

HELPING YOUR PATIENT STAY ON 'THE JOURNEY'

CANBERRA SPINE CENTRE | DR JON POWDERLY

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THE PROBLEM

It's a common thing that happens to chiropractors – your patient is chuffed to start care, even pumped after their ROF. Then, their attention and enthusiasm starts to wane. Before you've reached your first (or next) re-exam, they begin to wonder why they're coming to you. They miss appointments, and before long, they've quit!

WHY DO THEY DO THAT?

If you were to ask them, here's what they might say:

- I was feeling better, so I didn't think I should come any more.
- I wasn't feeling better, so I didn't think I should come any more.
- I wasn't recovering as quickly as I thought I should, so I didn't think I should come any more.

Notice something? Yes, it seems no matter what you do (great/quick results, or poor/slow results) they will make the same choice.

WHY DO THEY REALLY DO THAT?

But that would be missing the point. The main reason they miss or quit is that their understanding of what you're doing is poor.

If you could get inside their head to understand their true motivation for quitting care (not their conscious mind explanation), here are the sort of things you'd hear:

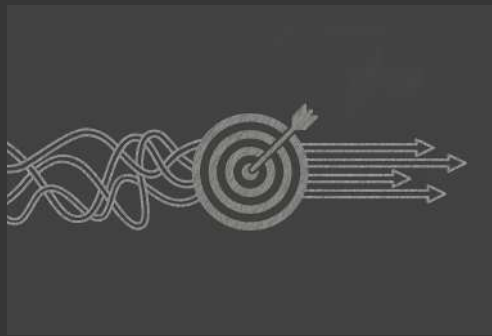
- I'm feeling good, so I don't understand the need for these appointments.
- This is taking too long. It's only been with me a few weeks.



- Shouldn't I be free of pain by now?
- The chiropractor seems to do the same thing every time. I'm not sure if he/she really cares/is across what I need.
- The chiropractor seems to have tuned out. It was really good at the start, now we seem to have lost our way.

I'm sure you can think of some other variations on the above.

Each schedule of care – the initial, subsequent and eventually maintenance care – is subject to this problem. Lack of engagement and understanding from your patient.



WHY DO THEY REALLY DO THAT?

You can do a great job in your IC and ROFs.- and these are really important to get right - but EACH visit is the most important visit for your patient. You can nail your PEs/CEs, PRs/CRs - once again, great! But if you don't get the in-between bits right, your patient will never even get to the re-exam stage.



REMEMBER YOUR 'ULTIMATE GOAL'

Do you want your patient just to receive a handful of visits, or even go through their full first schedule of 12 visits and then quit? No, of course not! In doing this, you'll never even get close to your ultimate goal for each patient:

'John, my ultimate goal for you is to have you feeling fantastic, tests back to normal, and functioning well again, and keeping you in shape with a monthly adjustment. The purpose of that is to not only help maintain great health, but also to prevent you from going back to where you started in another few months or years.'

We've done training (and we'll do it again and again!) on the IC, ROF and re-examinations. We also covered recently the 'how to avoid the PE being the finish line'. These are relevant in terms of getting the start and finish points for each stage (when you're doing this well, most of your patients will be on their 5th, 10th or even 20th card) of care nailed.

HELPING YOUR PATIENT MAKE THE DISTANCE BETWEEN MILESTONE VISITS

Now let's focus on the in-between bit - the part of your patient's journey from the IC/CE to the PR/CR.

GETTING IT RIGHT

If you don't get this right, you will lose people early, resulting in poor overall results, reputation and practice.

If you get this right, you'll create a much greater opportunity to really change your patient's life and that of their friends and family. You will also grow your reputation for changing lives, and as a result, grow your practice.

NEVER AGAIN RUN OUT OF THINGS TO SAY!

It's common that chiropractors feel they run out of things to say on each visit. Let's solve that problem with a list of categories of conversations that will allow you to continually grow your patient's vision without feeling or sounding like a broken record. Here they are:



FEEDBACK

Simply letting your patient know what's happening, good or not so good:

'this feels much better today', 'that adjusted really easily today, did you notice that?' 'Oh, this feels not so good today, have you done anything different/stressful lately?'

Again, the possibilities are (almost) endless. Just let them know what you're noticing. It's really important to keep them in the loop, so they know something's happening, and they know that you're tuning in.



EDUCATION

Telling them something about their spine and nervous system and their adjustments:

'When I adjust your spine, two things happen. Firstly, we are moving the bones, breaking up adhesions between the joint surfaces and improving spinal motion. Secondly, as these bones move more, the receptors in and around the joints will fire off huge amounts of messages up to the brain, helping to stimulate areas of the brain that have not been getting that stimulus, ultimately helping these areas of the brain work better'

'These nerves not only go to the arms and hands, causing that numbness you are experiencing, but also to the heart and lungs'

'each adjustment builds on the previous one. Initially, we won't see much change from one adjustment to the next, but after a while, the small changes from each adjustment accumulate to create a change that I can feel and you'll notice, too'

Again, lots you can say here.



QUESTIONS

Questions are very powerful.

Rather than always yakking at them, ask some questions. This will do two things:

1. Things that come out of their mouth are more powerfully learned.
2. You'll find out where they are at with their understanding of chiropractic, the nervous system and health, and be able to help fill in the gaps.

Some examples:

- 'that's great that your headaches have gone! Why do you think that is?'
- 'do you know why I'm adjusting other parts of your spine apart from the areas causing your pain?'
- 'do you know what's causing your pain?', 'has anyone ever explained why the vertebrae are wearing out?'





REVIEW AND REMIND

This is more relevant in the 3 - 4 visits after the IC and exam, or PE or CE. People quickly forget what they came in for, and you can remind them so they never forget how bad they were before you started working on them:

Some examples:

- 'Gee, you had 19 tests on that first visit. That's a lot. Any time you have any loss of feeling or strength, that's not good.'
- 'Apart from those headaches, you also had loss of feeling in the hands, indigestion.....'
- 'That degeneration that we saw on your x-rays tells me you've had this problem for decades, not just months or years.'

LOOKING AHEAD

This is the accompaniment to the above. In the latter half of their program (the last 5 or so visits) we look forward to their re-examination (the PE in the first schedule; the CE in any subsequent schedules).

Some examples:

- 'I'm really looking forward to your progress examination. We should see between around 5 - 10 of those 20 tests come back to normal....'
- 'after the progress examination, I'll recommend further care to help you continue to improve and make sure you don't go backwards..'

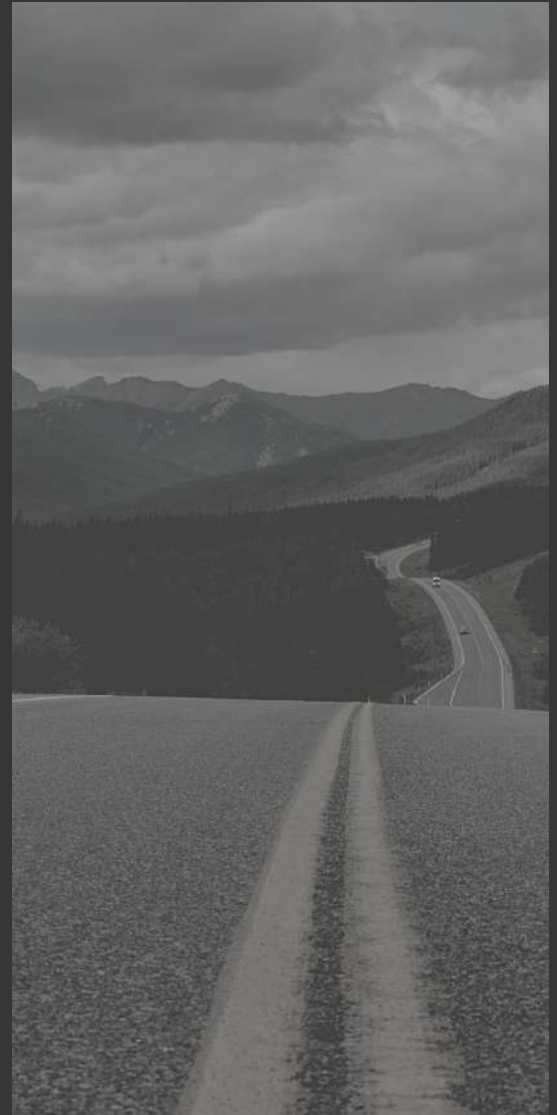
PREDICTION

Now we're looking to predict the sort of changes that we routinely see in most of our patients. This will have several effects:

- focussing their attention on a future (better) outcome instead of their current woes.
- Broadening their vision and lengthening the time frame.
- Will put a feather in your cap when those predictions come true.

Some examples:

- 'As your spine and nervous system improves, you'll notice other changes apart from your aches and pains, such as improved energy, better sleep..... keep and eye out for them, and let me know when it happens.'



- 'those headaches are likely to go away, or at least dramatically reduce, within the next couple of months.'
- 'I'm looking forward to seeing how your life improves in the coming months. When you function better, you make better decisions about your health, so there will be a snowball effect of these adjustments.'



STORIES

Some patient stories are inspiring. Share them, especially where there is common ground (eg. condition, age, occupation) to help give your patients hope for the changes ahead.

Some examples:

- 'John, there was a fellow in this morning about your age who started care a month or so earlier than you. We just did his re-exam and found that his tests had halved, and he was no longer experiencing LBP, leg numbness..... He started out with a very similar clinical picture to you...'
- 'I saw an older lady in here yesterday that told me felt 10 years younger! She's been getting back to the gym, and dancing for the first time in 10 years.'



REFERRAL CONVERSATIONS

Lastly, there are many opportunities for these between exams. When your patients are telling you about how good they feel, or telling you about a friend or family member in trouble, you can enliven that conversation:

'That's fantastic! Its' great to hear you're feeling so much better. So tell me, Karen, who else do you know who could benefit from chiropractic care?'

'What's going on with your husband? Why don't we arrange for a complimentary IC for him to find out if we can help?'

So, there you have it – 8 different categories of conversation you can have with your patients between exams to keep them on their journey. Grow their vision of health and understanding of spine, nervous system and health so that they will both greatly value each and every adjustment, and ultimately receive more life-changing benefit from your care.

