSITE PRO

Strategy • Campaigns • Measurement • Growth

BEFORE YOU BEGIN

Make every click accountable

A practical system for turning local search demand into measurable new-patient opportunities.

Google Ads can help a chiropractic practice reach people who are actively looking for care. But the ad is only one part of the journey. The search, the message, the landing page, the front desk, and the appointment experience all affect what happens next.

This guide gives you ten steps for planning, launching, and improving a focused Search campaign. It is written for practice owners and office managers who want to make better decisions, whether they manage the account themselves or work with an agency.

Start with the outcome you can verify

A click is an interaction with the ad; it does not prove that the page loaded. An inquiry is a person asking for information. A booking is a scheduled appointment. An attended first visit is a different outcome again. Keep those measures separate so an attractive advertising report does not hide an expensive patient-acquisition process.

> **The operating principle**
>
> Spend within a defined limit, protect patient information, and use real practice outcomes to decide what to improve next.

How to use this guide

Read the ten steps in sequence, then use the launch plan, scorecard, and checklist on pages 24-26. Each step ends with a practical decision or worksheet. Examples are illustrative, not client results or forecasts.

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YOUR TEN-STEP ROADMAP

Build in the right order

Set the business rules first. Create the campaign second. Scale only after the evidence supports it.

STEP	THE DECISION	START
01	Define success and what you can afford	04
02	Choose searches with clear local intent	06
03	Build a focused local campaign	08
04	Write credible ads and useful assets	10
05	Create a landing page that earns trust	12
06	Measure results while protecting privacy	14
07	Set a workable budget and bid strategy	16
08	Launch with a controlled test	18
09	Improve lead quality and appointment follow-through	20
10	Scale with clear accountability	22

The tools you can reuse

- Page 24: a 30-day implementation plan with owners and decision gates.
- Page 25: a weekly scorecard that separates media metrics from practice outcomes.
- Page 26: a launch checklist to review before spending.
- Pages 27-29: linked primary sources for settings, measurement, and policy.

> **If your ads are already running**
>
> Begin with Step 6 and the scorecard. Confirm that the reported conversions are meaningful and permitted before changing keywords or adding budget.

STEP 01 • STRATEGY

Define success before spending 01

Choose one primary business outcome and a realistic acquisition ceiling.

Start with a service your practice actually provides, in an area people can reasonably travel from, with appointment capacity you can honor. “More patients” is too broad to guide a campaign. “More attended first visits for our core chiropractic service within our local area” is a usable starting point.

Set a capacity goal

Ask how many additional first visits your team can handle each week without extending waits or reducing care quality. Check clinician availability, front-desk coverage, and the time required for follow-up. Advertising should reflect that capacity.

Define a qualified inquiry

Write a short, consistent definition: a genuine prospective new patient, in the service area, asking about an offered service. Exclude spam, sales calls, job seekers, duplicate contacts, and existing-patient administration. Do not use sensitive traits to rank or exclude people.

Use contribution rather than headline revenue

Estimate conservatively what a new patient contributes over a defined period after the variable cost of delivering care. Do not assume that every patient completes a long treatment plan. Choose an acquisition ceiling below that contribution so the practice has room for overhead and profit.

> **Your decision**
>
> Write the outcome, weekly capacity, measurement period, and maximum affordable acquisition cost before anyone selects keywords.

The financial framework in this guide is a planning method, not a recommended budget or a statement about typical chiropractic results.

STEP 01 • WORKSHEET

Work backward from the visit

Use your own practice data. The numbers below show the calculation only.

ILLUSTRATIVE INPUT	ASSUMPTION
Contribution per new patient over a defined period	$400
Chosen all-in acquisition ceiling	$160
Share of qualified inquiries that book	50%
Share of those bookings that attend	80%

Calculate the inquiry ceiling

50% booking rate × 80% attendance rate = 40% inquiry-to-attended-visit rate. At a $160 all-in acquisition ceiling, the corresponding all-in cost per qualified inquiry is $64 ($160 × 40%).

All-in cost includes media, management, landing-page costs, and measurement tools allocated to the same period. Your Google Ads cost per conversion is not automatically your all-in acquisition cost.

> **A useful distinction**
>
> If your monthly ad spend is $1,600 and management/tools add $400, eight new patients cost $250 each all-in, not $200. With the illustrative $160 ceiling above, that outcome would miss the target.

Primary service and local area

Additional first visits we can support each week

Our qualified-inquiry definition

Acquisition ceiling and the period behind it

All figures are hypothetical. Use collected revenue and actual costs, account for delayed collections and cancellations, and have your financial adviser review assumptions before committing spend.

STEP 02 • SEARCH INTENT

Choose searches that fit the practice 02

Buy relevant opportunities, not the broadest possible traffic.

Start by listening to how prospective patients describe the service they need. Build a small list around your core service, your city or neighborhood, and “near me” intent. Then check Google Keyword Planner for local demand and estimated costs. Forecasts are estimates, not a promise of traffic or appointments. [1]

Separate intent before separating keywords

- Core local searches: chiropractor near me; chiropractor in a named city.
- Specific offered services: a service your clinic genuinely provides, supported by a relevant page.
- Brand searches: your practice name and common variations. Track these separately from new-to-brand demand.
- Research searches: education, exercises, careers, or self-care. These may be poor fits for a tightly funded appointment campaign.

Understand what match types actually do

Exact match can include searches with the same meaning or intent. Phrase match can include searches that contain the meaning of your keyword. Neither is a literal-only filter. Broad match reaches further and needs careful measurement, suitable bidding, and active query review. [2]

Begin with an explainable keyword set

For a modest first test, a focused phrase/exact structure is a practical control choice, not a universal Google requirement. Expand only when you can identify which searches generate qualified inquiries. Do not add services merely because a tool reports search volume.

> **Your decision**
>
> For every keyword theme, name the matching service, landing page, and reason a searcher would choose your office.

STEP 02 • WORKSHEET

Build a search map

Illustrative terms below must be adapted to a real service area and approved services.

THEME	EXAMPLE	DESTINATION
Core local	“chiropractor near me”	Core chiropractic page
City intent	[chiropractor in your city]	Local service page
Offered service	“sports chiropractor”	Relevant service page
Practice brand	[your practice name]	Practice or booking page

Create a thoughtful negative list

Common candidates include jobs, salary, school, certification, and equipment for sale. Add only what is genuinely irrelevant. A clinic that offers rehabilitation should not automatically block “exercise,” and a clinic with an accessible offer should not casually exclude every price-related search.

Negative match types behave differently from positive match types. Google accounts for casing and misspellings, but does not automatically exclude all synonyms or singular/plural forms. Add the relevant variations and review the effect before applying a shared list widely. [3]

Review the actual search terms

A keyword is what you choose; a search term is what someone typed. Review available search-term data for irrelevant intent, out-of-area demand, and useful new themes. Some queries are omitted for privacy, so the report is not a complete transcript of every search. [4]

Three themes we will start with

Services and locations we must not advertise

Negative keywords that need careful review

Square brackets and quotation marks illustrate keyword match syntax. Do not copy placeholder locations into a live account.

STEP 03 • CAMPAIGN DESIGN

Keep the local structure focused 03

A clear account is easier to control, explain, and improve.

Use a separate campaign when you need a different budget, geographic area, language, or materially different business objective. Use tightly related ad groups for different themes within a campaign. Avoid splitting a small budget across so many campaigns that none receives enough useful evidence.

Make local targeting deliberate

Choose the communities people can realistically travel from. For a local office, the “Presence” option is often a sensible starting point: people in or regularly in your selected locations. The broader default may also include people who show interest in those locations. Review the exact setting before launch. Location targeting is signal-based and is not perfectly accurate. [5]

Keep discovery separate from the first test

A focused Search campaign is a practical starting recommendation for this guide. Review network choices and automation settings rather than accepting them without discussion. Decide whether to include Search partners based on your measurement and test plan. Evaluate broader campaign types only when you can assess their incremental value.

Match schedules to the response you can deliver

Schedule call assets for hours someone can answer. If ads run after hours, provide a working request or booking option and explain when the team will respond. Confirm the account time zone, especially if the agency and practice work in different regions.

> **Your decision**
>
> Keep each campaign’s purpose, location, daily budget, and response coverage visible on one page.

STEP 03 • ACCOUNT BLUEPRINT

Give each part a clear job

A practical starter structure for one office, not a mandatory Google template.

LEVEL	STARTER DESIGN	WHY IT EXISTS
Campaign A	Core local Search	One main budget and service area
Ad group A1	General chiropractic	Match core local intent
Ad group A2	One offered service	Use relevant copy and page
Campaign B	Brand, if needed	Separate existing name demand

Before approving the setup

- Verify locations, exclusions, language, time zone, and schedule. Use location reports later to investigate out-of-area traffic.
- Check network participation, final URLs, and any automated expansion or text settings. Know what the platform can change.
- Give each campaign a plain-language name your team understands.
- Confirm which conversion goals each campaign will use. A campaign should not bid toward a contact-page view merely because it exists in the account.
- Keep brand and nonbrand results separate in reporting, even if a small account initially uses a simpler structure.

> **Ownership matters**
>
> The practice should retain administrative access to its advertising account and its own billing records. Give partners only the access they need, enable appropriate account security, and document who can approve changes.

Campaign owner and backup

Service area and exclusions

Hours we can answer calls

STEP 04 • MESSAGING

Write ads patients can trust 04

Be specific about the practice and careful about the promise.

An effective ad explains what the practice offers, where it is, and what the next step involves. Useful details may include a verified location, an offered service, appointment availability, or transparent first-visit information. Every factual claim should remain accurate on the landing page.

Build responsive search ads with distinct ideas

Google combines supplied headlines and descriptions in different ways. Supply meaningful variations rather than the same phrase with small edits. Headlines allow up to 30 characters and descriptions up to 90. An ad accepts 3-15 headlines and 2-4 descriptions. Check the live preview and current interface limits. [6]

Avoid medical and advertising shortcuts

Do not promise cures, guaranteed relief, guaranteed patient results, or outcomes you cannot substantiate. Avoid fear-based language and copy that appears to know the viewer's health condition. Describe services neutrally and have a qualified reviewer check clinical claims, offers, testimonials, and applicable state rules. Google's healthcare and personalized-advertising rules both matter. [7, 8]

Treat every combination as public copy

Ensure the business name, offer, geography, and call to action work together in different combinations. Pin only when a message must appear in a specific position, because pinning reduces available combinations. Do not place an essential offer condition only in text that might not show. [6]

> **Your decision**
>
> Approve a set of accurate service, location, trust, and next-step messages before uploading them.

STEP 04 • COPY AND ASSETS

Make the next step easy

Illustrative copy: use only after checking the statements against the practice.

ROLE	EXAMPLE HEADLINE
Service	Local Chiropractic Care
Intent	New Patient Appointments
Next step	Request an Appointment
Clarity	See First Visit Details

Two sample descriptions

“Explore our chiropractic services, meet the team, and request an appointment.”

“See location, hours, and first-visit details. Contact the office about availability.”

Examples are not approval guarantees. Replace generic text with truthful practice details. Confirm character counts after editing.

Use assets that answer real questions

- Sitelinks: first visit, services, meet the team, and contact/location pages, where distinct useful destinations exist.
- Call assets: a verified number, an appropriate schedule, and staff coverage.
- Location assets: the correct practice address from the linked business information.
- Callouts: short, verified features such as convenient parking or evening hours, only when true.

Assets do not always show. Do not rely on an asset alone to communicate an important offer condition or the only way to contact the practice. [9]

> **Offer check**
>
> If you advertise a price or special, clearly explain eligibility, what is included, exclusions, and any material limitations. Review insurance and state-law implications before promoting a new-patient offer.

STEP 05 • LANDING PAGES

Earn the inquiry after the click 05

Give visitors a relevant, credible, low-friction route to the practice.

The landing page should continue the conversation started by the search and the ad. A sports-related search should not land on a vague homepage that makes the visitor hunt for the service. Match the page to the service intent without inventing pages for treatments you do not provide.

Answer the questions that hold people back

- Am I in the right place? Name the service, practice, and location clearly.
- Who will I see? Use accurate clinician information and real practice photography.
- What happens first? Explain the first visit without guaranteeing a clinical outcome.
- How do I get there? Show address, hours, phone number, and practical arrival details.
- What should I do now? Offer a clear call, appointment request, or approved booking path.

Design for a real phone

Use readable text, clear buttons, accessible contrast, and short forms. Test the page on an actual mobile device, including the keyboard, confirmation state, tap-to-call link, and third-party booking flow. A fast first screen is not enough if the last step fails.

Keep the offer and identity consistent

The ad, page, phone conversation, and booking process should describe the same service and terms. Google evaluates destinations for functionality and usability. Broken pages, misleading destinations, or obstacles to navigation can create policy problems as well as lost inquiries. [10]

> **Your decision**
>
> A visitor should understand the service and the next step without scrolling through a sales essay or disclosing a health history.

STEP 05 • PAGE BLUEPRINT

Build one clear path to contact

Use this sequence to evaluate a page before paying to send people to it.

PAGE SECTION	WHAT IT SHOULD DO
First screen	Name the service and local practice; show one clear primary action.
Trust	Show real clinicians, credentials, and useful practice details.
First visit	Explain the process, availability, and material offer terms.
Practical details	Show location, hours, phone, and relevant payment information.
Contact or booking	Provide a short, working route with a clear confirmation.

Keep public forms minimal

Ask only for information needed for the next step, such as contact details and preferred contact method. Avoid open-ended symptom, diagnosis, medication, insurance-ID, or health-history fields on advertising landing pages. Move clinical intake to the practice's approved secure workflow. Do not place health details in page URLs or confirmation messages visible to marketing tags.

Use genuine proof responsibly

Do not invent testimonials, ratings, affiliations, or awards. Confirm that review use, patient permissions, and disclosures are appropriate. A patient's public review is not a blanket authorization to reuse their identity or treatment information in advertising.

> **Five-minute acceptance test**
>
> Open the page on mobile. Find the service. Read the first-visit details. Call the number. Submit a test request with fictional data. Confirm who receives it and what the visitor sees next. Review measurement separately in Step 6.

Page owner and update contact

Who receives each inquiry and provides backup

STEP 06 • MEASUREMENT

Protect privacy before tracking 06

Healthcare measurement needs an approved data plan, not just a tracking script.

Start with a map of what each tag, form, call service, booking tool, and analytics product receives. Include page URLs, query strings, form fields, identifiers, and event names. A generic event name does not make a transmission safe if the surrounding data identifies someone seeking care.

Keep sensitive information out of advertising tools

Our conservative operating rule: do not send patient records, diagnoses, symptoms, treatment details, or sensitive health-related conversions to advertising platforms. Google's customer-data policies prohibit using sensitive health-related conversions in enhanced conversions or store-sales uploads. Hashing an email address does not create permission to use it. [11]

Do not build health-based remarketing audiences

Google restricts personalized targeting based on sensitive health interests. Do not build patient lists, remarketing lists, or Customer Match audiences around chiropractic care or a condition. These restrictions do not mean that every contextual Search ad for a chiropractic service is prohibited; the service, copy, destination, and targeting all need review. [8]

Treat legal compliance as a separate review

HIPAA obligations depend on the entity, data, and disclosure. HHS guidance distinguishes contexts and notes a court's partial vacatur involving certain unauthenticated public-page visits. Do not assume every page view is PHI, or that a cookie banner, consent mode, or vendor claim settles compliance. Have your privacy adviser review the actual data flow and vendor arrangements. [12]

Google Analytics does not offer a HIPAA business associate agreement and must not receive PHI. FTC privacy obligations may also apply, including outside HIPAA. Review both platform policy and legal duties. [20, 21]

> **Your decision**
>
> No measurement feature goes live until the practice knows what leaves its systems, who receives it, and why that collection is permitted.

STEP 06 • MEASUREMENT PLAN

Separate signals and outcomes

Keep patient-level clinical and appointment records inside approved practice systems.

MEASURE	HOW TO USE IT	KEY LIMITATION
Page view / click	Diagnose usability	Not an inquiry or new patient
Permitted inquiry signal	Evaluate ad response	Requires privacy review and validation
Qualified inquiry	Assess relevance	Usually needs practice-side review
Booked / attended visit	Assess business results	Keep patient-level records protected

Choose conversion goals carefully

Where collection is permitted, use primary conversion actions for the meaningful goals a campaign should optimize toward. Keep low-value observations secondary. Secondary actions generally do not affect bidding, but a secondary action included in a custom goal can be used for bidding. Review campaign goals, not just account defaults. [13]

Validate before trusting the report

- Test with fictional data. Check that one real-world action creates the intended number of events.
- Do not count the same form submission both through a Google Ads tag and a GA4 import unless deliberately configured to prevent duplicate optimization.
- A call click does not prove a connected call. A duration threshold is a proxy, not proof of a qualified inquiry or an appointment. [14]
- Review tag placement on booking, portal, confirmation, and clinical-intake pages. Remove unapproved marketing tags.
- Do not upload patient-level offline outcomes or enable enhanced conversions as a default setup step. Obtain a specific policy and privacy review first; some health data uses are prohibited.

When a safe platform signal is unavailable

Use approved practice-side records and aggregated reporting to evaluate spend. Accept less automated optimization rather than transmitting data the practice should not share.

STEP 07 • BUDGET AND BIDDING

Fund a test you can afford to finish

07

A useful budget supports learning without putting the practice under pressure.

Start with the acquisition ceiling from Step 1, local search-cost estimates, and the office's capacity. Keep ad spend separate from management, landing-page development, and tracking costs. Agree on a review date and a loss limit before launch.

Understand the daily budget

For most campaigns, Google can bill up to twice the average daily budget on a particular day, while the monthly charging limit is generally 30.4 times that budget. Scheduling fewer days does not automatically reduce the monthly limit. Exceptions, budget changes, and mid-month starts can alter the calculation. Treat the daily amount as an average, review the budget report, and do not mistake it for a hard daily spending cap. [15]

Choose bidding around measurement quality

Maximize Clicks aims for clicks within budget; a maximum CPC bid limit can add control where available, but does not optimize for lead quality. Conversion-based strategies depend on meaningful, permitted conversion signals. A low-cost stream of button clicks is a poor foundation for automated bidding. [16]

Target CPA aims for an average cost per recorded conversion, not a guaranteed cost for every inquiry or new patient. An unrealistically restrictive target may reduce traffic. There is no universal "30 conversions before you can use it" eligibility rule; evaluate the current account, signal quality, and conversion delay. [17]

Your decision

Document the starting bid strategy, why it fits the measurement plan, and the conditions that would justify a change.

STEP 07 • BUDGET MODEL

Pressure-test the economics

This fictional scenario is a calculator, not a benchmark or forecast.

INPUT OR RESULT	ILLUSTRATIVE CALCULATION
Monthly media budget	$1,824
Average daily budget	$1,824 ÷ 30.4 = $60
Assumed average cost per click	$12
Estimated clicks	$1,824 ÷ $12 = 152
Assumed qualified-inquiry rate	10% of clicks
Planning estimate of qualified inquiries	15.2
Assumed booking and attendance	50% book × 80% attend
Planning estimate of attended first visits	15.2 × 50% × 80% = 6.08
Management and tools for the period	$456
All-in acquisition cost	($1,824 + $456) ÷ 6.08 = $375

Expected values can be fractional; real patients are not. At an illustrative $160 ceiling, this plan does not work as modeled. Do not approve it simply because the monthly spend feels comfortable.

Run a downside case

If the qualified-inquiry rate falls from 10% to 5% with everything else unchanged, the estimated all-in acquisition cost doubles to $750. The right response is to revisit costs, intent, conversion, follow-up, or the goal before increasing spend.

Set the guardrails

Agree on total test spend, maximum acceptable acquisition cost, minimum evidence needed for a decision, and what triggers a pause. Add alerts and check actual spend; alerts are not guaranteed hard caps.

Fixed-budget monthly example. Actual delivery, click prices, lead quality, booking rates, and results vary. The model excludes costs beyond the stated inputs.

STEP 08 • LAUNCH CONTROL

Launch with a question to answer 08

A controlled first test should reveal whether the whole system works.

Avoid launching every service, every city, and several campaign types at once. A focused test makes it easier to see which part of the process needs attention. Start with the strongest service-and-location combination and a page that has passed the acceptance test.

Write the test hypothesis

For example: “Relevant local searches for our core service will produce qualified inquiries at a cost that can support our acquisition ceiling.” Record the budget, service area, page, conversion definition, response coverage, and decision date.

Separate launch checks from performance judgments

Immediately check approvals, spend, locations, URLs, phone routing, form delivery, and measurement. Fix obvious faults quickly. Do not declare success or failure from a handful of clicks or from conversions that have not had time to arrive.

Allow for conversion delay

Some people inquire or book after the click date. Recent cost-per-conversion figures may therefore look worse before delayed conversions are reported. Review comparable time periods and the campaign’s conversion delay before drawing conclusions. [18]

> **Your decision**
>
> Name one accountable owner for launch checks and one for lead handling. Agree on the exact conditions that require immediate intervention.

The suggested cadence on the next page is an operating recommendation, not a promise that a campaign reaches a stable result within seven or thirty days.

STEP 08 • FIRST-WEEK CHECKS

Inspect the system before tuning it

Use the earliest data to find faults, not to manufacture certainty.

WHEN	CHECK	ACTION
Before launch	Approvals, billing, pages, privacy, goals, routing	Hold launch if a critical item fails.
First day	Delivery, spend pace, queries, locations, forms and calls	Fix broken paths or clear mismatches.
Days 2-3	Lead quality, staff response, available search terms	Add justified negatives; resolve routing issues.
Days 4-7	Spend vs. plan, booking flow, conversion delay	Review patterns and record one priority change.

Pause or investigate immediately when

- Ads promote a service, offer, location, or availability the practice cannot honor.
- A page or phone path is broken, forms are not arriving, or nobody can respond.
- Unexpected spend or targeting falls materially outside the approved plan.
- Tracking sends unapproved health or personal information.
- Disapprovals reveal a genuine claim or policy issue. Correct the issue rather than repeatedly resubmitting the same content.

Keep a change log

Record the date, change, reason, owner, and expected effect. Change one major variable at a time when practical. If you change targeting, page, bidding, and budget together, you may not know what caused the result.

Test owner and office response owner

Maximum test spend and next review date

The first question our test must answer

STEP 09 • OPTIMIZATION

Improve the weakest link first 09

More traffic is rarely the best answer to a broken conversion path.

Review the entire journey: eligible search, relevant click, genuine inquiry, booking, and attended first visit. The weakest stage may be in the account, on the page, or at the front desk. Choose a change that addresses the evidence instead of changing settings simply to show activity.

Start with quality

Use available search terms and practice-side inquiry categories to identify wasted intent. Check geography and landing-page relevance. Separate new-patient interest from existing-patient calls, spam, duplicates, and business inquiries before comparing costs.

Make follow-through visible

Agree on who answers calls, who checks forms, how quickly the team can realistically respond, and what happens when the primary person is unavailable. Do not promise an immediate reply the practice cannot deliver. Track missed calls and the status of requests inside approved systems.

Test a meaningful difference

Compare a clearer first-visit explanation, a simpler contact path, or a more relevant service page. Choose one main success measure and a review period in advance. Use a controlled experiment where the account supports one. Small differences in tiny samples are not reliable proof of a winner.

> **Your decision**
>
> At each review, identify the main constraint, choose one change, and state how you will know whether it helped.

STEP 09 • DIAGNOSTIC PLAYBOOK

Use the pattern to choose the fix

Investigate these possibilities. A pattern alone does not prove a cause.

WHAT YOU SEE	CHECK NEXT	POSSIBLE RESPONSE
Clicks, few inquiries	Intent, page clarity, speed, broken forms	Fix the page or narrow irrelevant searches.
Many weak inquiries	Search terms, offer, geography, qualification	Clarify the offer and remove mismatches.
Good inquiries, few bookings	Response coverage, wait times, availability	Improve handling and appointment access.
Bookings, low attendance	Reminders, directions, expectations	Improve approved practice follow-up.
Good costs, limited volume	Demand, rank, budget, service capacity	Test one controlled expansion.

A practical front-desk conversation

“Thanks for contacting our practice. Are you looking to schedule a first visit or asking about an existing appointment?” Then explain the appropriate next step, available times, and any verified first-visit details. Handle clinical questions through the qualified care team; do not diagnose in a marketing conversation.

Use Quality Score as a diagnostic

Google describes Quality Score as a diagnostic tool, not a KPI or an input to the ad auction. Use its components to investigate relevance and experience. Do not optimize the account around reaching a perfect score while ignoring qualified inquiries and attended visits. [19]

> **Close the loop without exporting patient data**
>
> Give the campaign manager approved, aggregated feedback such as counts of genuine new-patient inquiries and out-of-area requests. Keep names, health details, and appointment records in the practice’s approved systems.

STEP 10 • RESPONSIBLE GROWTH

Scale what the practice can sustain 10

Increase investment when the evidence, economics, and operations support it.

Before raising budget, confirm that the campaign is producing the intended outcome at an acceptable all-in cost over a meaningful period. Check that the result is not mainly brand traffic, duplicate conversions, a temporary offer, or a measurement error.

Check capacity before buying more demand

Can the office answer additional inquiries and offer suitable appointment times? If the next available visit is too far away or calls are already being missed, invest in the bottleneck before adding media spend.

Change one growth lever at a time

Options include increasing budget in a proven campaign, extending a service area, adding an offered service, or testing a new keyword approach. Each introduces a different risk. Avoid treating broad match or a more automated campaign type as a guaranteed upgrade. Review the policy implications of every new targeting feature.

Measure the cost of the extra growth

Track what the added spend produces, not just the blended average from the whole account. Brand demand can make the overall average look attractive while a new expansion is expensive. Use a planned test or careful comparison and acknowledge attribution limits.

> **Your decision**
>
> Approve an expansion only when it has an owner, a spending limit, a measurement plan, a review date, and a clear rollback condition.

STEP 10 • MANAGEMENT SCORECARD

Ask better questions of your team

Use the same standard whether the work is in-house or managed by an agency.

- What business outcome are we optimizing for, and how is it different from a platform conversion?
- What is the cost per qualified inquiry and per attended new patient, with media and all-in costs separated?
- How much of the result comes from brand versus nonbrand searches?
- Which searches, locations, or services are wasting money, and what changed?
- What data leaves our systems, which vendors receive it, and who approved that flow?
- What did we test, what did we learn, and what will we change next?
- Who owns the account, billing, pages, assets, and reporting if the relationship ends?

Look for transparent decisions

A useful manager can explain why a setting exists, what a reported conversion means, and what evidence supports a budget change. Ad strength, clicks, impressions, and optimization recommendations can help diagnose an account, but they do not replace business outcomes.

Watch for the wrong incentives

Be cautious of guaranteed rankings, guaranteed patient counts, unexplained automation, access restrictions, or reports that avoid costs and lead quality. Ask how fees work, what is included, what the practice must provide, and how changes are approved.

> **The monthly decision**
>
> Continue, repair, expand, or pause. Put the reason in writing and choose the next review date. More activity is not automatically better management.

IMPLEMENTATION • 30 DAYS

Turn the guide into a launch plan

Adapt the timing to approvals, staffing, search volume, and conversion delay.

WINDOW	DELIVERABLE	ACCOUNTABLE OWNER
Days 1-5	Goal, capacity, economics, service area, approved offer	Practice owner
Days 6-10	Keyword map, campaign design, approved copy, landing page	Campaign + web team
Days 11-15	Privacy review, measurement plan, routing and mobile tests	Privacy lead + office manager
Days 16-20	Controlled launch, daily fault checks, query review	Campaign manager
Days 21-30	Quality review, scorecard, one priority improvement	Owner + campaign + front desk

Three decision gates

- Ready to spend: the page works, response coverage exists, claims are accurate, and the data plan is approved.
- Ready to optimize: the report is trustworthy, inquiries are categorized consistently, and conversion delay is understood.
- Ready to scale: the economics are acceptable and the practice can serve the additional demand.

> **If a gate fails**
>
> Fix that stage before moving on. A thirty-day plan is a work schedule, not a deadline for profitability or a reason to overlook a privacy issue.

Our planned start date

Our first review date

The one issue that could delay launch

IMPLEMENTATION • WEEKLY SCORECARD

Keep the numbers honest

Use a consistent period and reconcile the report with protected practice records.

MEASURE	HOW TO CALCULATE OR RECORD
Media spend	Google Ads spend for the period
All-in marketing cost	Media + allocated management, page, and tool costs
Clicks / average CPC	Clicks; media spend ÷ clicks
Qualified inquiries	Genuine prospective new-patient inquiries after deduplication
Cost per qualified inquiry	Media or all-in cost ÷ qualified inquiries; label which
Bookings / attendance	Record both counts separately in approved systems
All-in new-patient cost	All-in cost ÷ attributable attended new patients
Capacity and handling	Available visits, missed calls, and response coverage

Read the denominator before reading the cost

Never divide by zero or replace missing outcomes with assumed results. Mark them “not available” and explain the gap. A conversion count that includes page views cannot be compared directly with a count of qualified inquiries.

Use comparable cohorts

A person may click in one month and attend in the next. Review matched cohorts when possible, or clearly explain the reporting lag. Keep attribution rules consistent and avoid claiming that every patient who saw an ad was caused by it.

> **Record the next action**
>
> Main constraint: _____. Next change: _____. Owner: _____. Review date: _____.

IMPLEMENTATION • FINAL CHECK

Ready to launch

Have the accountable owners review every item. Resolve critical failures before spending.

Strategy and economics

- The service, audience intent, geography, and weekly capacity are clear.
- The qualified-inquiry definition, acquisition ceiling, and test-spend limit are written down.

Campaign and message

- Locations, presence setting, networks, language, schedule, and budget have been checked.
- Keywords and negatives match offered services. Brand reporting is separate.
- Ads and assets are accurate, useful, and reviewed for healthcare restrictions.

Page and response

- The mobile page, phone number, form delivery, and confirmation flow work.
- Material offer terms and first-visit information are clear.
- A named person and backup own every incoming request.

Privacy and measurement

- Every vendor, tag, field, URL, and data flow has been reviewed.
- No unapproved patient or sensitive-health data is sent to ad or analytics tools.
- Permitted conversions are tested, deduplicated, and assigned to the right goals.

Accountability

- The practice has appropriate account access and knows who can change spending.
- A change log, scorecard, review date, and pause conditions are ready.

Owner approval _____ Date _____

REFERENCE • GOOGLE ADS

Sources and further reading

Primary sources for the settings and policies discussed in this guide.

01 Google Ads · Keyword Planner forecasts

How estimates use historical data, budget, bids, seasonality, and quality. Forecasts are not guaranteed results.

Also see: Use Keyword Planner

support.google.com

02 Google Ads · Keyword matching options

Broad, phrase, and exact match, including meaning and intent rather than literal-only matching.

support.google.com

03 Google Ads · Negative keywords

Negative match behavior, misspellings and capitalization, and the need to consider synonyms and singular/plural forms.

support.google.com

04 Google Ads · Search terms report

How actual queries inform targeting and negatives, and why privacy limits the queries shown.

support.google.com

05 Google Ads · Advanced location options

Presence versus presence-or-interest targeting and the limitations of geographic signals.

support.google.com

06 Google Ads · Responsive search ads

Headline and description limits, flexible combinations, pinning, and current implementation guidance.

support.google.com

07 Google Ads Policy · Healthcare and medicines

Healthcare advertising requirements, applicable laws, industry standards, and category-specific restrictions.

Also see: Unreliable claims policy

support.google.com

REFERENCE • PRIVACY AND MEASUREMENT

Sources and further reading

Review these before selecting vendors or enabling data collection.

08 Google Ads Policy · Health in personalized advertising

Sensitive-health targeting restrictions and limits on advertiser-curated audiences.

support.google.com

09 Google Ads · About assets

How sitelinks, calls, locations, and other assets support ads; display is not guaranteed.

support.google.com

10 Google Ads Policy · Destination requirements

Requirements for useful, functional, accessible destinations and consistent ad-to-page experiences.

support.google.com

11 Google Ads Policy · Customer data policies

Sensitive-category prohibitions for enhanced conversions and store-sales uploads, plus disclosure and consent duties.

support.google.com

12 HHS · Online tracking technologies

HIPAA obligations when tracking involves PHI, contextual distinctions, and the June 2024 partial-vacatur notice.

www.hhs.gov

13 Google Ads · Primary and secondary conversion actions

Which actions guide bidding and reporting, including the custom-goal exception.

support.google.com

14 Google Ads · Phone call conversion tracking

Call tracking methods, mobile number clicks, and duration-based conversion counting.

support.google.com

REFERENCE • BUDGET AND EVALUATION

Sources and further reading

Use current documentation when account settings or product names change.

15 Google Ads · Spending limits

Daily and monthly charging limits, budget changes, scheduled campaigns, and exceptions.

support.google.com

16 Google Ads · Maximize Clicks bidding

Click-focused automated bidding and maximum CPC bid limits where supported.

support.google.com

17 Google Ads · Target CPA bidding

Average conversion-cost targets, tracking requirements, evaluation, and current product naming.

support.google.com

18 Google Ads · Conversion delay

Why recent periods can show incomplete conversions and temporarily inflated cost per conversion.

support.google.com

19 Google Ads · About Quality Score

A diagnostic tool for expected click-through rate, ad relevance, and landing-page experience, not an auction input.

support.google.com

20 Google Analytics · HIPAA and Google Analytics

Google does not offer a BAA for Analytics; PHI must not be exposed to the service.

support.google.com

21 FTC · Collecting, using, or sharing health information

Health-data privacy duties under HIPAA, the FTC Act, and the Health Breach Notification Rule, as applicable.

www.ftc.gov

Links and guidance checked November 7, 2026. Use the live policy pages for current requirements. Numbered references in the text point to these sources.

YOUR NEXT STEP

Build a plan around your practice

Bring your goals, your service area, and your questions.

You now have a framework for choosing relevant searches, creating a credible patient experience, protecting sensitive information, and evaluating the economics. The next step is to turn that framework into a focused plan for your office.

Chiro Website Pro provides chiropractic websites and Google Ads management. Our Google Ads work includes keyword research, ad copy, tracking, and ongoing optimization, guided by the practice's goals.

Come prepared to discuss

- The services you want to promote and the communities you serve.
- Your available first-visit capacity and who handles inquiries.
- Your current advertising results, measurement concerns, and budget.
- The outcome that would make the investment worthwhile.

Book your strategy call

Visit ChiroWebsitePro.com/discoverycall to choose a time and talk through your practice's needs.

Learn more: ChiroWebsitePro.com/chiropractic-google-ads

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