

The Report of Findings: Build Patient Confidence in Your Treatment Plan

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Have you ever questioned the appropriate time to provide the [report of findings](#) to your patient, or do you have the habit of sharing your findings as soon as your consultation or exam has been completed? In general, doctors are ready to give a detailed report of findings and recommendations for care when they have spent the necessary time and effort to establish firmly in their own mind the true, fundamental, underlying or at least contributing cause of the patient's presenting complaint. If professional patient procedures have been followed, the doctor will also have built in the mind of the patient the confidence so vital to a successful relationship between doctor and patient.

Getting the Green Light on Your Plan of Care

Do not give a report of findings until you have the green light; that is, until you feel you know the cause of the patient's presenting complaint and believe you can truly help. It is also essential that you have established authority, decision and certainty with and in the patient. If this stage of confidence on the part of both doctor and patient has not been reached, it is best to postpone the report until further consultation and examination bring about the proper level of confidence.

What would you do if the patient utilized statements such as, "It's really not that bad: it just needs a good loosening up," "I thought I'd give you a try," and/or "I've been waiting quite a while. I hope it doesn't take too long. I'm in a hurry"? Do any of these statements show a high level of confidence in you and a high level of commitment by them to do what it takes to get well? Not in my personal experience and practice.

Unless the patient is as committed to getting well as you are to serving their needs, the doctor-patient relationship is unlikely to be satisfying for either of you. On the other hand, if a patient uses statements such as "I sure hope you can help me Doc. I've tried about everything," "I didn't realize chiropractors were so thorough and could do so much," "Whatever you say, I just want to get well" and/or "I hope you can help me as much as you helped my friend," they clearly have an attitude of acceptance and trust.

So, if you are sure that you have found the cause of the patient's presenting complaint and the patient speaks in terms similar to these, you know you are ready to prepare and deliver a professional report of findings. At this point, the ROF can be entered into with assurance that you fully understand the patient's condition and can help; and their assurance that you can deliver a service of more value to them than their perceived cost of following your recommendations.

Your report of findings and best recommendations should be created after reviewing all information, not just symptoms or named conditions. Formal acceptance of by the patient must be based on your findings, not just the patient's feelings. It is recommended that your report of findings reflect a well-

rounded approach including spinal adjustments, active care, lifestyle modifications, nutrition, etc.

The Professional Report of Findings: Essential Elements

The basic questions to answer in a report of findings are: What's wrong? Can you help me? How long will it take? Is it going to hurt? **How much will it cost?** The care recommended to any patient should be equivalent to the care that you would recommend for your mother, father, brother, sister or child. Chiropractic care is about giving the patient an opportunity to discover and maintain improved health. If some of your goals are to have your patients fully understand and embrace chiropractic, see the value and be willing to pay for the care, and refer all their friends and family (stay, pay and refer), it is imperative that you choose to provide them with both a verbal and a written report of findings.

A written report of findings should be presented in a professional folder and include a welcoming letter signed by you, your recommendations for chiropractic care, a vertebral subluxation complex chart or a spinal nerve function chart, peripheral nerve distribution chart and an autonomic nervous system chart, as well as suggestions to follow during spinal correction. Circle with a highlighter the areas of the spine and nervous system that reveal dysfunction, and share with the patient exactly what approach you will be utilizing to help their nervous system function as it was meant to function.

Here is the way I recommend you approach the oral ROF: Begin by greeting the patient and, if applicable, introduce yourself to the patient's spouse or accompanying friend or family member. Follow your greeting immediately by saying, "I have great news for you. Chiropractic will be able to help you, and I'm thrilled to accept you as a patient." If you utilize X-rays (and I suggest you do), show them what normal is, and then ask them what they think is wrong (in general) on their X-rays. Verify with them what they are saying and utilize spine, peripheral nervous system and autonomic nervous system wall charts. Describe subluxation and its effects on their body, and point specifically to their areas of concern based on your findings.

Next, describe how you plan to assist them in discovering and maintaining better health, and what will be required from them. Let them know that you are committed to doing everything you can to support their return to health, and ask if they are committed to fully participating. It is imperative that you get the patient to commit to following your recommendations. Also ask for their commitment to let you know personally if they ever divert from your recommended plan or choose to cease care. A statement such as this has proved very beneficial in my practice: "If you ever choose not to follow the recommended care, can I have your commitment that you will discuss this with me personally before you do?"

Once the patient has agreed to follow your recommendations, have your CA take them through the financial report, after which the patient is ready for their first adjustment. Following the adjustment, remind the patient of the goals of the care plan, let them know how the adjustment went, and tell them that they may have a reaction to change somewhere between the first and fifth visit, and to let you know if they do. Reinforce that this is normal and experienced by many patients beginning care. Give them a "now that you have had your first chiropractic adjustment" pamphlet and let them know that you will be asking them questions about what they learn from reading the pamphlet on their next visit.

In closing, you can use a statement such as: "It went very well. Remember, the purpose of this adjustment was to reduce the effects of subluxations by restoring motion to your spine and improving your nervous system function. As we see that improvement is occurring, we are going to implement

those stretching exercises that I mentioned to continue to improve your mobility and your overall health. Thank you for choosing me to be your family chiropractor, and if you know or ever meet anyone who may need my help, we would gladly accept a referral. I look forward to seeing you on Wednesday" (or whenever you want them booked to see you).

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