



DIAGNOSIS & DIAGNOSTIC EQUIP

The Fifth Question

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For decades, a doctrine in chiropractic has been the necessity of addressing four major questions patients have during a report of findings: “What is wrong with me?” “Can you help me?” “How long will treatment take?” and “How much will the treatment cost?” These are critical questions, and doctors should always include the answers in their reports.

However, I think most patients have a fifth question; one that is just as important as the first four and may be as difficult for some doctors to address as the question regarding financial obligations. The fifth question is: “Will my condition return?”

I make these statements based on 36 years of practice experience. The question has been posed by most of the patients I have reported to throughout my career.

Recurrence of a condition is a legitimate concern for patients. No one wants an ailment hanging on for an extended period. Unfortunately, many neuromusculoskeletal conditions are repetitive. The question is difficult to answer. No one can predict the future. However, there are a few concepts I think will help doctors and ultimately, their patients:

- Don't be afraid of the question. Some doctors may shy away from the question, as they want to provide an optimistic experience for patients. It is difficult to tell patients they are stuck with conditions. It discourages patients, and they may leave in search of a provider who offers the answer they want to hear. Even with this in mind, the truth will set doctors and patients free. Doctors can be sincere, and patients can address their current episodes and develop an action plan for handling future occurrences.
- Soft-tissue impairment ratings are not typically assigned until one year post-injury. This period is not set in stone, but is a reasonable general estimate of time for most soft-tissue healing to have occurred. I use this information to introduce the possibility of a recurring problem. I tell patients that a degree of permanency is always present for conditions that have persisted for over one year. I assure them that this does not mean they will be disabled, just that I cannot offer a complete cure.
- Some conditions are treatable / controllable, but not curable. Doctors can make a comparison between spinal conditions and diabetes. Diabetes is treatable / controllable, but

not yet curable.

- Tell patients the initial goal for treatment is to get through the current episode. Then, efforts will turn to measures meant to reduce the frequency and intensity of future episodes.
- Sometimes, doctors can deliver good news and inform patients that their conditions will resolve completely. However, patients must understand that one of the most significant factors in prognosis is that they usually return to being themselves when released from care. In these cases, stress the fact that the patient may have to commit to specific lifestyle changes to prevent future issues.
- Many of the patients faced with permanency will admit they knew in the back of their minds they would always have some degree of trouble, and most thank you for your honesty.

One final point is necessary in this discussion. When patients are assigned a treatment plan with a specific number of visits in a particular time frame, they often expect a complete cure when these milestones are reached. In chronic cases, when a patient expects a cure and it does not happen, everyone is disappointed. Addressing the fifth question early benefits doctors and patients.

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