

Body Talk: Getting Patients to Listen to Their Pain

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There are a number of important points presented in the "Report to Congress on the Evaluation of the Demonstration of Coverage of Chiropractic Services under Medicare."¹ While some of these findings may not be earth shattering, they paint a picture of today's chiropractic patient that we should all be paying attention to, because understanding your patients and their needs is step one in providing proper care. The evaluation included a survey sent to 3,464 users of chiropractic services under the Medicare system, with a 71 percent response rate.

According to the authors of the report, "Pain was the most frequent symptom, followed by difficulty walking. Symptoms were severe or very severe and interfered considerably with usual daily activities for two-thirds of the respondents." While those may seem like obvious statements, the mix of pain complaints has changed over the past decade or two. According to the survey, here are the complaints reported by chiropractic users:

- Back pain - 78%
- Neck pain - 50%
- Hip pain - 38%
- Shoulder pain - 32%

Another important finding, according to the survey: Fifty-nine percent of those who sought chiropractic care did so because of "favorable earlier experiences," while another 39 percent sought chiropractic care due to "insufficient relief of symptoms by prior treatments of other health professionals." The "prior treatments of other health professionals" are almost startling; as you might expect, they are exclusively (and ludicrously) medically oriented and overwhelmingly drug oriented:

- Pain pills - 58%
- Pain injections - 30%
- Pain pills & injections - 22%
- Surgery - 12%

With pain as the driving factor for chiropractic visits, the measurement of relief is key to evaluating how effective we are. Here we find what I believe to be the most powerful statement in the entire report:

"Reports on the relief of symptoms for the same clinical problem also differed widely, with 60 percent of respondents indicating that they received 'moderate' to 'complete' relief from chiropractic treatments compared to 11 percent from treatments by other health professionals."

This is certainly a strong position statement for a marketing campaign. Consider an advertisement with a headline: "Not getting the pain relief you need from drugs? You need chiropractic!" And how

about this for a subhead: "A congressional study found that chiropractic care was successful in relieving some or all pain in 60% of patients who failed to get the pain relief they needed from traditional medical care."

A little bold perhaps, but then again, why not? It's certainly true. And yes, the report did show that the cost of chiropractic care increased with the expansion of chiropractic services reimbursed under Medicare. But one would expect to pay a little more for care that works versus care that doesn't, right?

My question is, with a success rate of only "11 percent," why would Medicare (or any third-party payer, for that matter) continue to pay for forms of care that fail to relieve pain? At least limit the number of times a medical doctor can see a patient without providing the necessary pain relief. Seems appropriate to me.

In fact, based upon these findings, one would expect referral to a doctor of chiropractic in these circumstances to be mandatory. The patients have figured it out; they self-refer to a form of care that works. Why can't the payers figure it out?

In most cases, it's pain that complains to the body and causes people to be aware of their need for care. Sadly, the majority of our society is still convinced that the first course of action is to mask the pain with medications. That is our fault. We haven't educated the public well enough to know better.

While some people get enough pain relief to let them continue with their life, they remain ignorant of what their body is trying to tell them. Many of the fortunate ones (those for whom pain pills and injections don't work) seek chiropractic care. This allows adjustments to enter the pain conversation and quiet the complaint. It also lets the doctor of chiropractic educate the patient about pain and its purpose.

Pain can be instructive if the patient is willing to listen. We (still) need to teach them how.

Reference

1. See "[Medicare Patients Give Chiropractic High Marks](#)" in the March 26 issue of *DC*.
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