Dynamic Chiropractic

YOUR PRACTICE / BUSINESS

Patient Categorization

Mark A. King, DC

Unless you are a doctor of chiropractic who does the same thing on each patient, you will need to do a thorough consultation and examination when a patient presents to your office. This is a time to bond with your patient, and to evaluate their condition and reason for coming to you.

To simplify things, I sometimes categorize my patients after the examination. First, do they belong in my office? Do they have contraindications to my treatment, or can some other practitioner help them more than I can? Do I need further testing to properly evaluate them, e.g., a blood test, MRI, or special X-rays that we do not take in our office?

The emotional component is critical and you cannot ignore the vital role you can play here. A feedback loop can exist with pain and stress - pain creates stress and stress creates pain. You can help break this loop by reducing the patient's pain with your treatment. This loop can also be interrupted by reducing the patient's stress with the doctor/patient bond; a "limbic system adjustment," if you will.

Is your patient in need of a "nutritional adjustment," as Dr. David Seaman calls it? If a patient is in a pro-inflammatory state, they will not heal as well as they should (Seaman). Tissues can become overly pain sensitive and slow healing.

Next, does the patient have a neurobiomechanical problem? In other words, too much compression/fixation (Faye) or too little compression/functional instability (Panjabi). Either of these gives poor proprioceptive feedback to the central nervous system, leading to pain, dysfunction, and degenerative changes (Porterfield/DeRosa). A patient can have fixation and therefore require specific adjustments, stretching of shortened muscles, and elimination of muscle adhesions and trigger points. With functional instability, the patient requires specific rehabilitation of inhibited muscles to help balance proprioceptive input and posture. This multi-faceted approach was discussed in great detail in an article in *JMPT* in 1997 (Seaman). A patient could certainly have a combination of the above categories.

Chiropractors have traditionally addressed the subluxated vertebrae with adjustments. However, many patients need more than that. DCs can be leaders in the healing arts by expanding their knowledge, staying current on effective treatment protocols, and by giving patients respect and exceptional care.

Resources

1. Seaman D. Annual ACA Council on Nutrition Meeting, Orlando, Fla., November 1992.
2. Schaefer R., Faye L. *Motion Palpation and Chiropractic Technique*. California: The Motion Palpation Institute, 1989, p. 2.
3. Panjabi M. The stabilizing system of the spine. *Journal of Spinal Disorders* 1992;5:390-377.
4. Porterfield J, DeRosa C. *Mechanical Neck: Pain Perspectives in Functional Anatomy*. Philadelphia: W. B. Saunders, 1995; p. 6, figures 1-3, 1-4.
5. Seaman D. Joint complex dysfunction, a novel term to replace subluxation/subluxation complex: etiological and treatment considerations. *J Manipulative Physiol Ther* 1997;

9:634-641.

Mark A. King, DC
Cincinnati, Ohio

APRIL 2005