

**Regardless of whom you see about your problem
(Chiropractor, GP, Physiotherapist, Osteopath, Consultant)
your initial visit should include much of what is listed below.**

Case history:

How did the problem start?
When did it start?
How often does it occur?
When does it occur?
What makes it better/worse?
What does it feel like? (sharp/dull/aching/burning)
Other pertinent medical history? (past accidents,
contraindications to some types of treatment)

Examination:

General: Blood pressure
Abdominal examination (if required)
Basic eye examination (if required)

Orthopaedic: Visual assessment (Scoliosis/leg length difference)
Ranges of motion (active/passive)
Palpation (feeling the problem area)
Special Orthopaedic tests

Chiropractic: Joint motion palpation (feeling the movement in the affected joints)
Special chiropractic tests

Neurological: Basic neurological evaluation (reflexes, sensation etc.)
Special neurological tests (cranial nerves, thoracic outlet etc.)

In addition, associated body areas may have to be taken into account and examined because the cause of a problem might be somewhere else. For example, knee pain might be caused by flat feet or an arthritic hip.

The clinician should also be on the "look out" for any other health issues that need attention. For example, the patient may have an abdominal aortic aneurysm (ballooning and weakening of an artery in the abdomen) which would change what treatment methods can be used and may actually be causing the patients presenting symptoms.

At this point the chiropractor is usually in possession of enough information to be able to judge whether the patients problem is treatable, or indeed even an appropriate chiropractic case. If it is not then the patient is referred to the appropriate medical professional (rheumatologist, neurologist etc.)

Other tests:

X-rays: Chiropractors are fully trained and qualified to take and read x-rays. X-rays are considered if your case history and/or examination indicate their need.

We can either take them at our clinic in Paddock Wood or send our patients to Queen Mary's hospital in Sidcup privately. As a last resort we refer the patient back to their GP with a letter requesting a NHS referral but this usually takes longer, leaving the patient in pain for longer.

MRI: This is usually ordered by a consultant after GP referral.

Blood tests: These might be considered if , for example, a rheumatological condition such as Rheumatoid arthritis is suspected.

Chiropractors are trained to take blood samples and use them to request pertinent tests.

In practice, we ask for these via the patients GP.

Neurological

tests: Nerve conduction studies, for example. Again, obtained via the NHS.

The majority of patients presenting at the clinic for the first time don't need any of the 'other tests' listed above. Of those that do, some will already have had them carried out by the NHS. In that case we endeavour to get hold of their results so that we avoid duplicating any tests.

Report of findings:

The clinician puts together all the information obtained from the examination to produce a diagnosis and possibly a differential diagnosis (a secondary diagnosis where there could be another reason for the condition).

It is very important that the diagnosis and explanation of the diagnosis is explained to the patient in a way that they understand what is being said.

The patient must also be given the chance to ask questions about their case.

Treatment plan:

The clinician should explain, in as much detail as the patient wants, exactly what treatment is proposed, what it's risks or side effects might be and what alternatives there are to the proposed treatment.

It is important that the clinician remembers that it is the patients body that is being

treated and therefore the patient has the right to have the final say about any treatment.

This applies to all clinicians, from physiotherapists to chiropractors to consultants.

The patient does not have to agree to accept the proposed treatment and should be given the opportunity at any stage to request a change to whatever treatment is being provided. Luckily, chiropractors have many different treatment methods to choose from.

The treatment plan should also take into account any other treatment the patient is undergoing either for the present condition or any other non-related problems that they may have.

It is unethical for any medical professional to instruct a patient to discontinue with another medical professionals treatment.

If necessary, we can liaise with other health professionals so that we don't 'tread on each others toes' and can possibly even compliment each others treatment.

Chiropractors are qualified to judge whether a patient is suitable for treatment and are able to adjust the proposed treatment to suite the patients other health issues.

For example, if the patient has osteoporosis then we will modify our techniques to take account of their weaker bone structure.

As chiropractors, we pride ourselves on carrying out a first class case history and examination so that we can provide an accurate diagnosis and effective treatment.

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