IOWA CHIROPRACTIC SOCIETY

Chiropractic Physicians improving the quality of life for the people of Iowa through chiropractic

The Complex Patient:

Successful Clinical and Practice Management Strategies

Mike Powell, DC, DACNB

WHO IS A "COMPLEX" PATIENT?

Tracy

- 15 y/o
- Concussion 14 mos prior-soccer. Uofl sports medicine
- HA, dizzy, mental fog 3-4 days per week
- Amitriptyline helped some but caused anxiety & nightmares
- Stuck at level 1

Ron

- 56 y/o
- Gait disorder gradually worse during the past 8 years
- Now progressing to his hands
- Investigated MS, Parkinsons, ALS….no dx currently
- Walks with 2 canes

Jen

- 32 y/o
- MVA 26 mos prior
- Head, upper back, shoulder & neck pain every day since
- 1-2x/mo disabling
- Head, neck shoulder x-ray, MRI all negative
- DC, PT, MD, injections, OTC, massage

UNREASONABLE SITUATION

HURDLES

- Time
- Effort
- Money
- Other influences
- Trial & Error
- Coming clean
- Burden on others
- Baggage associated with the condition

COMMITMENT

- **Money**
- **Information**
- **Time**
- **2 way street**

COMMITMENT

- **Money**
  1. **Full fees for your time (3 hrs)**
  2. **ABN**
- **Information**
- **Time**
- **2 way street**

COMMITMENT

- **Money**
- **Information**
  1. **Intake**
  2. **Records**
  3. **Narrative**
- **Time**
- **2 way street**

COMMITMENT

- Money
- Information
- **Time**
  1. **Scheduling/Formal Re-Evals**
  2. **Homework**
  3. **Length of tx plan**
- 2 way street

COMMITMENT

- Money
- Information
- Time
- **2 way street**
  1. **Prep for visit**
  2. **Re-assess regularly**
  3. **Communicate**

1. **When is it best to address the issues that get in the way of s**

a. Report of Findings visit

b. Just after initial evaluation

c. Before the first visit

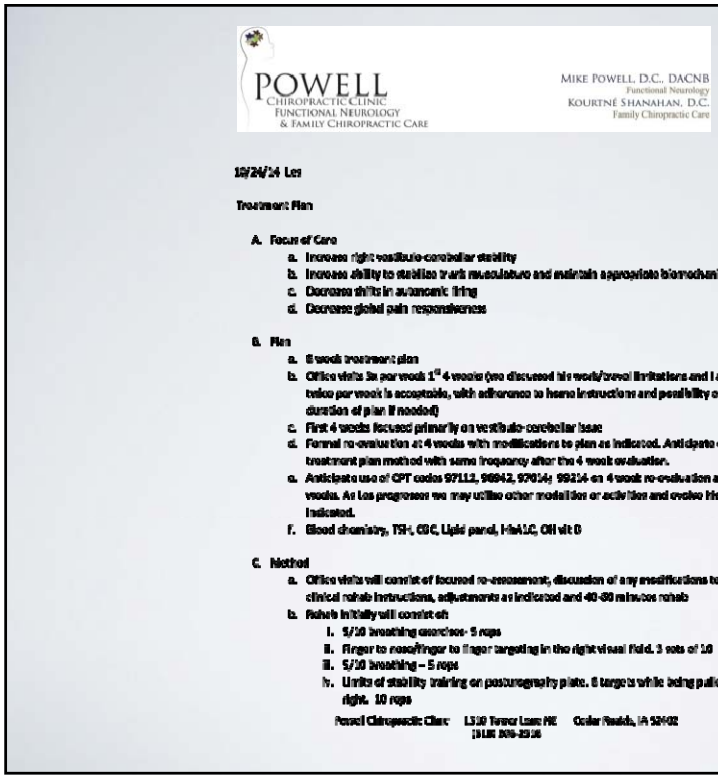
d. At the front desk just prior to the initial visit

CONDITION-RELATED ISSUES

- Wheelchairs, transfers, gait belts
- Transportation, on-time appointments
- Entourage
- Cognitive/Expressive issues

DOCUMENTATION

- Complicated, so leave a trail
- Multiple providers
- Get permission and send it out



POWELL
CHIROPRACTIC CLINIC
FUNCTIONAL NEUROLOGY
& FAMILY CHIROPRACTIC CARE

MIKE POWELL, D.C., DACNB
Functional Neurology
KOURTNÉ SHANAHAN, D.C.
Family Chiropractic Care

10/24/14 Lei

Treatment Plan

A. Focus of Care
   a. Increase right vestibulo-cerebellar stability
   b. Increase ability to stabilize trunk musculature and maintain appropriate biomechanics
   c. Decrease shifts in autonomic firing
   d. Decrease global pain responsiveness

B. Plan
   a. 8 week treatment plan
   b. Office visits 3x per week 1st 4 weeks (pt discussed his work/travel limitations and I agreed that twice per week is acceptable, with adherence to home instructions and possibility of extending duration of plan if needed)
   c. First 4 weeks focused primarily on vestibulo-cerebellar issue
   d. Formal re-evaluation at 4 weeks with modifications to plan as indicated. Anticipate change in treatment plan method with same frequency after the 4 week evaluation.
   e. Anticipate use of CPT codes 97112, 98942, 97014; 99214 on 4 week re-evaluation and at 8 weeks. As Lei progresses we may utilize other modalities or activities and evolve his plan as indicated.
   f. Blood chemistry, TSH, CBC, Lipid panel, HbA1C, OH vit D

C. Method
   a. Office visits will consist of focused re-assessment, discussion of any modifications to home or clinical rehab instructions, adjustments as indicated and 40-50 minutes rehab
   b. Rehab initially will consist of:
      I. 5/10 breathing exercises- 5 reps
      II. Finger to nose/finger to finger targeting in the right visual field. 3 sets of 10
      III. 5/10 breathing – 5 reps
      IV. Limits of stability training on posturography plate. 8 targets while being pulled to the right. 10 reps

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10/24/14 Les Treatment Plan

v. 5/10 breathing – 5 reps

vi. Ocular pursuits from right to center. 3 sets of 5

vii. Ocular fixation with right head rotations. 3 sets of 5

c. Rehab activities will progress to increased frequency, intensity and duration.
d. Initial Home Instructions- this exercise series will be performed twice per day to start

i. 5/10 breathing exercises – 5 reps
ii. Ocular pursuits from right to center. 3 sets of 5

iii. Ocular fixation with right head rotations. 3 sets of 5 iv. 5/10 breathing exercises – 5 reps

Additional instructions as he progresses

D.4 Week Goals

a. No visible increase in unsteadiness with right or left head turn

b. Finger to nose accurate bilaterally with no kinetic tremor

c. O2 saturation >97%

d. Able to perform right to left pursuits across the full visual field with no discomfort

e. Right carotid compression for 3 seconds produces no light headedness and no drop in pulse rate greater than 5 beats

E. Complicating factors

a. Chronicity of symptoms (3-20 years)

b. Multiple issues

c. Prior right arm injury and surgical repair

d. Lumbar disc disease

e. Prior head injuries

f. Unresponsiveness to prior treatment

g. Current multiple medications

h. Current every day smoker

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2. Treatment plan should include

a. Focus of care (what needs to change)

b. Time frames, frequency, description of services

c. Home instructions

d. Measurable goals

e. All of the above

GEMS

- Your role/other providers
- Fresh eyes
- What's going wrong
- What to change
- Method
- Measure
- Goals and deadlines
- Homework

GEMS

- Finding step #1
- Accountability
- Collaborating
- Kids/Parents/School

GEMS

- Medications
- “Routine” visits
- Degenerative conditions
- Patients who can’t reliably communicate
- No success if anemic, dysglycemic, autoimmune, hypoxic, etc

3. Understanding the patient's medication history can allow the chiropractor to
(more than one correct)

a. take the patient off of ineffective medications

b. find what symptoms may be attributable to pharmacy rather than an underlying condition

c. understand what aspects of physiology need to change in order to help them

d. adjust the dosage of current medications properly

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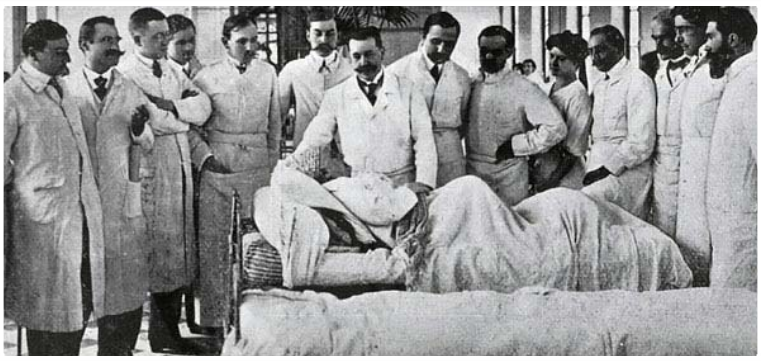
CLINICAL EXCELLENCE WITH GRAND ROUNDS:
The Dizzy Patient

Friday Evening Jan 16 - Waukee Wellness & Chiropractic
Saturday, Jan 17 - Johnston Stoney Creek Inn



THANK YOU