

Recession Proof Your Practice: Diversity Part I - - Increase Your Referral Base

Dr. D.K. and I met during his first temporomandibular (TM) seminar. At this time he desired to expand his clinical skills. When we met about six months later for his second TM seminar, he told me that he is now getting referrals from five dentists in his area and the number is still growing. In fact, since attending the first TM seminar, his reputation for responsible management of TM disorder patients grew to the extent that an otorhinolaryngologist (ENT) in his area began to refer patients to his office.

What Can Chiropractors Do to Increase Their Referral Base?

In my very first article for "DC" I wrote that one of the purposes of the TM seminars is to encourage the interprofessional treatment of head and neck disorders. Why? For two reasons: First, it is my strong belief, based upon years of clinical experience in treating disorders of the head and neck, that the dentist and chiropractor can, and do, create a dynamic team whose approach is very effective in managing disorders relating to the head and neck. Secondly, the results obtained from doctors who have enrolled in the TM seminar show that chiropractors do indeed establish a referral base from the dental community and provide their patients with a high level of care.

Since the time I wrote that first article I have lectured to literally thousands of DCs. Experience has shown that one of the outright benefits of the TM seminar is broadening the DCs' referral base from the surrounding professional community.

Why Should the Chiropractor Develop a Working Relationship with the Dental Profession?

There are many obvious reasons. The current trend in our health care system mandates effective and efficient care. Often, this is interpreted to mean that it is increasingly difficult for any clinician to satisfy every health care need for patients. Consequently, a team approach to patients' care is commonly desired -- hopefully one that is very effective and dynamic. This is especially true for patients with head and neck complaints.

There is economic sense to this strategy too. Dentists outnumber chiropractors by more than 4:1. Just imagine what your schedule would be like if four or five dentists referred patients to your office regularly as a result of your professional rapport.

How Can the Chiropractor Develop a Working Relationship with a Dentist?

Knowledge. It starts with information as to who makes up the clinical care team and what role does each member play. It continues by gaining insight into the fundamental head and neck disorders, headache, TMJ management, and by knowing who is qualified to make the definitive diagnosis. What is the most critical and most often overlooked part of TMJ management, and most importantly what role does the TMJ play in the biomechanics of the upper back, head, and neck or vice versa? For example, how does this help explain "whiplash" cases, severe migraines, cervicalgia, and auditory and visual dysfunction.

What about collateral treatment modalities, such as biofeedback and other relaxation techniques, exercises, physiotherapy, electrogalvanic stimulation, etc. Throughout discussions between the D.C. and the D.D.S. on case management, a common vocabulary (terminology) is needed so that the clinicians may be better able to bring to a successful conclusion the problems seen in their patients.

With each article I encourage you to write the questions you may have, commentaries on patient care subsequent to attending the TM seminars, or thoughts to share with your colleagues, to me:

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Please enclose your return addressed, stamped envelope.

Editor's Note:

Dr. Curl will be teaching MPI's temporomandibular ("TM") seminar on May 9-10, 1992 in Cincinnati, Ohio; and May 16-17, 1992 in Scottsdale, Arizona. You may register for the seminar by dialing 1-800-327-2289.

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