

The Report of Findings: Get Creative

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Many people are visual learners; this means they like X-rays, graphs, videotape explanations, charts/posters, and anatomical models. It is hard for many patients to get what we do if there is not something to look at. We often use X-ray or MRI films, charts/posters and anatomical models for the report of findings in our treatment rooms. We also draw simple pictures of what we are trying to explain on a dry-erase board. Patients need to understand what's wrong and they want to know at least four basic things, of course: Can you help me? How long will it take? Will it hurt? How much will it cost?

Our ROF is always short and specific as to what we plan to do and how often we are going to treat. Patients do better with specific recommendations rather than general guidelines. We want our patients to understand that we care about them and we want to help them. We want them to know we are different than other doctors who just view them as a specific body part in need of care.

Many young doctors feel they must "fix" their patients in two or three visits, but two or three visits rarely helps a patient with real problems. If we want to help with the patient's pain and function, then we need to take into consideration what Dr. Len Faye long ago introduced, which is the SAID principle: [Specific Adaptation to an Imposed Demand](#).

If a non-runner wants to run a marathon, then they need to train their body to run that distance over time. They do not run a marathon the first day. They run a mile the first day and progressively increase the distance. The same principle applies to restoring optimum function for a patient. Consistent serial treatments allow the body to adapt to normal.

Some DCs have been guilty of over-treating through the years, but over-treating is not what we are talking about here. *Best care* is what we are suggesting. If a patient only wants help with their pain, then fine, we will help them with that and make it easy for them to return to the office in the future when their problem recurs. Greg Stanley (Whitehall Management) has a great quote for patients only interested in pain relief: "Tell them what they need, and give them what they want." You cannot care more about a patient's health than they do.

Another important consideration is timing regarding the ROF and the first treatment. Should you do the ROF and adjustment on the first day? Remember that this is all about the patient and not about us. What is best for the patient? For example, if someone has been going to DCs for years and is new to town, we are typically going to explain the findings and adjust them on the first day. If someone has never been to a DC and is quite nervous and anxious about what DCs do, and specifically what we are going to do to them, then we usually do not adjust the first day. We do not want to overwhelm them. Quite often they are afraid, and since we do a thorough history and exam, it can be too much to add in the adjustment, not to mention we may need to review X-rays or other test results. Although we adjust our patients on the first visit more times than not, we have found that we have better compliance with patients who are not adjusted the first day. Not exactly sure why that is, but it is a significant difference.

People learn and understand in different ways. Your patients can be auditory, visual or kinesthetic

learners. Don't communicate through auditory means only. Draw pictures, show them X-rays and charts, etc., and let them touch the anatomical models or fixation sticks. A favorite kinesthetic and visual aid we utilize to encourage patient participation is to have the patient feel a pseudo-fixation. We do this by showing them how it feels at the ulnomeniscotriquetral joint with their hand relaxed while the doctor palpates it; then we have them extend their fingers and feel how much stiffer that joint is when the doctor palpates it.

Get creative with your reports of findings so your patients understand what you do. If your patients truly understand the problem, they are more likely to choose the best care for themselves and refer others. This helps you build the dream practice. Good luck.

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