

HANDLING THE CRISIS CARE PATIENT

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When a patient arrives in crisis, you need to look at this as a wonderful opportunity to both help the person out of their pain and suffering, as well as take the opportunity to turn around their mindset with regard to their health and wellbeing. In this document I will go through some of the very important points to cover before laying a hand on the Crisis Care patient.

IF YOU DON'T DO THIS WELL, YOU WILL:

- Create more stress in practice, butting heads with clients and leading to disappointment all round.
- Piss some clients right off! That's never a good feeling, and they're sure to tell plenty of others.
- You will miss opportunities to give people a good experience that may lead to them coming back to chiropractic and giving it a proper go.
- You may feel like you've stuck to your guns, but my belief is that you've lost an opportunity to create a great impression.

IF YOU DO THIS WELL, YOU WILL:

- Have more patients that proceed to long term wellness chiropractic care and are thankful to you for the great changes you've made in their lives.
- Have less stress in your day to day practice - no 'shocker' days!
- Gain the respect of these 'difficult' patients for explaining things so well and leading them towards something meaningful, while ultimately giving them the respect of making the choice.
- Create a good experience even for those you'll never see again. They are likely to have a positive story to share with their friends and family.



IS IT A REAL CRISIS? IT'S A CONTINUUM.

It is important to note that Crisis Care patients arrive somewhere along a continuum. Some are so obviously in crisis that they can barely walk, sit or stand comfortably and these people's immediate concerns need to be met swiftly. Others may on the surface appear to be in crisis, but are instead experiencing a recurring acute episode of a chronic underlying problem. In fact outside of the instance of a direct trauma, most Crisis Care patients are the result of an underlying condition slowly worsening, exacerbated by a minor incident.

EVEN IN A CRISIS, START OUT IN THE SAME FASHION.

When I meet with and bring the Crisis Care patient into the consult room, I start in the same fashion as I would with any new patient: I introduce myself, quickly review what they have put on their intake form, and often commiserate with them on their current condition - it's good to show some compassion and humanity here if they are really suffering. As with any new patient, I let them know that my main job today is to find out what is causing the problem and to see if they are in the right place to get the help that they need. For a patient truly in crisis, I will also assure them that I will do my best today to help alleviate their pain and suffering. I then gather the details about their main problem, making sure that I am delving deeply and recording accurately. I then quickly summarise what is going on for them and how it is affecting their life.



DO THEY KNOW WHAT CAUSED THEIR PROBLEM?

Now comes the crux. Before proceeding any further, I need them to understand the nature of their problem. I will say something like this:

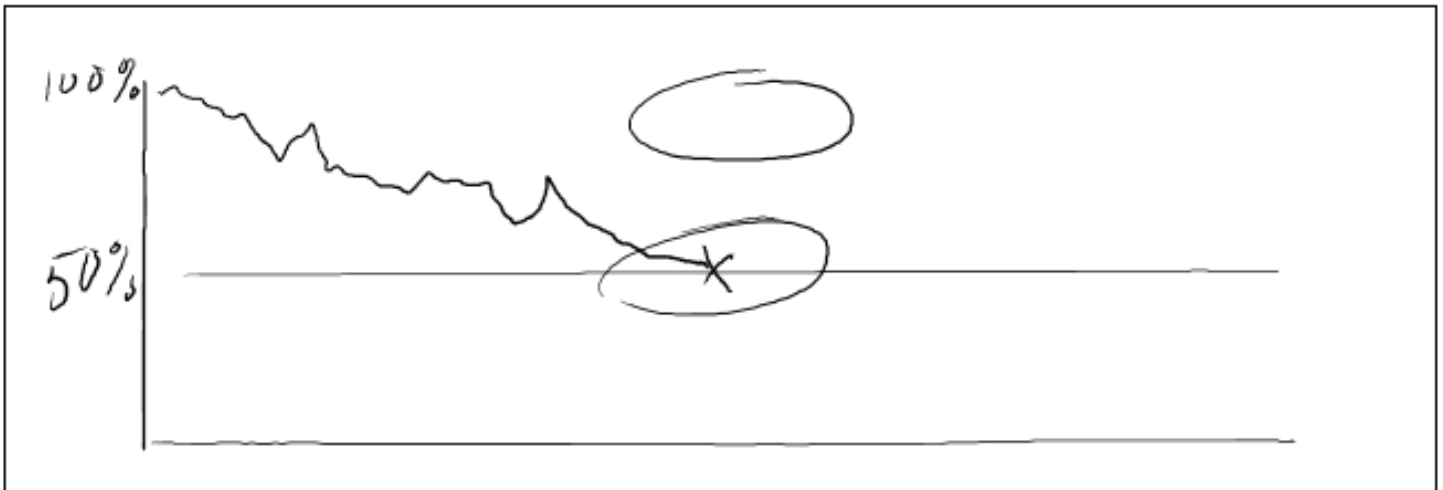
So John, you hurt your back bending over to pick up that box at work. Is that something you've done before? So yes, you've done plenty of times before. Why do you think your back gave way this time in particular?

Sometimes they have an answer sometimes they really don't have a clue and that's why they're there in your office. Next I will go ahead and explain the nature of their problem and my concerns.

So John, I see this sort of thing all the time. It's really common that people's problems slowly build. Part of your spine hasn't been moving properly for some time now.

This area (using model) has been causing nerve interference and damage, and this has been slowly building over time. Then one day, you do something insignificant, like pick up that box as you've done many times before, and this time, your spine and the supportive tissues around it don't cope - they break down and become severely injured. It wasn't you picking up the box that caused the problem. The problem has slowly worsened to the point where your body could not cope with even those smaller stresses - it was susceptible to that injury.

Often at this point I will flip over a piece of paper within the file to draw the following diagram. I draw a line on the graph starting on the left at 100% function, slowly becoming worse and worse with ups and downs along the way, as the person experiences an accumulation of stress and damage to the point where they finally feel pain.



EXPLAIN THE LONG-TERM NATURE OF THEIR PROBLEM.

I explain it like this:

So, John, it's very common for people to wonder how they can suddenly experience pain when the day before, they felt just fine. I see this all the time. (gesturing to graph) Here is what happens: you start out at one hundred percent function, or close to that, and slowly over time your body accumulates stress and damage. During all this time you're feeling fine, feeling fine, everything's ok, 'I'm doing just fine' and then one day you hit the point where your body has broken down to the point where you feel the symptoms. It seems sudden, but really, it's been building very slowly over time.

YOUR MAIN CONCERN - THEIR LONGER-TERM WELLBEING.

I then let them know that my main concern is not so much their immediate pain, but making sure that their body is functioning well and is robust enough to hold up to the loads involved with the things that they want to do in their life. The following statement is 'truth and consequences'.

John, if we did nothing, the pain that you are experiencing is likely to go away all by itself at some point. In fact, the Natural History - that's what happens if you don't do anything - the Natural History of back pain is that it comes and goes, comes and goes, slowly worsening over time. So we could do nothing and your pain might just go away all by itself. But my greater concern is that your spine and nervous system function is going to slowly worsen over time to the point where you're breaking down more and more and then one day we just won't be able help you.

Another way of handling this is to ask them the question, 'John, what do you think would happen over time if you didn't take care of this?'

OFFER OF 'FIRST AID' TYPE CARE.

At this point I ensure them that I'm going to take care of them and help alleviate the pain, but that this still is not really taking care of the problem.

John my first priority today is to provide you with 'first aid' care to help you get out of pain as quickly as possible. But I'm really concerned about the underlying problem here. What we really want to do is take a thorough look at your spine and nervous system to see what's really going wrong, what's really causing your body to break down. I not only want to help you feel better and get out of pain, but also make sure that your body is functioning well so this doesn't keep happening over time, and so that you can get on and do what you want in life without breaking point down all the time.

Does that sound like something you want to do? Great. So what I recommend is that for this first one or two or three visits - whatever it takes to get you out of crisis - we provide you with first aid care and some things to do at home to really help you out of this crisis. Then what we do is we book in a proper new patient consultation where we thoroughly assess your spine and nervous system function to find out exactly what's causing you to break down. From this we'll know exactly what we need to do to get you back into the best shape possible. Does that sound good? Great. Okay, let's focus today on helping you feel better as quickly as possible.

Proceed with whatever examination and treatment required, book further crisis appointment(s) as necessary, re-enforcing the message each time until NP appointment.



WHAT IF THEY REALLY DON'T WANT ANYTHING BUT AN ADJUSTMENT?

You might get the message from the CA, or the patient might tell you outright that they 'just want a crack'. Usually, after having the above conversation, they will see the light and want to proceed with proper, thorough care.

SOMETIMES IT'S NOT EASY TO TELL.

But sometimes they won't! And sometimes they are not very good at letting you know (they nod and say 'yes' but really mean 'no'). In this case, you need to be the more mature person in the room and look for signs of the emotional discomfort that tends to accompany saying one thing but wishing for another.



SO, WHAT ARE SOME OF THE SIGNS THAT THEY ARE UNCOMFORTABLE?

- Body language – arms folded, sitting back, defensively.
- Face and eyes – not looking happy or engaged. Think of the opposite, where your client is sooo eager to get started.
- Tone – that ‘half-way’ tone that people use when they feel crappy but don’t want to tell you (how are you today – yeah, good)

DON'T PROCEED UNTIL IT'S ALL CLEAR

The worst thing you can do at this point is proceed as if all is OK. You're about to embark on a history and examination, and you haven't truly got their permission. Their words said 'yes', but the other 95% of them says 'no!' If you proceed at this point, you are NOT in agreement, and that is a bad place to start.

If you sense some of the above discomfort, check in with them, using one of the following phrases or a variation you're comfortable with:

- Straight to the point - I might be off the mark, here, but I'm sensing some discomfort. Is there anything you're concerned about?
- Feeling about - Are there any concerns or questions at this stage?
- Checking in - How does this match up with what you had in mind?
- The choice again – before we go ahead, what would you like to do, just the first aid, or a full examination to really see what's not working and how we can fix it more 'long term?'



ONE CHOICE – TWO CONSEQUENCES

Sometimes you'll need to check in several times. Before proceeding, I like to get a resounding 'yes', either verbally, or in the form of nodding and positive body language.

Either proceed with the full consult, and if necessary for the crisis care patient, do an adjustment on that same

day (preferably later in shift, after you've reviewed all findings and presented to them in ROF), or just go through with the 'first aid' approach. Either way, let them know the consequences of each decision, without making them feel like a fool for not choosing the recommended path.

Let them know that the door is open if they wish to come back another time and give it a proper go (language to re-enforce the idea of really taking care of their problem and turning their life around). You are giving them the opportunity to experience chiropractic care on their own terms.