

## Technician vs. Doctor

A new distinction is emerging in the chiropractic profession. The traditional classification was between straight and mixer. Straights specialized in adjustments of the spine only and considered anything else to be something other than chiropractic. Mixers realized that patients would benefit from adjustments and additional treatments such as heat, electric stimulation, exercises, etc. In some circles, debate still exists as to what is the best way to practice. I want to introduce a new distinction that will, by contrast, put the straights and mixers in the same group.

Isn't it interesting that the treatment you receive for a musculoskeletal (MS) condition depends more upon the training of the doctor you see than the problem you have? There are really only two possible reasons for this oddity:

1. Complexity - Patient conditions are too complicated. In an attempt to deal with this staggering complexity, problems are boiled down to a few readily observable and manipulable concepts. These attempts to deal with complexity by oversimplification are called techniques. Chiropractors have long debated which technique is king, which works best. This debate is like asking which utensil is best: the fork, knife or spoon. While anyone is welcome to their opinion, I think you would have to agree most people eat with all three. Hence, the mixers were on to something. Applying multiple techniques tends to work better than trying to eat steak with a spoon.
2. Ignorance - No one knows what to do. If you are a patient in severe pain, ignorance on the part of your doctor is definitely not bliss; much like trying to treat the plague before antibiotics were discovered. You could try with all your might, but the knowledge was still years away. In this type of helpless circumstance, people often are eager to do something. Of course, not knowing what to do leaves the door open for people to try lots of different things. Hence, you receive all different types of treatment for the same condition.

Combining these ideas, complexity and ignorance, leads to treatment based upon the perspective of the doctor rather than the absolute needs of the patient. The doctor sees the patient through the mental filter of their techniques. The doctor is looking for where to apply their technique, not first looking to see the entirety of the patient's condition. The glaring problem with this situation is *it's backward*.

Treatment should be based upon the condition of the patient first; then the most effective treatment should be selected. For the first time in history, we have the knowledge and tools to properly treat the vast majority of MS conditions. (This solves the problem of ignorance.) We have excellent treatments for disc injuries, joint dysfunction, adhesion, peripheral nerve entrapment, weakness, inhibition, psychological issues, tendinosis, tendinitis, etc.

However, we are left with the first problem of complexity. Humans have limited information-processing capabilities. Since our processing capabilities are finite, we need to have a solid framework for understanding and ordering information. The only way to properly deal with complexity is to have mental pathways and categories of association that easily flow from one thing to the next. We have access to vast amounts of information as long as it is stored properly.

Think about language. We start with the alphabet, then make words, then sentences, then

paragraphs, etc. There is an underlying structure that allows for an infinite number of stories to be told and new words to be created all the time. You simply have to understand the basic rules.

Applying the understanding and ordering concepts to MS health care makes the complexity manageable. After all, 100 percent of MS problems are the result of loading tissues in a way that exceeds their capacity. There is a close relationship between dysfunctional tissues, load and symptoms. Our MS alphabet has vowels (load, capacity, dysfunction and symptoms) that are present 100 percent of the time in every patient. Our MS alphabet also has consonants: anatomy and pathology. This means something is wrong with some part of your patient's body. Now that we have established our alphabet, we can begin to put together some words, phrases and stories.

Starting with these concepts and building on this foundation leads to a new distinction in the chiropractic profession - the doctor. The doctor examines the patient with the goal of seeing all of what is wrong with an objective mind and a well-furnished knowledge base. This leads to a diagnosis that is far more than a single label. The diagnosis is a story about how a patient came to have these problems. Then treatment is the rest of the story, about how the doctor applied the right treatment at the right time and in the right place.

The good news is this: Being a technique provider is now obsolete. Techniques are simply how we interact with the patient's body. We need to have lots of good techniques. Of far greater importance, however, is the ability to understand when, where, what and how much to do. This ability is what all real doctors strive for.

Whether you have been trying to eat with just a spoon because it is your favorite utensil, or trying to eat everything with a fork and knife because it is all you have, you quickly realized it is not terribly effective. You will benefit from first looking at what dish you are trying to eat. Only after intelligently examining your meal will you be able to choose the best utensil for each course.

The new distinction: technician vs. doctor. Technicians treat based upon their technique training. Doctors treat based upon a complete and accurate diagnosis. This is the first time in history we have been able to make this distinction.

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