

Guide Script for Cooperative Chiropractic Doctors

Purpose

The following is a **Guide Script** for the doctors at **Cooperative Chiropractic**. This should be followed when applicable to keep consistency between staff doctors. Patients will then be educated to the same level regardless of which doctor they see. In this way a doctor always is familiar with what a patient has been told and will be able to enhance patient knowledge rather than leaving gaps or repeating information.

Benefits of guide script.

- Patient education consistency.
- Less doctor time wasted unnecessarily repeating.
- Enhanced patient education.
- Better patient compliance with schedule of care.
- Better patient cooperation with clinic procedures.
- Better results for patients.
- Stimulation of more referrals.
- Less premature patient discontinuation.

As a matter of priority, we have broken the Guide Script down into two crucial visits, the **Initial Interview**, and the **Report of Findings**. These two visits sets the tone for the patients future dealings with the clinic. Consistent problems in retention, compliance, or early drop out can be attributed to weaknesses in these two visits.

The Initial Interview

Setting:

Patient is already in place seated in the room used for the report of findings. Doctor enters with chart and walks over to patient, shakes hands, greets, and has a seat near patient.

Dialog:

Doctor: *“Hello John, is it?.(doctor is checking to make sure he knows how the patient likes to be addressed) Glad to meet you. I’m Dr. Bob Braile”*

Patient: *“Hello, nice to meet you doctor Braile.”*

Doctor: *“I see on your chart here you said your reason for coming to chiropractic is (whatever problem or situation they wrote), tell me about it.”*

Patient: *“Well doctor I have these...”*

Setting:

Patient will describe their situation. The doctor may want to repeat phrases the patient uses to assure patient he/she is paying attention and is concerned. Once the patient has gotten enough information out to the doctor that *the patient* feels comfortable the doctor may want to ask some brief questions. Most likely the doctor will ask questions concerning the primary patient concern and then follow by asking questions about the other health situations that may have been listed on the patient history chart. Once the history is completed the doctor then pauses and will begin the complete explanation for the patient.

Dialog:

Doctor: *“Well John, let me tell you what we’re going to be doing. We are going to be examining your spine top to bottom. We are looking to see if some of the bones in your spine might have twisted or tilted or moved out of position, and are putting pressure on or irritating nerves. When this happens, its called a Subluxation.”* (doctor points to subluxation poster)

“If you have this nerve pressure, these subluxations, and the bones are out of position and putting pressure on, or irritating nerves, the nerves malfunction, automatically. Its kind of like a short circuit. When this happens wherever the nerves go, something is not going to be working properly, whether it be your (part of the body they have their primary problem with), or your (secondary area). As you can see from these charts, (doctor points to two nerve charts), the nerves control everything so anything, or any part of your body can be effected by these subluxations.”

“The one thing about these subluxations, this pressure on nerves, is that although it does cause malfunction automatically, most times it does not cause pain. So you can have these subluxations for quite some time and not know you have them until they cause something you finally can feel. Do you understand?”

Patient: *“Yes doctor.”*

Doctor: *“Now what we are going to be doing today is this. We are going to do a chiropractic examination, see how your spine looks, what it feel like, how it moves. We’re looking to determine if the bones out of position, if they are subluxated.”*

“Then we will be taking some x-rays, so we can see exactly where the bones are. Are they out of place, how far, what direction, and how long they’ve been like that.

“We will be looking over the x-rays and measuring and marking them sometime later today (or tomorrow if its late). What we will do is bring you back in sometime tomorrow. At that time we will tell you what we have found and where. Are the bones out of position putting pressure on nerves, called subluxations. And if indeed we find these subluxations and we think we can help you, we’ll get started right away.” Do you have any questions?”

Setting:

If the patient is to be gowned, the doctor should explain the procedure carefully and excuse themselves. If the patient is not to be gowned the examination should begin. After the examination is completed and the x-rays are taken the patient is escorted back to the exam room. Then the doctor should close this visit with a recap of whats going to happen and what the patient should do.

Closure Dialog:

Doctor: *“OK John, you can get yourself all dressed and ready. When your done just leave the gown on the table (if he used one), and come on up to the front desk. (Receptionist’s name) will be setting an appointment for your next visit, the report of findings. . At that time myself or one of the other*

doctors will tell you what we have found, are there any subluxations, what we need to do to correct them, and we can even get started with your first adjustment. Nice meeting you, I'll see you tomorrow."

End of First Visit

The Report of Findings

Setting:

The patient has returned the next day or so for their scheduled report of findings. Patient is already in place seated in the room used for the report of findings. Doctor enters with chart and walks over to patient, shakes hands, greets, and has a seat near patient.

Dialog:

Doctor: *"Hello John, good to see you again."*

Patient: *"Hello doctor Braile."*

Doctor: *"I've got some good news for you. I (or we've) looked over your findings and x-rays and I (or we) have found what I (or we) believe to be the basic fundamental underlying cause of all, or nearly all of your problems, and I (or we) can help you. Its in your spine, its what we told you we were looking for."*

*"In a couple of different places in your spine the bones have moved out of position and are putting pressure on, or irritating nerves like that picture. (poster). This, if you remember its called a "**subluxation**". When you have this pressure or irritation on the nerves called subluxations, the nerves malfunction, automatically. But they do not most times cause any pain. This means that you can have these subluxations, not feel anything, and not even know they are there."*

"My job as your chiropractor is to get the bones back into position. (demonstrate subluxation and correction on model) The hard part is that your spine doesn't correct as easily as this model does here. In fact the only way to get the bones back into place is by retraining them through a series of adjustments, correcting them a little at a time."

"How long this all takes just depends on how long you have had your subluxations. Now from what we can tell your subluxation have been there allot longer than your problem has. If you look here on this report of findings sheet, you can see that we've determined that your subluxations are in a phase (whatever). You'll learn more about this in your orientation, (If they've been to orientation you might say, "If you remember from your orientation.") what this means is that your spine is showing that you have had these subluxations for between (correlate time with their phase)."

"Correction of your subluxations takes place in two stages. Stage one which is more frequent adjusting, and Stage two where the visits are more spread out. Stage one, the initial care of your spine, will take anywhere from (correlate with phase) to (correlate with phase). After that is Stage

two, reconstructive care, and that will take anywhere from (correlate with phase) to (correlate with phase)."

"Now this does not mean that's how long its going to take for you to feel better. I expect you to feel better much quicker than that. But it is going to take time to correct these long standing subluxations. I don't have to completely correct these subluxations to have you feel better. All I have to do is start correcting these subluxations just a small percentage of the way and you'll probably feel allot better. The problem is, if I start correcting them, and as soon as you feel better I stop, I will have left you with the subluxations. What do you suppose will happen in a short period of time?"

Patient: *"The problem will return."*

Doctor: *"It could, or something else could show up. In any event eventually it will undo the small correction we've made. I don't think that's what you want is it?"*

Patient: *"No."*

Doctor: *"I didn't think so. Now to get started we've listed a schedule here to start the corrective process. For the first (so many) weeks you need to be adjusted (however many) times per week. (show patient schedule and explain 3 time or 2 time a week). This will be followed by (rest of initial schedule). After this we will re-evaluate you to see if your spine has improved enough for you to move up to reconstructive care where the frequency of your visits can be reduced."*

"Overall I'm very encouraged. If we work together and cooperate to correct your subluxations, you should not only come out of this feeling better, but you should actually be healthier. That's why its important that you make a commitment, not to me, but to yourself in your head, to do two things, one, attend the orientation (or done if they have been there), and two, to follow your schedule. Can you make that commitment to yourself?"

Patient: *"Yes."*

Doctor: *"OK great. Lets get started with your first adjustment."*

Next, The First Adjustment