Dynamic Chiropractic

PRACTICAL CHIROPRACTIC

# Don't Leave Patients Hanging

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In my experience, only about 30 percent of patients who present for care can identify a specific activity or event that led to their trouble. They may have been injured in a household, recreational or occupational incident. Maybe their problem began as the result of an automobile accident. Regardless of the situation, their mechanism of onset is explicitly known.

The remaining 70 percent of patients who present for care cannot identify a specific activity or event that led to their trouble. They may have a vague idea; they know when their pain started, but they are unsure *why* it began.

Practitioners know that for this second population, their problems have been building for some time. Small, repeated traumas built to a threshold, at which point a final, minor trauma was the catalyst for pathology and pain. And this is how the situation is explained to the patient.

Still, when patients do not have a clear understanding of the source of their trouble, it leads to questions: "*How did this happen? Why did this happen? What could I have done?*" It is impossible to answer these questions beyond the accumulation of wear and tear with a final catalyzing event. The patient would have to have been under surveillance to receive a more definitive answer.

What Some Patients Don't Want to Hear (But Need To)

Patients are not usually satisfied when the doctor cannot provide a definitive answer. When this is the situation, it usually leads to the patient asking questions about the source of their trouble. They may continuously rephrase the questions, attempting to gain a more satisfactory answer.

Eventually, many patients accept the wear and tear and final catalyst explanation. Their minds are relieved. However, some continue to repeat the questions regarding the source of their problems; many to the point of appearing they are looking for somewhere to place blame. This is especially true if some of the wear and tear related to their trouble is under their control. Specific examples include obesity, being out of shape, smoking, self-inflicted stress, participation in strenuous recreational activities, and hobbies.

It is hard for many patients to hear that their trouble is at least in part due to their personal habits. We all hate to hear *we* are part of the problem.

It is difficult to hear this news – but it is also difficult to *deliver* this news. Telling patients their troubles are the result of or complicated by their weight, emotional state and/or deconditioning seldom goes well, especially if the information is not new. The patient is often tired of hearing it.

Patients occasionally change doctors in these situations. Doctors frequently discover that new patients come to the office seeking second opinions under these circumstances. Their previous doctor gave them the same bad news we are discussing, and they are looking for someone with different answers.

Are You Failing Your Patients?

One of the compounding factors is doctors' failure to develop a plan and provide resources to address their patients' troubles. Doctors may not operate programs that help patients get in shape, modify their diet, lose weight, quit smoking or reduce stress.

However, programs of this nature are out there in bulk. Many are incorporated into the office, and many are available through other professionals.

Multiple programs are available for weight loss and diet modification. Doctors can sell meal substitution products and supplements in their offices. Programs outside the office, like WW (Wellness Works, formerly operating as Weight Watchers) are available in most areas.

Gyms and personal trainers seem to be on every corner. In the middle of our COVID crisis, when gyms may not be an immediate option, personal trainers in many areas have adapted to this problem and are offering training at home.

The American Lung Association and many psychologists offer programs for smoking cessation. A psychologist can also assist with stress reduction.

An often-overlooked resource in these situations is the incorporation of acupuncture into offices. Acupuncture is a part of chiropractic scope of practice in many states.

Treatment for weight loss, smoking cessation and other potential factors related to patients' trouble is standard and sufficient. If doctors are not interested in acupuncture or it is not within the scope of practice in their state, there are usually non-chiropractic acupuncturists in the area.

Some in-office solutions are easy to implement; some are difficult. Expense, office space and time are often the most limiting factors. Solutions outside the office usually require developing a referral network. Time is a limiting factor in this case.

The point is to have a plan. Whether it is dependent on in-office programs, outside-the-office programs, or a combination of the two, doctors should not tell patients their troubles are due to their habits and situations without offering resources to address the factors contributing to their problems.

MARCH 2021