Variations In Chiropractic Care Plans

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TLC's Team Driven Practice Seminar
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What you will learn about … and act on:

- VALUES

 The value of chiropractic care
 The ideal way you provide for patients

- TRUTH

 What's necessary to deliver care well
 How patient's lives sometimes prevent ideal delivery

- HOPE

 You can create variances of integrity with love
 Patients can still receive some care, improve, and be thankful

A reminder:
Pillars of truth … for newbies and veterans

- Chiropractic is based on essential, proven pillars:

1) The power that made the body heals the body

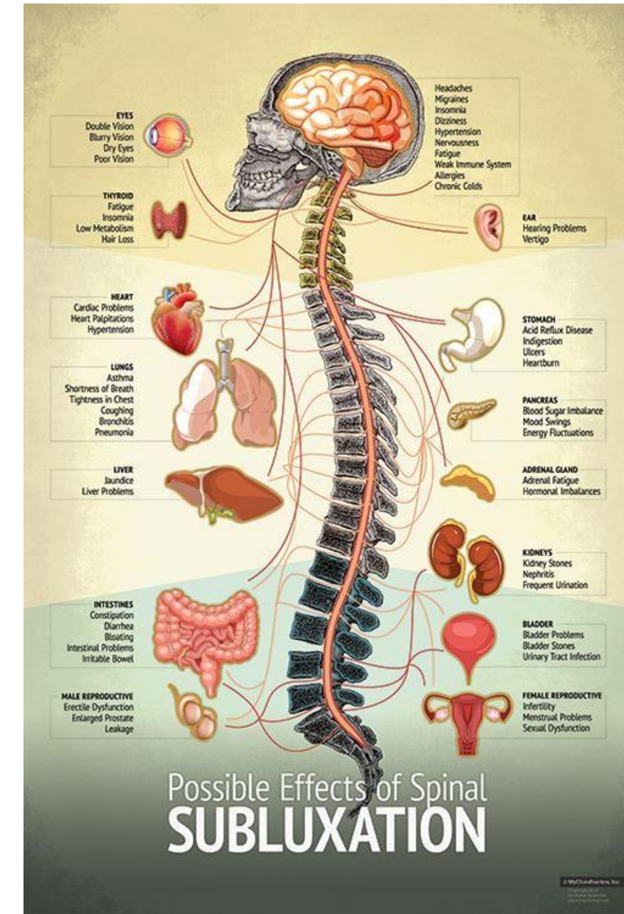
1) The central nervous system is that system which controls, coordinates, and harmonizes all other systems, organs, tissues, cells

1) The spine provides protection, stability, and movement to the central nervous system

1) Normal spine alignment allows best CNS function → good health

1) Abnormal spine alignment causes CNS dysfunction→ poor health

1) Restoring spine alignment restores CNS function→ better health



Before we cover variations from ideal, we must first define "Ideal"

- ***Health outcome "ideals" that are desirable***
  → pain relief, restoration of motion, improved function, spinal/postural correction, function, preservation, wellness, aging well, etc.

- ***Technique "ideals" for your practice to produce certain results***
  → time, frequency, intensity, ancillary procedures and products

- ***Patient personal "ideals" for what they want to accomplish***
  → personal, family, fitness, social, recreation, service, etc.

TLC Procedures and Seminars can help you hone, explain, and give these

Day 1:

→ Application for care, subluxation brochure, Day 1 video

→ Doctor NP script (“If we could help you with one thing…”)

→ Five (5) health goals, etc.

Day 2:

→ Day 2 video (why spine and CNS structure and function matter)

→ NPR: how to read your results, what if there is a problem, how to get better

→ Breakout: 4 Green Lights (mind, will, emotions aligned to improve/correct)

Day 3:

→ Reminding and securing patient to their ideal SWS, MAP, and Financial plan

TLC Financial Camp

Establish your ideal care plans working backwards:

→ Wellness

→ Maintenance / Supportive

→ Continued correction

→ Initial intensive

What do you offer to your patients as important goals/outcomes … and why?

- Reduced / no pain?
- Improved / normal mobility?
- Restore functional movement patterns?
- Scan improvements (thermal, muscle tone, HRV, etc.)?
- Improved / corrected posture / radiographs?

What does the evidence says is necessary… and can they commit to an ideal goal? (4GLs)

- ***Time***

→ How did they present to your office?

→ Demographics, age, history… any limiting factors?

→ How far from normal?

- ***Frequency***

→ How often for how long?

→ When are progress checks, x-rays, etc.?

- ***Intensity***

→ What must they do “in office”?

→ What must they do at home? How often?

- ***Money***

→ How is money arranged to keep patient in exchange?

What my technique guiding principles say…

- **ICA Best Practices Guidelines (Don Harrison, L Siskin: 2009, 1600+ articles)**

→ *Avg. chiro patient seen 26+ times, positive or neutral results in all (except 1!)*

- **ICA PCCRP X-Ray Guidelines (D&D Harrison, Kent, Betz: 2009)**

→ *X-rays are: used by majority, safe, effective, necessary, AND good for you!*

- **CBP research: 400+ PubMed/index medicus articles say…**

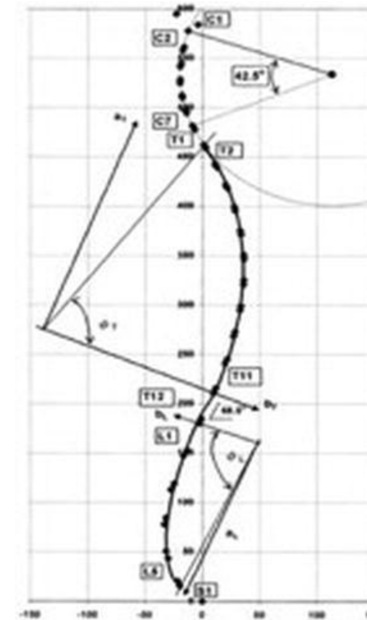
→ *Normal range exists, abnormal = bad; improvement = both possible & good*

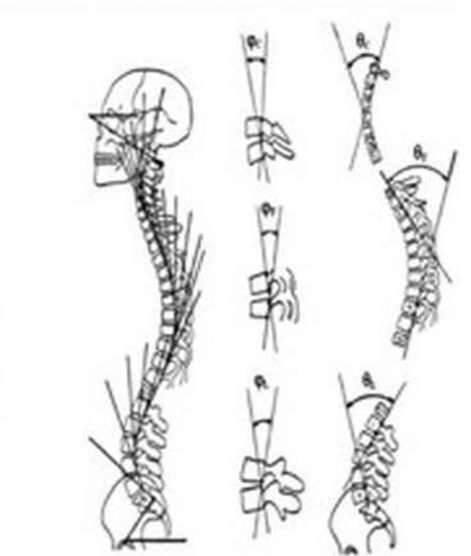
- **All CBP clinical studies: ALL patients were seen 3-6X/wk except for 2 studies**

→ *So why would I do and offer anything less? (More on this later)*

- **Missed appointments hurt your progress & lack of wellness care can cause regression**

→ *3 MA's in 36 vst CP = hurts progress; No wellness care in 1 yr = up to 25% regression*





What options does your office offer? Are you "all or nothing"?

- ***Relief care?***

→ Issues of goals, commitment, money, etc.

→ Do you give them a pre-emptive warning ("I'm telling you so now" … and how they are welcomed back?

- ***Relief then corrective (initial intensive)?***

→ Can they "see first" if this is new to them, then choose to do the rest of corrective … or at least preserve?

- ***Continued correction?***

→ After first round, does it look the same, or can time and length change based on a person's progress?

- ***Wellness care?***

→ What do you do for your self and family? What is the minimum frequency? Home care?

- ***Re-activation care?***

→ What is this experience like? Ask why they stopped? (ex. John Bellomo, DC … NPR x 2!)

Office Policies…

- ***Are yours clearly spelled out?***

→ Time, freq, intensity, only kept appts/no MA, call to R/S, $, speak up and ask us, etc.

- ***What are the ramifications if office policies aren't respected / kept?***

→ Solutions: meet w/DC&CA, MUM, MAF, NS/NC, recall (3X), discharge/how, etc.

- ***Do they know who to talk to about challenges if they come up?***

→ Know what and who to ask, speak up, etc.

→ We've probably seen it before … AND we probably have a solution (in TLC)!

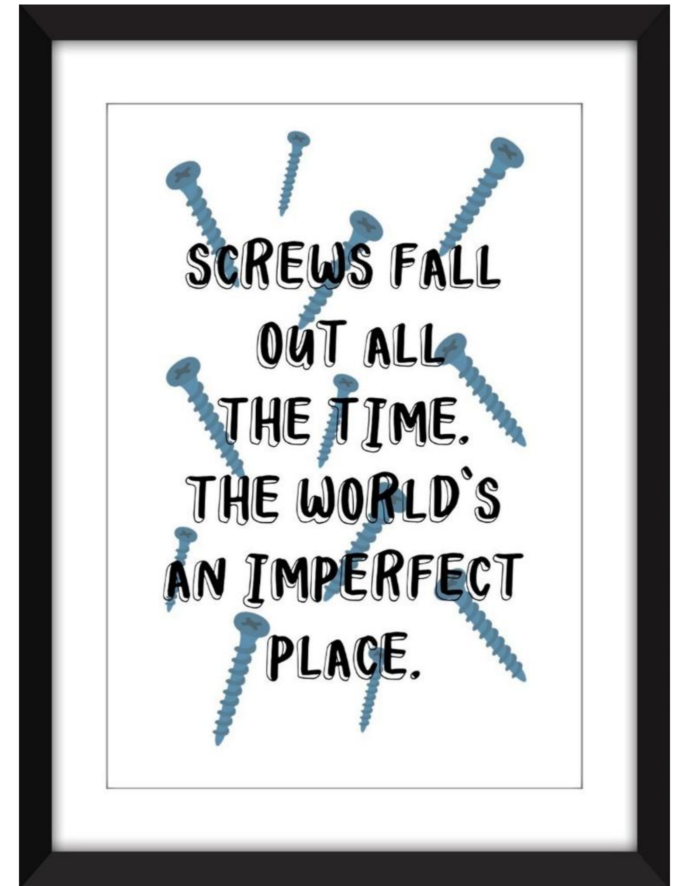
In a perfect world VS. Meanwhile in the patient's reality…

- What if a person says they can not keep their original agreement?
- What changed … and why did it change?
- What is the main issue … or are there more than one?
- Is this issue fully legitimate … somewhat … or not at all?

  (*My FD-CA Valincia: the hardship, the new car, and the manicure) ☹

  (After this, we introduced means testing)

*****?: Where does this conversation occur? NOT OBR! Room 4 (exam, x-ray, guidance counselor's office, principal's office, etc.?)**



Integrity:
What can we do that is good, true, beautiful?

- What are they asking if they / we can do?
- Can I do what they are asking and actually deliver on what they hired us to do … and what we are trying to do for them?
- What does my research, technique, experience, conscience say?
- This can not turn into an "auction" or a "race to the bottom"/path of least resistance!

<u>Some options…</u>

- Variance(s) you offer must be: true, thoughtful, clear, understood

- The variance should be a principled, honest, realistic solution

- ***Example***: **<u>Variance in frequency of in-office care</u>**

→ If not 3x/wk freq, then 2x (for longer)? 2x in one day?

→ What is patient's home care freq then? 5X! (why, cal, scrn shot)

→ All the ingredients must still be there: EAT (Exercise, Adjust, Txn)

[Are we making a cake … or an omelet? (4 vs. 2 ingrds, fry vs. bake)]

What can we expect if we do this?

- If we are reducing your in-office care by 33% (or more), what do you think will happen to this patient's progress?

  → Rate of relief, healing, correction: reduced by 33%, 50% … or more

- Is there any published data and/or are there case examples where a reduced frequency of care worked? (ex. In Curtis Fedorchuk's telomere study, pt was seen 36v in 5mo = 1.75X/wk; I called and asked why…)

- There is a critical point of frequency below which very little/nothing will progress (going to the gym 1x/mo yields what?)

- And yet, some care is better than no care (missions trips miracles, etc.)!

<u>Case studies that had variances…</u>

- Here are a few examples of patients that "had" to change their CP from what we normally do and had planned for them

- <u>The variances had a variety of origins</u>:
  → Some live a long distance from us (over 1 hour away)
  → Some had things previously planned (vacations, kids' sports, etc.)
  → Some had big life changes
  → Some weren't able to keep a schedule/got off track

- We were proactive and helped them do the best we could … ***together***

KR: 42-yo male, significant LBP+R hip pain, unable to work, using a walker, lives 1-hr drive from office, strong referral; Variance: 1) 2-3x/wk, 2) 2-4x/day + anti-inflam/gut diet (later)

10/23/23: F/S lateral view #1: C1 to S1 149mm +TzH, L ADL disability = 60%

12/4/23: F/S lateral view #2: C1 to S1, improved! L ADL disability = 54% (0%)

DJ: 59-yo male, significant LBP after yard work and lifting a printer for office, quite antalgic, strong referral;

Variance: family vacation, son's sports, etc. only averages 2X! (discussed)

12/10/25, APF: 11mm R/SD, 18mm R -TxT; LL: 25* lordosis, L ADL disability = 32%

3/31/26, APF: 0mm SD, 6mm R –TxT; LL: 34* lordosis; L ADL disability = 0%

DJ: Bonus correction in cervical spine!

12/10/25: APC (<1mm –TxH),
LC (14* lordosis, 35mm +TzH)

3/31/26: APC (still great),
LC (26* lordosis, 28mm +TzH)

ML: 50-yo male, LBP during golf seasons but none between, prior relief care (not us) and muscle work, wants something more; Variance: had vacation planned, seen 4X before, 2X after that week

12/30/25: APF (8mm SD, 10mm +TxT); LL (21*) ; L ADL = 20%

3/26/26/: APF (1mm SD, 5mm -TxT); LL (29*), golfing pain-free; L ADL = 2%

ML: Bonus correction in cervical spine!

12/30/25: APC (15mm +TxH);
LC (32* lordosis, 40mm +TzH)

3/26/26: APC (7mm +TxH);
LC (43* lordosis, 39mm +TzH)

Your Call To Action:

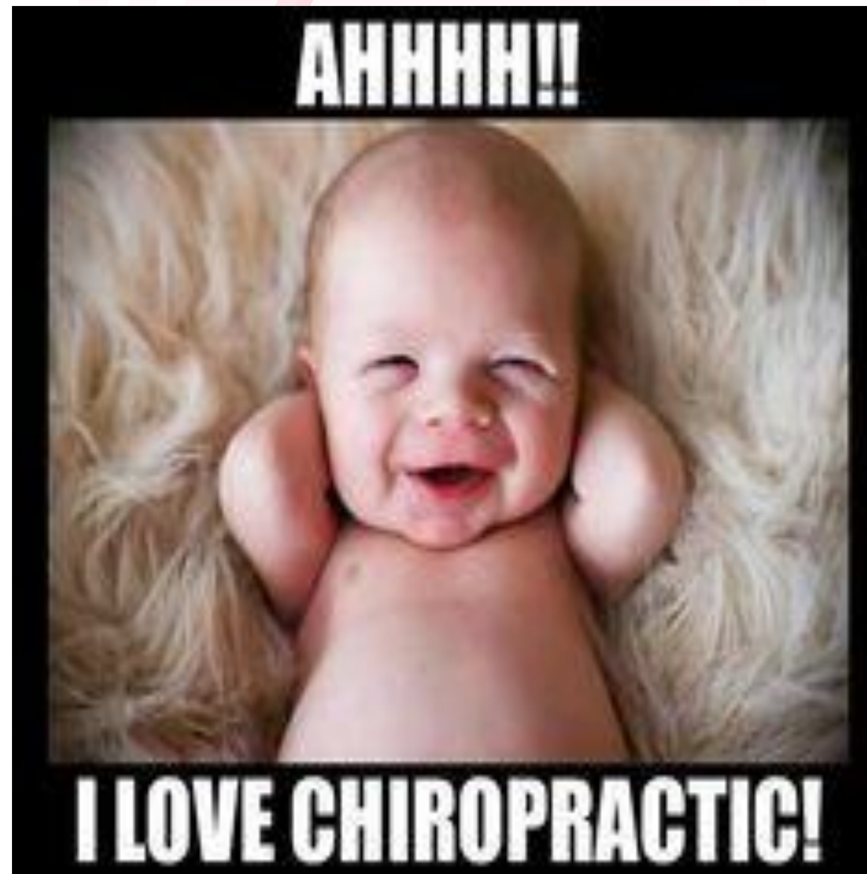
- You need to work with your team on this (some this weekend, and when you get home): ask and answer these questions

- Get your usual SOP down first, train toward "normal nirvana"

- Train to SOP … Marines: "Practice like it's real so that when it's real, it's like practice!"

- Then (and only then), train on what to do for variances (ask TLC and your AC Coach for help)

The Beginning…



Schedule / Class Resources / Event Sign Up / General TLC Resources