

Ask and You May Receive

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A friend of my mother has had a problem with her ears for almost 20 years. Whenever the wind blows, it sends shooting pain through her jaw. She has seen any number of medical specialists over that time, but with no relief. Her only solution is to keep earmuffs with her at all times and wear them when she goes outside on windy days. Needless to say, earmuffs are very much out of place and usually uncomfortable in sunny Southern California.

A week ago, she was wearing her earmuffs in our unseasonable 80 degree "winter" weather. Fortunately, she forgot to take them off when she went in to see her doctor of chiropractic for her usual appointment. The earmuffs generated the obvious inquiry, leading her doctor to say, "That's probably a [TMJ issue](#); let me take a look."

Twenty years of intermittent pain was addressed correctly by the only provider with the expertise to provide the relief she was seeking. The pain is now gone, as are the earmuffs. The irony is that my mother's friend has been seeing her DC for years for other ailments and never thought to ask about her jaw. Apparently, her DC also never asked her about other pain or health issues that would have sparked the conversation.

A recent posting by a chiropractor Facebook "friend" shared the almost unbelievable story of a local orthopedic surgeon who actually referred a patient to my DC friend. The chiropractor was astonished, as he had never received a patient referral from an orthopedic surgeon.

What was missing from the post: why the referral was made. The assumption is that it was an appropriate referral and that somehow this orthopedic surgeon knew enough about the DC to make the referral. It is unclear why the DC didn't take the time to discover the impetus for the referral.

If you read the lead [story in this issue](#) ("Climbing the Ladder of Opportunity" - part 1 of two parts), you will note that a considerable amount of pressure is being placed on the surgical community to demonstrate "failed conservative measures / treatment prior to surgery." The wonderfully referenced article quotes Kim Hrehor, project director for TMF Health Quality Institute:

"Medicare now requires physicians to document more conservative treatments before ordering spinal fusion, an expensive surgery that may have serious repercussions... you would hope physicians would try the conservative route first without jumping into surgery."

A careful read of part 1 of that article (look for part two in our April 1 issue), paints an interesting picture. What must be particularly dismaying for the surgical community is the very real threat of prepayment reviews that could cost them tens of thousands, if not hundreds of thousands, of dollars.

While your sympathy level may not be very high (particularly given the ridiculous reviews that most DCs undergo), this motivating factor should be one to consider. Is the average spine surgeon more likely to want to participate in a relationship with a doctor of chiropractic now than in the past?

The short answer is likely to be a resounding "yes." But surgeons are unlikely to know how to build

this relationship with you. Most have been told that chiropractic is questionable, but that there are "a few good chiropractors; the hard part is finding them." Their best source is likely a referral from another surgeon who has found a "good chiropractor."

This is where you come in. You can initiate conversations with local surgeons regarding [a trial of conservative care](#) before their patients go under the knife. You will be fulfilling their obligation to seek conservative alternatives, with the understanding that you will manage their referrals in a way that provides the documentation they need if surgery is truly the only option.

Needless to say, they will be extremely particular about the first couple of patients they refer to you. The best thing you can do is have a clear understanding of their expectations beforehand, particularly as they relate to communication and documentation. Once you are recognized as a "good chiropractor" by one surgeon, others are more likely to work with you.

Opportunities such as these are all around us, but sometimes they only materialize when we take the time to ask. While occasionally uncomfortable, asking about other health issues, the health of family members or establishing a referral relationship with other health care providers can only benefit patients and ultimately your practice. But you have to be the one to speak up and ask.

Read more findings on my blog: <http://blog.toyourhealth.com/wrblog/>. You can also visit me on [Facebook](#).

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