

The Golden Years

John Hanks, DC

The hearing aid kept squeaking loudly as it lay on the counter top, and I couldn't figure out how to turn it off. The owner, an elderly woman, was face down on my adjusting table, and I hated to bother her. So, I just put her wig over the thing to muffle the squeal. It seemed more appropriate than her false teeth, which she had also left on the countertop.

Such is the world of the seniors ... the Golden Years. I'm several years behind them, here in the "middle ages" of the Life Span, but I keep looking for role models among my older patients. I look for the healthy, active ones with good attitudes, since I want to be like them when I grow up.

I want to be like Helen, who is 94. "They're dropping like flies at the old lady's home," she announced one day. She lives there, in the retirement community, and constantly gets in trouble for sneaking in stray cats. She also has a dead parakeet that she keeps frozen in the freezer. It was her pet for several years, and she gets it out yearly, on the anniversary of the bird's death, and puts it back on the perch in the old cage, until the bird begins to thaw. "Just a little fun to keep from getting bored," she says.

I once took the case history of a woman who was 100 years old. She drove to my office herself, and lives on her own. On my intake office form, she wrote in the current complaint section, "I'm tired." That was it, her only recorded symptom. She's on my role model list.

But most of us may not be so lucky. Ol' Jerry was a patient for two or three years until his death. He had senile dementia, and his short-term memory was shot. His family had him brought to the office regularly, mostly just to get him out of the nursing home now and then. He always wore the same cap, bearing a Mercedes emblem. I once asked him if he had ever owned a Mercedes. He thought for a moment, and said, "I can't remember ... but if I did, I hope I enjoyed it." Unfortunately, I once cracked one of Jerry's ribs with an adjustment. (It can happen. He recovered). So, for several weeks following the incident, on each return visit, he kept complaining of a pain in his side, but had totally forgotten that I had, regrettably, caused it.

This week, a patient, Catherine, told me about her father. He is in a nursing home, on the Alzheimer's ward. It seems he was watching TV and saw an advertisement for some drug that is used in Alzheimer's treatment. So, he called her daughter. "I think I have this Alzheimer's disease, and I need to take this medicine I saw on TV!" Catherine then told him that he indeed had been diagnosed with Alzheimer's, and that he was already taking that particular medicine. "Then I need a bigger dose!" he replied.

I have been a chiropractor for a while now, and I have known several of my patients for many years. One of them commented the other day, "The bones just don't move like they used to." She's right. There is no audible release in her cervical spine now when I adjust her. Consequently, I have had to learn to modify my techniques to meet the challenges of aging spines. What makes a DC a real chiropractor is having to adjust the lumbar spine of a 300-pound paraplegic patient who can't get out of a wheelchair. If you can do that, then working around the oxygen tank on a woman with osteoporosis, and bones like eggshells, should be a snap (no pun intended).

It is also a challenge to satisfy the older patient who compares my treatment to the chiropractor of his or her youth. "Why, I remember being carried into Dr. Miller's office when I couldn't even walk one step, and with one adjustment, he had me dancing out of that office in 10 minutes! I could have done a handspring in the street!" Of course, these days, the patient has severe stenosis, peripheral neuropathy, walks with a cane, and can't lay face down because of his emphysema.

Is there a high-volume practice out there that specializes in geriatric patients? If so, I would imagine the doctor would need about 10 treatment rooms just to move the old folks along fast enough. I know I can get behind schedule when I see five or six elderly patients in a row on the appointment book. There is one senior fellow we see periodically in the office who needs about 15 minutes just to empty his pockets. Watching him pull stuff out of his shirt and pants, and stack it on the cabinet top, is like watching some kind of slight-of-hand performance. He usually has coins, a comb, two wallets, a small Bible, three or four pocketknives, a hammer, and various assortments of membership cards held together with rubber bands. And, like he was taught by his original DC 60 years ago, he insists on taking off his slacks as well as his shirt, so he can move around better on the table. He can tie up an adjusting room like it's been quarantined.

One of the bittersweet experiences of being in practice for several years is that one's patients begin to die. And every life is unique. I went to a funeral recently of two of my patients, a man and wife who had died within five days of each other. They had been married 64 years; their lives and deaths seem more like a love story than a loss. But their daughter apparently had insight into her parents' relationship, when she later said, "Anyone who knew Mom and Dad, knew the secret to their marriage was that they fought like cats and dogs!"

I may live to be elderly, and if so, I hope people treat me nice. Getting older is not funny, but being old needs some comic relief. When dealing with those in their Golden Years, use the Golden Rule.

John Hanks, DC
Denver, Colorado
jwhanksdc@earthlink.net

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