

Intern Insights

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Not too long ago I sat and asked myself some questions, as though somewhere, someone was going to respond. It occurred to me that as an intern my life is chalked full of daily triumphs and turmoils, a few of which I would like to share.

Most chiropractic interns deal with challenges every day, largely consisting of constructive patient criticism such as, "That's not the way my last intern did it!" While interns get occasional ego boosts, there is also a general feeling of uncertainty towards the treatment and management of their patients.

The other day an instructor asked his senior interns if they knew when a good adjustment was given. He asked us how would we define a good adjustment. Was it because you got such a magnificent audible release, as if the sky was rumbling just before a heavy rain? Was it because the patients received relief from their organic or visceral complaint. Nobody could say.

Interns face a dilemma every day. Most patients are not hard to adjust, given you have had adequate time to familiarize yourself with them. On occasion though you do run into problems. I would say that 95 percent of the time you can call a clinician in to help you with an adjustment and the doctor effortlessly gets the job done. Once in awhile you have a case where the doctor comes in and is unable to achieve audible success. At this point the doctor will either try again or just pat the patient on the back and say, "There you go!"

But what happens when the doctor leaves the room after an inaudible adjustment and your patient is less than happy with the services rendered? You can tell them to comeback tomorrow, or you can try again and hope that you get an audible, which you sometimes do.

You have to ask yourself when does moving a vertebra become personal? When do you ascertain that the last failed attempt at giving an adjustment was just not up to par and you should try again? These questions are asked by practicing doctors and interns. It is only experience that dictates when you should proceed with a second, a third, or perhaps a fourth attempt. For every intern, experience is the biggest shortcoming.

I have read numerous articles about the importance (or lack of) an audible. For the doctor, the intern, and most patients, an audible means instant gratification. I am aware that an audible release is not the soul predictor of motion achieved into a vertebra fixated in an abnormal juxtaposition, but it helps.

My advice for interns wondering what to do with those dissatisfied patients who look at you after the clinician has left the room, like a puppy begging at the dinner table for more scraps, is to use your best judgment. This may be all you have in the absence of experience.

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