HOW CHIROPRACTORS CAN BECOME MARKET LEADERS IN LOW BACK PAIN MANAGEMENT
What is “Chiro Konnect”?

- Started by Dr.s Rob Donkin and Gert Ferreira
- A forum designed to:
  1. connect chiropractors
  2. improve Chiropractic’s image
  3. increase Chiropractic’s market share
  4. enhance expertise of local chiropractors
- Three Pretoria based talks are planned for this year
Who am I?

- Durban graduate
- In practice for 20 years in Pretoria
- Sports chiropractic practice
- ICCSP
- Sasma accredited sports chiropractor
- International Award Best Poster presentation for Africa at the WFC congress 2017
Low back pain management

- Challenging environment
- Many role players
- Many different treatment approaches
- How do Chiropractors become the best in treating back pain in this market?
What does the research say?

- Low back pain is common
- 38% of people affected each year
- 90% of cases resolved in 6 weeks
- 60–80% have a re-occurrence in two years
- 7% develop chronic back pain
- Leading cause of disability worldwide
Who do people consult?

- 40% see GP, 40% see a chiropractor, 20% see a specialist
- 27 million Americans are treated annually by chiropractors
- 35% for low back pain
Low back pain prevalence similar to developed countries

- Prevalence of low back pain: 32% adults and 12% in adolescents
- 56 million (Stats SA 2016)
- 21.28 million South Africans will have back pain this year
Chiropractors’ beliefs

- We are the best!
- We have the adjustment
- Our training is superior to other healthcare practitioners
- We treat the cause and not the symptom
- We offer a holistic approach
“HAVE YOU CONSIDERED SEEING A CHIROPRACTOR?”
How do we become the best?

- Become a team player
- Develop our skill levels in diagnosis, treatment and management
- Distinguish ourselves from other professions
Becoming a team player
I’m A Team Player!
my team do what
I tell them to do!

A little help
maybe??
Key characteristics of a team player

- Reliable & competent
- Good communicator
- Flexible
- Know your limitations
- Commitment to team
Becoming a team player

- Know how to interact with other healthcare practitioners:
  1. Speak their language
  2. Know when to refer
  3. Appropriate referral communication
  4. Be open to suggestions
  5. Accept that the skills of the other health practitioners may be better than yours!
Improving your skill set

- Diagnostic
- Treatment
- Ancillary skill set: exercise, nutrition, stress management
Diagnostic skill set
Developing our Diagnostic skill set

- Listening:
  1. How good is our history taking?
  2. Empathetic
  3. Documenting relevant information
  4. Red flags (bowel, bladder, muscle weakness), yellow flags, the sound of hooves *
  5. The diagnosis is reached by asking the right questions
Expecting the unusual....
Observation
Appropriately undressed
Standing, sitting, prone and supine (not just prone!)

Appropriately undressed
Could be you be missing something?
Herpes Zoster (shingles)

Café au lait spots
Orthopaedic Testing

1. Relevant to the lumbar region, hip or adjacent area
2. S–I testing: position, provocation, pain
3. S–I pain use three or more provocation tests (Sivayogam 2011)
4. Thigh thrust, distraction, compression, sacral thrust, Gaenslens
Hip

- Check hip range of motion when assessing low back
- Look for quality of motion
- Look for full range of motion
- Differentiate between joint & soft tissue restriction
Developing our treatment skill set

- Adjustment
- Know when to adjust
- Know when not to adjust
- Retest ranges of motion or functional movements after treatment
- Neurological
- Palpation to confirm findings
- Chiropractic specific tests
- Special tests
- X-rays, CT, MRI, sonar
The adjustment is powerful but it shouldn’t be the only thing we do....
Ancillary skills

- Neural mobilisation *
- Exercises (Exercise Pro, Rehab guru)
- Mulligan mobilisation of hip *
- ART
- Graston, FAKTR
- Muscle chain analysis (Anatomy trains)
Anatomy Trains
Mr. H
64 year old
Right gluteal pain
8 months duration
Onset uncertain, fell 10 months ago
Refers to right inner thigh & lateral calf
Aggravated by sitting
Relieved by lying, walking and standing
Special investigations

- MRI: previous fusion L4–S1, no nerve compression on right side.
- Spinal orthopaedists and neurosurgeon uncertain of diagnosis.
Diagnosis and treatment

- Diagnosis: Piriformis syndrome?
- Treatment: Dry needling, Mulligan, heat and stretch
Case 2

- Mr P
- 56 year old male
- Presents with left anterolateral shin pain on walking more than 30 metres
- Pain relieved by sitting or right lateral flexion
- Questions?
- Examination?
- Diagnosis?
Case 3

- Mrs R
- 38 year old female runner
- Presents with lumbosacral pain of 8 months duration following a Pilates session
- Diagnosed as sacro iliitis by sport doctor
- Treatment with cortisone injection and physio unsuccessful
- Rom: full and pain free
- No S–I tenderness, no positional malignment, or provocation tests positive.
Palpation over gluteus medius with reproduction of her pain.
Diagnosis of glutues medius MFPDS
Pain free and running 5kms after 3 three treatments
Thank you!