

Kids Need Chiropractic Too

Peter Fysh, DC

Pediatric Patient Survey

Dear Doctor:

This month we are devoting this column to what we consider to be an extremely important survey; one which may help shape the future of chiropractic care for the pediatric patient.

Published below is a survey form which is the first of a series designed to help determine what is normal and usual care for chiropractic pediatric patients.

This survey is being conducted due to the requests of many doctors of chiropractic who told us that they were concerned that chiropractic care for children was not being adequately funded by insurance companies, and were disturbed by the notion that chiropractic care may soon be determined by non-chiropractic groups, whose main concern is cost containment.

To gain the required accuracy of results for this survey and for maximal effect, it is critical that a large number of chiropractors complete the survey. Doctors, like yourself, who read this pediatric column, now have a chance to have direct input into the future of managed pediatric chiropractic care.

All that is necessary is to photocopy the survey form from this page, then answer all the questions and return the survey promptly. It will take you a few minutes, but may help ensure that children from those families who depend on insurance coverage for continued chiropractic care, can continue to bring their kids to your office.

All respondents will, of course, remain anonymous.

Please help us take this first important step toward developing standards of care for our pediatric patients.

Thanks for your cooperation.

Sincerely,

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Pediatric Patients Treated Last Month

(Under 15-Years-Old)

The purpose of this form is to determine which pediatric conditions are being treated by chiropractors.						
Please make an entry for each patient that you treated last month, who was under 15 years of age.						
If you have any questions please call 1-800-999-PEDS.						
			-----ADJUSTMENTS -----			
AGE	SEX	CHIEF COMPLAINT	OVs REQ'D	VERT. LEVELS ADJUSTED	TECH USED	RESULT OF TMT
5	M	Earache	3	C1, C2	D	R
Upon completion, please return to:					Result of Treatment	
Dr. Peter N. Fysh, D.C.					R = resolved	
880 E. Fremont Ave., #733					D = discontinued	
Sunnyvale, California 94087					O = ongoing tmt	
					M = maint. care	

Instructions for completing the form:

Please use the following guidelines for entering data relating to the pediatric patients that you treated last month, who were under 15 years of age.

Age

Enter the age in years. For an infant who has not yet reached his/her 1st birthday, enter the age as 0.

Sex

Enter M or F

Chief Complaint

Enter the major presenting symptom for which the child was brought to your clinic. Examples: Enter earache, not otitis media; sore throat, not tonsillitis. If the child presented for a routine spinal evaluation and a problem was detected during that examination, enter that problem as the chief complaint.

OVs Req'd

Enter the number of office visits required for this patient during the past month. Count the case history and physical examination as only one visit. If treatment was performed at the same office visit as the case history and physical exam, the entire procedure should still be counted as one visit.

Vert Levels Adjusted

Enter all the spinal segments which were adjusted on this child during the month. If the entry panel is not large enough, use the line below.

Technique Used

Enter a letter from the following list to describe the selected spinal adjusting technique used for this child.

- A = Activator
- D = Diversified
- G = Gonstead
- S = Sacro-occipital technique
- O = Other

(If other, please enter the name of your technique in the margin of the form)

Results of Treatment

Enter a letter from the following list to describe the results of the month's treatment on this child.

- R = Resolved: Use this entry if the chief complaint originally identified has been resolved.
- O = Ongoing treatment: Use this entry if treatment for the chief complaint is still ongoing.
- D = Discontinued: Use this entry if the treatment program was discontinued, follow-up visits were not kept or were cancelled. If a parent called to cancel the follow-up visit and advised that the problem was resolved, then use the letter R.
- M = Maintenance Care: Use this entry if the child is still under care but the original chief complaint has been resolved.

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