

Decompression and Your Practice: An Overview for Implementation

Jay Kennedy, DC

Decompression may well stand alone in the arena of capital equipment having been marketed extensively (and at times almost exclusively) as a get-rich-quick scheme. Though a remarkable (and typically erroneous) success rate was often claimed (via some magic, proprietary mechanism), the outcome potential still took a back seat to the income potential.

Though much of the fanfare and hyperbole of the past decade is subsiding due to low-cost, highly efficient machines entering the market (and a new calculus as to a reasonable treatment cost), the awe of added profits and enthusiastic patients waiting in line continues to fuel and burgeon interest. Much of the interest comes from doctors who, just a few years earlier, would have scoffed at the notion of it; many denying it as "not chiropractic."

Fortunately, our profession has an inclusive nature and tends to adopt what works, irrespective of its' philosophical dissonance.

The need to address increasing doctors' bottom line is a standard approach when selling capital equipment. Commodity products like soap, paper and pens don't need a marketing strategy, per se, other than price, but capital equipment almost always does. A suggestion of high profit via high treatment price and patient demand is very compelling to any clinician. High patient demand is typically, but not always, linked to exceptional outcomes. I say typically, but not always, in that there are many practices with modest competence (and outcomes), but huge patient volume.

If the doctor believes they (or their equipment) to be the best, all the potential contrary evidence will remain unconvincing. Decompression systems (manufacturers) have been quick to play on this.

For more than a decade, decompression manufacturers had been able to convince numerous clinicians that their systems were technologically advanced, proprietary and *not* traction (all in the face of evidence to the contrary), and that the purchase would set their practice way above the average. This was often enough to instill a dramatic confidence in the doctor, who in turn transferred that confidence to potential patients. The result was a booming new practice. That the outcomes promised often failed to materialize was mitigated in various ways (not the least of which was the difficulty in admitting to the error in accepting a \$40,000-\$100,000 lease).

Interestingly enough, however, these companies also inadvertently demonstrated traction works (since there really aren't any true decompression systems).

And that has helped us all.

New equipment (and seminars) can be the vehicle(s) that create renewed confidence and commitment. Many of us need to latch onto something if and when our self-confidence wanes. That may come in the

form of capital equipment, a "new" technique, etc. The good news is that the price of entry has become very reasonable. It is simply unnecessary to spend more than \$12,000 on equipment these days!

I have seen many practices double collections in a few short months from just such an acquisition. I have also seen many practices pay off their entire equipment investment in the first month. Something aligns in the doctor's awareness and they commit to a new success proposition: "I can do this" or "I know this will work; this is the advantage I need."

Once we accept someone or something as an authority, we in effect give ourselves permission to achieve greater financial and personal success. A new piece of capital equipment is often that vehicle.

It is important to avoid falling prey to wild and exaggerated claims. Recognize cost-effective equipment *is* available. Disc problems may be better, less stressfully and more lucratively treated with a decompression/traction system than through other therapies - but there are *no* magic machines.

How It Works

It is important to properly understand decompression therapy. First, we are talking about axial traction (recognizing that, like it or not, it is more easily understood and sold when referred to as decompression therapy).

Decompression is an outcome when compression is removed and/or traction is added to any intact, hydrostatic disc. Axial traction is the efficient, saleable mechanism used to create a rapid, reproducible and safe decompression effect. Manual traction, weight-bath therapy, inversion, etc., are certainly "decompressive," yet are more difficult to sell and codify compared to a mechanical traction system.

We have discovered that nearly 80 percent of disc cases (classified via functional testing) are candidates for some form of decompression. That could be modified inversion, directional preference positioning, CPM, static, etc., with the decision based on the classification algorithm.

Traction on a specialized, efficient, non-threatening and comfortable table has been, and will continue to be, an intuitive and highly sought-after intervention for HNP, nerve encroachment, degenerative disc and their associated referral symptoms.

Second, it is important to remember that much research is focused on the proposition that there are four mechanically responsive conditions: 1) manipulation responsive; 2) directional preference responsive; 3) stabilization responsive; and 4) traction responsive. Traction is considered by most authorities as a primary, nonsurgical intervention with specific clinical prediction rules and indications.

Traction is a viable, intuitive and sensible therapy for compressive disc lesions and most notable leg (or arm) referral symptoms. We can really ask no more from it. It satisfies the patient with its comfort, technology and safety, and it satisfies the doctor with its ease of use, its ability to be delegated and (at least in the past few years) its cost-effectiveness. My experience is that it also can be successfully used to engage the patient in referring family or friends with disc-related pain/symptoms. Since it is a specialized method based on decompressing compressed structures and is different than "chiropractic," many patients often inquire along these lines: "I wonder if this would help so and so; they've already tried chiropractic."

[pb]Making Your Decision

With the instant information available today, it is rather foolhardy to think you can just ignore your competitors' treatment methods. If the tide has swept adjusting instruments, drop tables, massage therapists, lasers or decompression into your competitors' practices, you can try to stoically resist, but you'll probably suffer. Most patients want their doctor to have what is being offered elsewhere, or have a *very* compelling reason why they don't.

Decompression therapy, like it or not, is coming into your home town from several sources: other DC or MD clinics using it and the inversion units (HSN, Sears etc). Decompression for back pain is here and it is easily recognized as a viable option by many suffering with disc-related pain. To doggedly stand back and say, "It is not for my practice," will probably cost you patients eventually. We know this from our research. I wasn't lying when I said: Have it or compete against it. The key now is to price it competitively and avoid hurting your reputation by gouging patients.

Excellent (and legal) turnkey marketing programs are available and easily displayed in any waiting room. I recommend brochures, occasional advertising and direct marketing for medical referral if your goal is to fill up a couple of tables quickly. That often means 15-18 patients per table.

A very conservative approach to calculating a return on investment (ROI) with decompression therapy stems from the "new-patient" equation. According to our surveys of thousands of practitioners performing this therapy, the typical patient who seeks decompression therapy has failed *all* other forms of conservative intervention including manipulation, physical therapy and injections. Some are surgical failures. These patients have generally abandoned physical medicine interventions and tend to be managing their condition with a cocktail of dangerous, even debilitating medications and yet continue to suffer with painful periodic episodes of discal low-back and neck pain. The vast majority will try decompression to avoid surgery. This is the virtually unlimited pool of "new patients" who tend to seek decompression therapy as their treatment of choice.

Do the ROI math. Ask yourself, what is a new patient generally worth to your practice over a course of treatment? Think of this as your case fee. This can include covered and non-covered services if you bill insurance, or it can be strictly cash. If you don't know, run a few reports on your computer and find out. Based on our surveys, the low-side number is about \$1,500 per patient.

If you can attract only one new patient per week, you will easily net between \$70,000 to \$80,000 per annum by adding this therapy. Our surveys indicate that 2-5 new patients per week is common based on limited advertising and word-of-mouth referral. More aggressive advertisers tend to do a little better. Not bad for an investment under \$12,000.

Another way to understand the profit potential is to measure cost per month on an affordable decompression system. The average lease payment is under \$300 per month on an \$11,500 system. You need only attract a single new patient to your practice that month to cover the lease payment and probably cover all your advertising as well.

Accepting insurance reimbursement (when covered) and using traction as one component of the day's billing is always an option, of course, but be careful of your carrier's rules (policy) and how you describe the service.

The traction/decompression patient has arrived at your office perhaps unaware or uninterested in

anything but decompression. They may not have come if you hadn't enticed them with decompression therapy for their disc condition. Many patients regrettably will bypass or dismiss "regular" chiropractic (out of ignorance, fear or past lack of result) when they have a disc condition. They may, however, readily embrace you as a decompression provider.

Once we realize that having a decompression (traction) system is simply good business, how do we choose and where do we begin? I suggest that systems come in two types: those that are adaptive to the patient and those that require the patient to adapt to it. I prefer the former. Patient individuality, posture, directional preference, etc., all must be addressed for the best results. If you are force-fitting everyone into the table's inherent limitations (one position, one restraint, limited vectors of applications, etc.), outcomes will suffer and so will your patient referrals.

Challenging our entrenched thinking in regard to clinical methods (adding traction to an adjusting-only practice, adapting global and active methods vs. intersegmental palpation, etc.) is not only an evidenced-based standard, but also a necessity in a marketplace in which patients' knowledge grows exponentially every year.

As mentioned, the more confidence you have in yourself (and your equipment), the more confidence your patients tend to have in you. So, you must first decide to become an expert in decompression. It isn't as simple as telling everyone you're an expert or buying a magic piece of equipment. decompression is, and has always been, a doctor skill and a legitimate technique.

Adjusting tables facilitate the skill of the doctor; they don't create it. I recommend getting the technique education first and then creating a marketing program promoting your specialized skill primarily (70 percent) and your equipment secondarily (30 percent). Doctors who know what they need to accomplish clinically tend to make better equipment decisions.

As to treatment volume: Standardizing traction to 10 or 20 (or some other arbitrary number of treatments) is fraught with the same trouble as having outside agencies tell you how many adjustments to deliver. It is case- and condition- dependent. That being said, many patients thrive on a three-day-per-week program for 2-3 weeks.

Decompression has been a global service for several years in as high as 20 percent of DC clinics. Adding decompression therapy can bolster a sagging practice, enhance confidence with disc conditions and hold market share. It will continue to offer benefits few other therapies can match.