CHIEF COMPLAINT
ONSET
CAUSE
AGGRAVATING
RELIEVING
PAST HISTORY
MEDICINE
TRAUMA
SERIOUS ILLNESS
SURGERY
E.E.NT
CHEST
ABDOMEN
BOWEL/BLADDER
MENSTRUAL
PREV. THERAPY

OTHER

GOALS/CONCERNS
REFERRALS

SYMPTOMS

INT/ COMP / PROG EXAM DATE:

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CANBERRA SPINE CENTRE | DR JON POWDERLY

THE INITIAL CONSULTATION – HISTORY AND TRANSITIONS

In this training, we'll cover how to do the initial consultation in a way to get the best results for your patient. The physical examination will be covered in another training – The Initial Consultation – Physical Examination.

"The first thing we need to do is greet our patient and help them feel like they are in the right place."

IF YOU DON'T GET IT RIGHT:

- You won't build the rapport that leads to trust and acceptance of your recommendations.
- You will miss vital information that can help you truly understand your patient's needs.
- You and your patient may start by not being on the same page – different goals and expectations. That's a recipe for disaster!

IF YOU GET THIS RIGHT:

- You will start on the right foot, with your patient trusting and feeling comfortable in your hands, and prepared to have you control the process.
- You will glean more accurate and detailed information about what is going on with your patient.
- You will find out what is truly concerning your patient – why they are here NOW – not just the obvious of what they have written on their intake form.
- You will begin to broaden their vision of health, the spine and nervous system and how all these relate to one-another.
- You will help give them confidence that they are in the right place.

So let's get started. For each section, there will be dialogue and explanation of the what, how and why.

1.BUILD RAPPORT

The first thing we need to do is greet our patient and help them feel like they are in the right place. Look them in the eye, introduce yourself, shake hands, and show them the way.

Hi Sue, I'm .... Pleased to meet you. Come this way.

Show them where to sit and connect with them. If they have been referred to you by another patient, begin with this to build rapport. Talk a little about that patient, to help the person in front of you feel comfortable. You are making connections between you, your patient, and someone in common. Find that common ground.

So, I see Jane referred you here, how do you know Jane?
Yes, I've been looking after Jane and her family for years, now. She's got a great sense of humour, hasn't she?

If they haven't been referred in by another patient, but by Google or Facebook, find out more about that. Again, you're starting by finding out more about them and their motivation to come in.
So, tell me, John, what was it about the Facebook ad that made you want to come in today?

2. SET OUT YOUR AGENDA AND CONTINUE TO BUILD TRUST

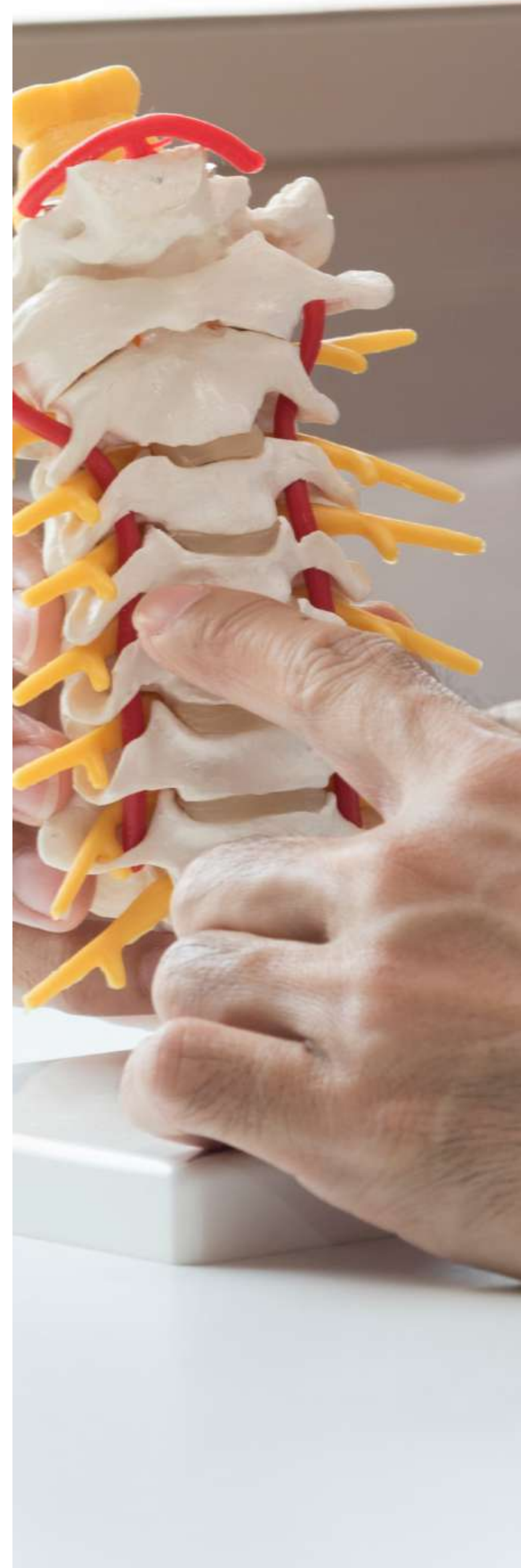
This bit's important. We achieve three things here:

1. Doing this let's them know, in this consultation, who'll be running the show. There is nothing worse than your patient thinking it's best if they take control, as they really need to be guided by your expertise to help them get the best from this initial consultation and the care that follows.
2. You are following the adage from Aristotle, 'Tell them what you are going to tell them, tell them, then tell them what you told them.' In this case, 'tell them what you are going to do, do it, tell them what you've done'. Doing this sets up an expectation, and lets them know from the start what your intentions are.
3. By creating clarity from the start, we are building trust. They know what they are getting before they proceed. Doing this removes some of the fear from their first experience of us (and possibly of chiropractic care!)

Acknowledge what they've done.
Thanks for completing your history form. I've gone through it already and it really helps me find out how I can help you today.

Setting it out. Check in and get permission. When you do this on a regular basis, you are setting lines in the sand that you won't have to go back to later and explain or retreat from.
There are three main things that I want to do today so that I can best help you. I'll quickly tell you about those right now. Is that OK?

Tell them you want to find out what's going on - this is a great relief for them. That's their primary reason for being there. There is nothing more frustrating or scary for a patient than to think that your practitioner doesn't understand your needs.
The first thing we'll do together is get a clear history and understanding of exactly what is going on for you, and to see if you're in the right place to get the care that you need.



Assure that you won't waste their time and money. This is another source of comfort and relief. You are not going to proceed if you don't think you can help them, give them unnecessary care, or rip them off in any way.
I'll either find that I'm the right person to help you, or if not, I'll find someone who can help you. I promise that I'm not going to waste your time and money. Does that sound fair? (look for signs of relaxation, agreement)

This is more of that 'tell them what you're going to tell them…' Helping them understand what's coming, putting it into perspective, so they know where this process is heading before they proceed.
The second thing I will do is examine your spine and nervous system (and extremity as appropriate) and perform a range of functional tests to find out exactly how well your body is working, and where it's going wrong. Last of all, if I think we can help, I will take some of the necessary x-rays of your spine to help see your structure clearly.
Finally, checking in again, getting permission before proceeding.
Does that all make sense? Great, let's get started.

3.REVIEW HISTORY

Here you give a quick summary of what they've put in their form. You have highlighted the pertinent points in yellow to not only help you focus on those, but to show that you have carefully read their whole form. This process not only ensures that you are getting the information you need to start with, but just as importantly, shows your patient that you have paid attention to what they have written. There is nothing worse for your patient than you rocking up to the initial consultation and saying, 'so, what can I help you with?' (didn't you read anything I've put down??!!)

Review main problems, touch on wellness survey if relevant, don't go into huge detail – it's just a summary.
So, David, I see that you have…… and …..

Use an open-ended question next, to allow them to speak and feel heard. Let them speak until they are finished. They are here to be heard. They know more about their health and condition than you do right now. There is nothing worse for this person, right now, than not being listened to properly.
Please, tell me more about that.

4. MORE POINTED QUESTIONS, QUALITATIVE DETAIL

Now that we have given our patient the opportunity to say everything they felt they needed to, time for us to fire questions at them to get more detail.

Get the detail on those problems (onset, timing, severity, Agg/Rel factors, etc). These are yes/no/clear cut type questions, not open-ended ones. Short and fast.

5. GET DETAIL ON THOSE SYMPTOMS – QUANTIFY.

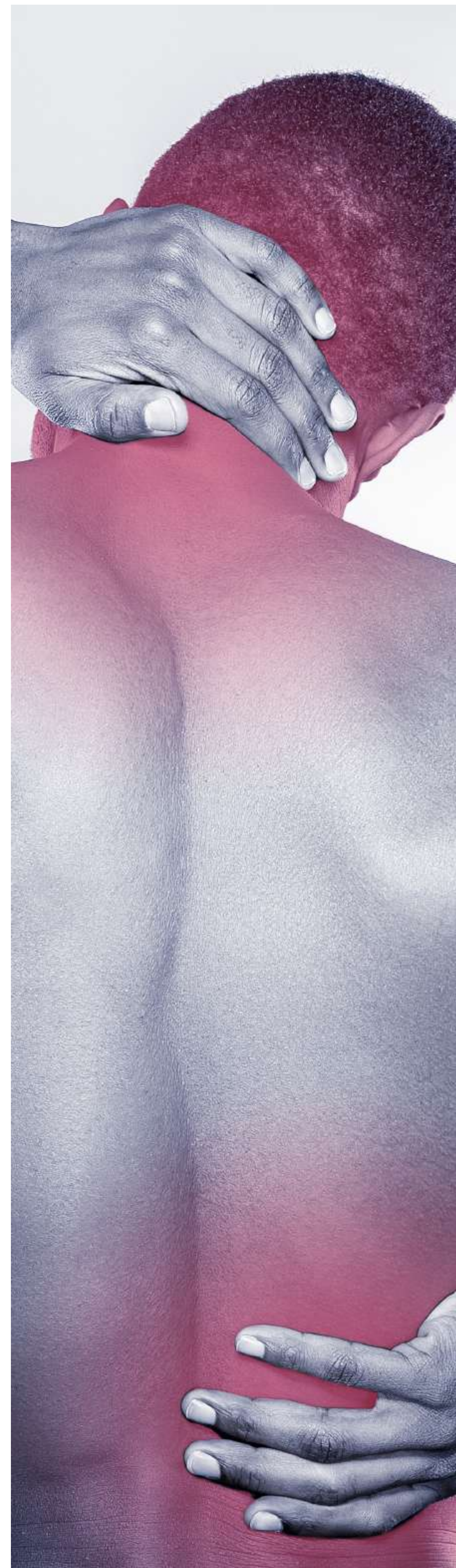
For each and every symptom, get more detail. Quantifying things helps to GRADE the improvement more finely. The whole purpose of a thorough history and examination with follow up re-examination is to be able to monitor change. Are you helping this person, and doing what you said you were going to do?

Knowing that someone is improving when they might have forgotten how they started is great evidence that gives you confidence to make the recommendations for care they need to achieve great changes in their health and function.

Without this information, you cannot make those finer distinctions when you check in with them on re-examination. 'I still have headaches' can mean that your patient still has headaches only once per week when they were having them daily before chiropractic care began. Accurate data is essential to help guide you and your patient through their health journey.

If someone tells you that they have headaches, drill down and get more detail.
How often do you get them? Pretty often. More or less than once per week? Oh, less often. Less than once a month? No. One or two; two or three a month? About two. OK, headaches about twice per month.

In that encounter, you are not settling for less. Drill down relentlessly until you get the information you need. Don't settle for vague statements such as 'occasional' or 'often'. Quantify it.



It may seem like a slightly painful exchange, but you got it, and now when, on your re-examination, if they still have headaches, you'll be able to quantify any change.
OK, so you've had two headaches in the last 6 weeks, and those occurred in the first 2 weeks of care. That's not perfect, but you're heading in the right direction. You were having a headache every 2 weeks, but you haven't had one for the last 4 weeks. That's great!

You can also do this with severity (rating out of 10 – self-reported severity is very reliable and repeatable) or duration of their pain or condition. Another example might be with how much of something they can do before they feel pain.
So it hurts when you run? Yes. Does it hurt straight away, or does it take a while to start hurting you? It starts to hurt after about 5 minutes of running.
Now, in the re-exam, if there is still pain, you ask the obvious question, 'how long does it take to start hurting you when you run?

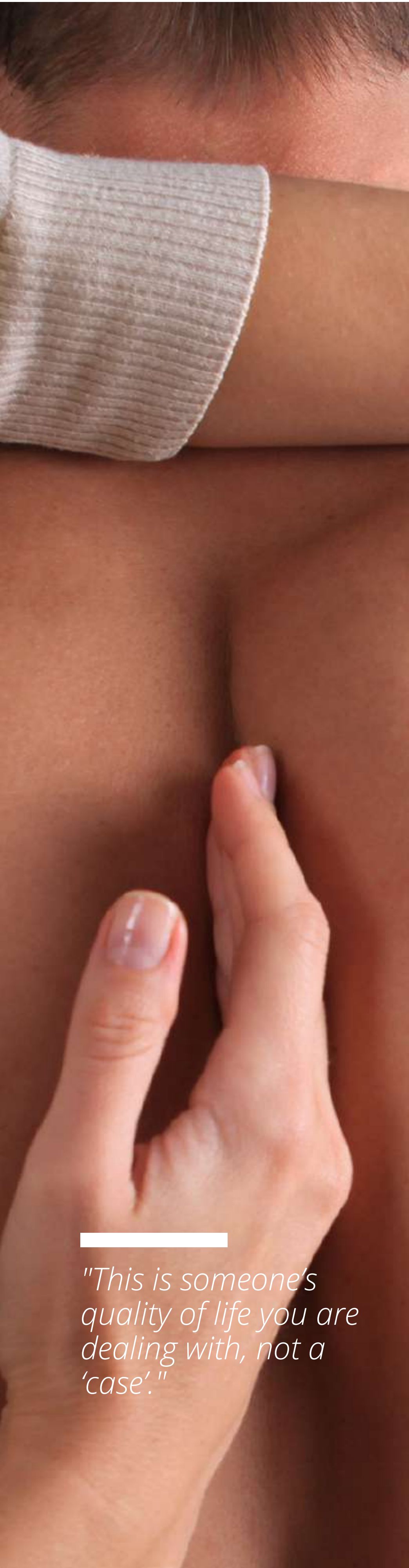
6. REVIEW HOW IT'S AFFECTING THEIR LIFE

IMPORTANT FACT – your patient is not coming to you because of their pain. They are coming to you because of the reality, fear or perception that they can no longer do, or will no longer be able to do, things that are central and important in their life.

This explains why someone can be in pain for years, but only decide to seek help NOW. The reality, fear or perception of not being able to do something has arrived. That's what we need to understand and tap into to be able to help our patient, and guide them on the journey back to excellent health and function.

Give them a few options or ways to understand the question, 'how is this affecting your life'. If you were to just ask them in this way, often they will say, 'not much'. Giving them other ways to understand what you mean will glean more information.
So tell me, how is ...... slowing you down, stopping you from doing things, getting in the way of things?

Sometimes this is enough to get them started. At other times, they need help - guide them.
At work, do you have trouble sitting for long periods at your desk, do you find that it is difficult concentrating? How about at home, is it difficult doing those day-to-day tasks like hanging out the washing?



When they give vague answers, follow up with comments; such as, how often, how long before you feel....

When they've just shared something crucial to their quality of life that's really troubling them, commiserate with them. Show that you care. This is someone's quality of life you are dealing with, not a 'case'. Moving on quickly from here would be disrespectful and unkind.
That must be scary/worrying/frustrating, thinking that you might lose your job/can't sleep properly/can't lift your children. I'm sure that adds to the stress you're feeling. Let's get some more information to see if we can help you.

7. CLASSIC

The purpose of this statement is to let them know that you deal with this type of problem often – they are in the right place. Don't say this if it's really unusual (eg. complicated case due to systemic disease such as MS or diabetes), be frank and realistic about what you can and can't help, and what you are familiar with.

By showing them your familiarity with this type of problem, you are helping build their confidence in this process. This is not 'weird', you see this sort of thing all the time.

By summarising, you are also letting them know that you get it.
So you've had this problem seemingly come on out of the blue, and not only do you have this, but also this has developed, and it's stopping you from doing ..... . This is classic. I see this all the time.

8. TRANSITION TO EXAM

A quick check in here to make sure you've got all the information you need, and to let them know what's coming (Tell them what you're going to tell them...)
Great, so the next step is to examine your spine (and other parts as required) to see if we can find the cause of your problem and then to find out how well your body is working with a thorough functional examination. (it's a screening neurological and orthopaedic examination, but labelled in a way to make more sense to our patient).

Explain the subluxation to your patient using the spinal model in your hands.
I'll be looking for areas in your spine that have lost their normal motion. Chiropractors call these 'subluxations, or nerve interference, or damage (again, giving them a suit of options to understand, here).

"often the very last thing they say is the most important"

Normally, as you move about throughout your day, the spinal bones oscillate through a full range of motion. When they move unevenly, the bones move more in one direction than another. This causes uneven loading and wear and tear. It also stretches, compresses, or irritates the nerves and stops them from working.

Let them know that you won't be suggesting inappropriate care, wasting their time and money. You've already said this earlier in another way, but now you reinforce this message. Integrity helps build trust.
If I find those in your spine, then I can help you. If I don't find them, then I can't help you. Either way, we'll know for sure at the end of the examination.

Check in to see if you've missed anything. This is such an important step, as often the very last thing they say is the most important. Sometimes the patient, through the process of your thorough history taking, realises that there may be a connection with another problem that was not apparent before. Questioning further allows this to bubble up and be recorded. Now, before I go ahead with the examination, is there anything else you need to tell me? Anything I've missed? If they tell you something, get it down, then repeat the question – they may have several nothings.

Finally, just some guidance on the next step. Clarity avoids confusion. Great. Now I'll get you to change into a gown. The gown does up to the back. Please remove any earrings, necklace, and bra. Leave your underwear on (I gesticulate to the pelvis to distinguish from bra). Remove any pantyhose/tights. When you're finished, leave the door slightly ajar (gesticulate once again) and I'll know that you're ready.

9. EXAMINATION

Perform screening spinal, neurological examination plus other relevant tests. See 'The Initial Consultation – Physical Examination' training for detail on this.

10.TRANSITION TO X-RAYS

If you feel that:

a. you can help them;
b. there are reasonable clinical grounds for taking x-rays; and
c. that they have no current/recent x-rays

Then proceed to taking x-rays for your patient. You are doing two things here. Firstly, a mini report to let them know if you can help them, and secondly, guidance so that they know exactly what's coming and what to do.

Consent may only be necessary for females, but we also do this for males as a way to clarify their consent to proceed.
So, Jill, it seems clear to me what's going on and I think we'll be able to help you.

If you are less certain, be frank with them – eg. multiple sclerosis.
I think there are two processes going on. Firstly, you have MS, and this is going to be causing some of your signs and symptoms. You also have subluxations that are causing some or many of these problems. I don't know how much we can help, but in many cases, we find that many of the symptoms blamed on MS are actually caused by the subluxations, and not your MS. I think we can help you significantly. We'll just need to do a trial of care to see how much we can change.

The next step is to do some of the necessary x-rays of your spine to get a closer look at your structure and help me understand how we can help. Then I'll put all the information together and explain what we've found next time and start correcting your problem.

Do you want to go ahead with the x-rays? Great, I'll just get you to fill out this consent form and we'll begin in just a minute.

So that's the process. Get it right, and you will be much more effective with your patients, get better results, with less misunderstandings and less stress.