

# Turning Patient Compliance into Patient Commitment

## BIOKINEMATRICS XFILES



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## Empowering Patient Healthcare Decisions

Patient Jane Doe, 42, entered the practice as an established patient who had not been seen for 9 months. Her new presentation of neck pain and headaches represented a different condition than her previously encountered lower-back pain.

She was seen for approximately 3 visits involving spinal adjustments and electrical muscle stimulation, including some deep tissue techniques. She had some minor, temporary relief, but the condition was still significantly present on that third visit when she expressed some discontent on the continuation of her symptomatology and moderate pain with headaches. She indicated her desire to seek medical attention and essentially was telegraphing that she was going to go to another provider along the medical route. She stated her husband was pushing her to go to their family medical doctor.

Although I explained cervicogenic headaches and the loss of range of motion, as well as the tight musculature and joint fixation found



on the basic examination from her first visit the week prior, she seemed reluctant to continue with care even though it had only been 3 visits. I've always been a successful communicator and the majority of times patients would follow recommendations, especially at this stage of care.

I suggested to Jane that we obtain further diagnostics to determine the exact alignment in both the upper cervical spine as well as the mid-cervical region since her posture demonstrated forward head carriage. Since we had not taken prior x-rays on her cervical spine, it would help us get an accurate assessment of her spine to determine the exact involvement

with her condition. She said she didn't have time, but when I explained that the entire process would take only 5 minutes, she agreed.

Since she sits at her desk much of the day working at a computer and had a notable loss of extension ROM, we obtained a five-view cervical series that included flexion and extension views. We used our digital x-ray system and obtained all of the images in just a few minutes.

The findings demonstrated a moderate reversed cervical curve, with degenerative changes at the C5-C6 level with anterior osteophytes, and significant disc degeneration at the C5-C6 level. In addition, the APOM-

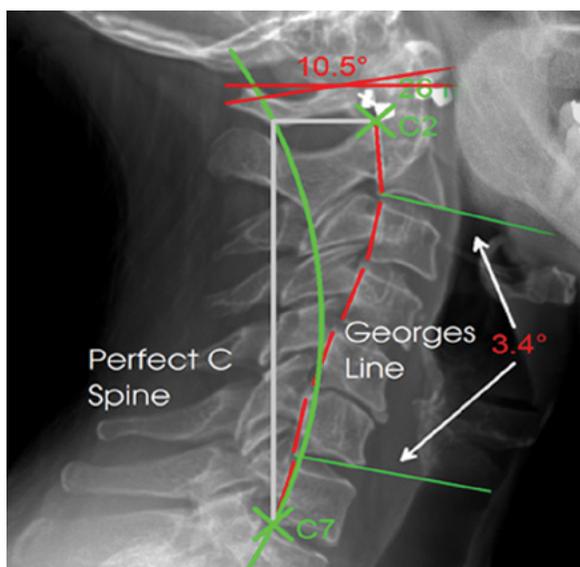
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view showed her C2 vertebra was rotated significantly to the right side and counter-rotation on the C1 to the left, causing biomechanical alterations and cervicogenic HA causation involvement. In addition, significant loss of extension was evident.

Some of these findings were previously unknown by examination. Utilizing annotations on the digital x-rays,



we were able to illustrate for Jane a direct comparison between what her x-rays revealed in contrast to a normal cervical spine.

That day was significant for Jane. It changed her life. The digital x-rays,

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complete with those annotations, empowered her in a way my explanations could not. She could literally see her condition, and after sharing the annotated digital x-rays with her husband, committing to the recommended care plan was a no-brainer.

Over the next 14 visits, more specific adjustments were provided to Jane. Specific corrective exercises were also provided with home instruction. The headaches that had been ongoing the past several months had now abated 100%. And the need for future care was

better understood by Jane after having seen the x-rays. Tellingly, preventative care was something Jane requested (before I even had the chance to suggest it), making reference several times to the digital x-ray findings.

The result after 5 weeks of care: Jane’s husband who was the actual facilitator to go elsewhere, became a new patient to the clinic for his back complaints. The positive experience from both the husband and wife resulted in 2 other patient referrals over the next 6 months. And from a practice profitability standpoint, the net effect was \$4,300 in total care revenue from Jane, her husband, and the 2 other referrals.

All of this because of one critical factor: digital x-rays and annotated line measurements gave Jane a perspective she could not otherwise have had—one that empowered her to make the right decision and complete her recommended care. Plus, the x-rays altered the approach to care from me as the provider, to a more specific approach that gave us a better outcome for Jane.