Your Patient Still Has Problems and Wants To Know Why?

As a Doctor of Chiropractic you have spent many years in college and countless hours in the clinical setting assisting patients back to health. Your whole purpose and being is to do everything within your power to assist that patient. You of course would rather see the patient improve through natural means as opposed to symptom modification through the ongoing use of drugs, as you know long term; the latter can lead to other far worse health problems for your patients.

You study your technique well and you apply it well, yet there are those patients who simply do not respond as well as you would like them too. For some of you who have been around for awhile, this may have lead to you looking at a lot of other techniques that you have put in your tool bag—yet there are patients still showing up at your practice, who despite all of your care and tools—simply do not respond the way you would like them to. These patients are looking for; first the reason why they have the problem, and secondly a plan on how to correct or better manage the situation.

Have you ever noticed that in medicine patients are really happy when they get a name to what they have? They have blod dee blau and they say it as if they are almost proud of it and they also will tell you that they have a really good doctor who finally found and correctly diagnosed it. They say it as if, naming the condition correctly was the cure!

You all have experienced this phenomenon if you have practiced long enough. You have noticed that your patients do this on a somewhat regular basis and if you are not noticing this, spend just a little bit more time in your patient's consultations listening and you will hear it and see it for your self.

Second of course for the patient; is once the condition is named then they want a good plan of what to do about it? How can they correct or manage the condition so that is has little or no affect on their ability to do their normal activities of daily living.

Now the heart of this article is going to be spent on naming the condition, i.e. diagnosis. All I want to accomplish is shifting your viewpoint on both diagnostics, and real diagnosis that will communicate to your patient so that your patient; one will acknowledge you as one of the really good doctors, and two, will become more involved in your treatment recommendations.

Your patient is not responding as well as you would like to them to, or they seem to go up and down, do well and then relapse—what do you have—generally and most routinely as long as the patient is pathology free—ligament damage! The only thing that has occurred is you have not identified it and made it clear to the patient that is what they have. That is it in a nutshell. Now how do I know this, well I know this from so many patient interactions personally.

Now how do you diagnose this thing correctly? First of all you have to understand that you have far more spinal ligament damage patients than what you currently are willing to believe. If you could see inside your patient's spine and look at the disc and saw all of the old herniation scar tissue from old disc tears, the ALL tears, the PLL tears, the interspinous ligament tears, the ligament flavam tears, the capsular ligament tears, the apical, alar or the transverse ligament tears you would be a believer. If you could look inside and see all of these it would change what you think about spinal injuries in spinal trauma. What I have to tell you is that they are there, and with better MRI techniques they will soon be exposed in the literature, and our profession is the best treatment choice for treating these patients. As good as we are at treating them, we MUST become equally as good at diagnosing them.

For those of you who do not believe this you need to sit in my office and look at all of the angular and translation variations that I see every day. An angular variation is when the vertebra "fan" abnormally in flexion; and translation is when then they slip forward and backward on flexion and extension film. Either one of these findings indicates that you have new or old ligament tears (impairment).

You have a trauma patient, and you have a better than 50% chance of one of these findings at one or more of the vertebral levels, and everyday right now in your practice you are missing these. Why? Simply because you have no real procedure to detect them? Do we…what, George's line…it is a start but how do you tell a stable antrolesthesis from a potential translation instability using only a neutral lateral film? You don't! You must perform "stress views" (flexion-extension) and send them out to be analyzed and that is the procedure of X-Ray Digitization.

Now why do you send them out, let's get honest here for a minute. I can come up to the next one hundred chiropractors' that I meet and have before the most gifted, brilliant, compassionate, able health providers on the planet…you with me so far…doctors that do so many, many things right…good doctors…and we can have a conversation on how to accurately measure for translation and angular variations and within about two minutes I will know that the doctor really has no idea how to do it? They may not know how to correctly do an angular measurement, or a translation measurement? They may not know how certain x-ray magnification factors require calibration for accurate reads or how magnification error has been factored into the measurement already? The have no idea what it means when they have an antrolesthesis on neutral lateral that is stable and what that does to the translation measurement?

This is simple, the computer I am typing this article on…I have no idea how they make it or how it works internally and I do not need to in order to effectively use it. Doctors unless you want to be performing x-ray digitization studies all day…you simply need to understand that you are using a ligament screening tool and there are three levels or grades of ligament damage…Grade I Sprain ligament injury with no abnormal displacement of the joint position…Grade II Sprain ligament injury (soft-tissue injury if that communicates better) and abnormal alignment of the joint…Grade III Sprain, ligament injury with joint displacement crossing the threshold of ratable level of

misalignment called “alteration of motion segment integrity” by the AMA Guides to the Evaluation of Permanent Impairment. Grade III comes with a Category IV DRE (Diagnosis Related Estimate) Whole Body Impairment of 25%.

Just learn to understand the painfully simple report that we put out and then use the findings to better manage your patients! That is really all there is to it!

Now I am on the phone all kinds of doctors every day and I want to say one thing…I can tell the expanding practices from the stagnant practices (no offense intended) by the questions that you ask me? The practitioners who are expanding (some of you are amazing in your growth) ask me questions regarding how to better utilize our study results in the management of their patients…and the stagnant practitioners ask me all kinds of questions to try to find a reason why it won’t work for them!

This works for everyone and if there is a better ligament screening procedure please let me know…because currently there isn’t one! If you want to grow you have to delegate. Think about what I just said…if you want to grow you have to delegate! Non-expanding practices suffer from only one problem really…an inability to delegate…the doctor or someone in the practice wants to do everything, and know everything about everything and while you are doing THAT you are not treating more patients.

Now to bring this full circle back to the beginning of this article. You have a patient who is not progressing the way you would like, your have probably a better than 80% chance at that point that they have un-diagnosed ligament impairment significantly complicating their recovery. But you say, they are not a PI or Work Comp patient (comment used to justify not testing), I say yeah they are not now, but they have been in the past if you take a good enough history!

Learn to use x-ray digitization and the value of an unbiased second opinion in your clinical protocol and it will change the way you are able to practice for the better! Less stress, greater ability to manage and obtain optimal results with patients…the reason we all are doing what we are doing.

If you have not used us before and want to start, go to our website and download oiur forms and start. If you need help call or e-mail from the contact button on our website: www.nationalinjurydiagnostics.com. If you need more questions answered go to our new FAQ’s section of our website, or go to our Blog and post a comment and I will answer your questions for all to benefit.

We hope you all have a great year and look forward to helping you in any way that we can.

Sincerely,

Jeffrey A Cronk, DC

are spine specialists, but my fellow colleagues we need to be spine specialists!

It is easy, you fill out or forms and send the films in and we will do the rest…all you have to do is start!

That patient that is not responding the way you think that they should has ligament damage. The sooner you start to look, the sooner you will see it too, and both you and the patient will be better for it!