

Lost in Translation

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When I sit talking to a new patient, I like the anticipation of my inevitable question: Have you had chiropractic care previously? But this was not always the case. When I was first in practice, I was a little afraid to hear the answer: "I loved Dr. Kopopkins because she was always able to correct that nasty bone in my neck that no other chiropractor could ever fix! I bet I have been to a dozen chiros over the years, and I ended up seeing her for about 40 years until she died from chilblains." How can a new DC compete with that kind of patient satisfaction? What exactly did Doc Kopopkins do?

When I ask the operant question, I want to know every aspect of the prior chiropractor's techniques. I want to know what seemed helpful for the patient, what hurt, what was annoying, etc. That's because I hesitate to do anything the patient doesn't like unless they understand why I'm doing it.

Patients often are cloudy about what was technically done in any given treatment, especially by a chiropractor. They also might have the same selective memory about medical treatment, with one exception: any injection to any part of the body. Most patients will remember that event, but do they remember what happened during any chiropractic visit?

Well, some do and some don't. Some patients have a vivid memory. "This chiro was kind of easily wigglin' my neck around, and then he turned plain mean and cracked me like one of those ninja guys do when they want to kill you!" I have learned patients usually remember having their necks "cracked," especially if the previous DC did not warn them or explain specifically what was going to happen. Personally, I talk new patients through this experience, much like I am an air traffic controller.

Was the patient treated face down? "Dr. Ed was a nice chiropractor, but he was a real quiet person. He had this habit of working on his notes between adjustments. So, you never knew when or where he was about to put his hands on you again. I would jump each time, I couldn't help it."

One of the more revealing questions is, "Did the DC have you lie on your side to adjust your lower back?" I get the most diverse answers to that query, including "Please don't do that," "It's the only thing that works," "You mean that 'pretzel' position?" and "Do what you have to do."

Then there is the mechanical adjusting-instrument question. Most patients might not remember what it's called. "It's that plunger thing." If it's an electric model, they might say: "That small jack-hammer thing." I often show the instrument to a patient and ask if their previous chiropractor used something like that. Often, if a patient has never seen a mechanical adjusting instrument, they stare at it blankly, probably wondering how it works. One guy looked at the instrument with a scared look on his face, as if I were about to don latex gloves and check his prostate with it.

Sometimes, no matter how the patient tries to explain the technique used previously, I can't figure it out. Many times, I have guessed it was some kind of reflex technique or a metaphysical energy tactic I

will never understand, like "adjusting" a patient over the phone. Then there was the bizarre: "She stood across the room and used something like a crystal on a string that seemed to squeak like a wounded rabbit when she twirled it around her head."

I have learned to pay attention to most of the chiropractic techniques I have encountered. I've studied many. If the technique fits well in any of the categories of leveraged, stretch, myofascial, distraction, reflex, energy, etc., I bow in respect. But that stone-on-a-rope thing...

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