

CHAPTER 5

Common Duties of the Chiropractic Therapy Assistant

- **Lesson Purpose**

To give the student knowledge of initial patient case history, the understanding of how to assist patients in pain, and how to create the optimal patient relationship.

- **Lesson Objective**

Upon completion the student will:

- Learn how to obtain patient case history
- Learn how to assist patients in pain
- Learn how to create the optimal patient relationship
- Learn the CTA's role in patient progress

***“I don’t know what your destiny will be,
but one thing I know: the ones among you
who will be really happy are those who have
sought and found how to serve.”***

– Albert Schweitzer

***“Coming together is a beginning.
Keeping together is progress.
Working together is success.”***

– Henry Ford

Introduction

Chiropractic therapy assistants can be the most important part of the “chiropractic experience.” Often, CTA’s are the first line of contact with the patient either on the phone, helping with the initial paperwork, in the exam room, or in the patient therapy bays. The initial point of contact with the prospective patient is when the chiropractic experience begins and some would say it begins when he/she first sees the clinic, hears the ad, or listens to a friend. The chiropractic experience is a journey, a journey of helping someone through a painful ailment or injury that is preventing him/her from completing a task, helping his/her family, or paying the bills. For the CTA, it is the journey of listening, educating, and laying hands on the patient.



A welcoming smile

One of the easiest ways to build a quality relationship with patients is to get to know them. Quality relationships start when the patient walks in the door. Greeting patients by name with a smile shows them you care about who they are as an individual. It is important that whatever the size of the clinic you work in, the patient does not feel like a number moving through the clinic as part of a herd. Learn about the patient’s family and what he/she does for a living. Become aware of the outside stressors or daily activities that may affect the patient’s progress. If the patient is in a comfortable and positive environment he/she will feel more relaxed and heal more quickly.

Learn and understand the condition affecting each patient. Every condition will have different treatment goals and the patient will want to discuss the treatment and outlook with you. If you are unable to answer the patient’s questions about his/her care, then it will be hard to build credibility and trust with him/her.

Conducting a Complete Health History

As described in earlier chapters, many clinics train chiropractic therapy assistants to record an initial patient history. The information gained during the interaction is crucial to the identification of the injury or

disorder. Many doctors will reveal that much of their finished diagnoses were obtained during the initial history. Repetition is the key to competency.

Exercise: Obtaining Health History

Practicing with a peer to obtain a complete health history is an excellent way to gain confidence. During this roleplay period, disregard your relationship as colleagues and play your respective parts (staff or patient) to get the most beneficial experience. As you know, when gathering patient history, personal information is requested. The peer acting as the patient should not feel obligated to provide answers to questions that he or she is uncomfortable answering.

Use the Health History Guidelines provided toward the end of this chapter to practice getting acclimated to asking the questions in a non-confrontational, conversational manner. These guidelines will help you obtain a complete health history in an organized and professional manner. Conduct an initial interview. Do your best to select a place that is comfortable and a time when you will not be interrupted. Remember to begin with an introduction and clearly outline your goals to your practice partner. Keep communication open by asking appropriate questions. Focus on listening to your partner with an objective and attentive ear. Be mindful of your body language and level of speech. Never place judgment and be sure to use terminology the patient can understand.

When conducting a complete patient health history, review each component and precisely document your partner's descriptions of his/her symptoms, health history, and goals toward treatment. Make notes throughout the functional assessment of any behaviors and/or risks. Document the complete health history information accurately, while including information that relays the patient's interpretation of his or her level of health.

Structure of Health History Accumulation

As first introduced in Chapter 4, the following format is used for a complete or focused health history and is widely accepted and has been used for decades. Memorizing and understanding the format will be useful in day to day patient interaction.

The structure of information collection includes:

- **ID** – Biographical and demographical data
- **CC** – Chief complaint
- **HPI** – History of the present illness
- **PH** – Past history:
 - **PMH** Past medical history(include childhood and adult illnesses/diseases)
 - **PSH** Past surgical history
 - **Meds** Medications (include dosages, OTC drug)
 - Allergies
 - Risk factors
- **Fam** – Family history
- **PSH** – Personal/social history (work, family, school, etc.)
- **ROS** – Review of systems

Review the health history form that your supervising physician uses. Patients can often have many complaints or concerns. When possible, write the patient’s own words; use quotations. Try to focus on a specific issue, because several chief complaints can be difficult to properly manage.

Some physicians request a chronological account of each symptom. For instance, a physician might ask: “Can you tell me about the first time you experienced this problem, leading up to the present?” Others use the familiar acronym O.P.P.Q.R.S.T.U (FIGURE 5.A) to discern the problem once the chief complaint is given.

FIGURE 5.A

Acronym for chief complaint data	
Onset	– <i>When did it begin?</i>
Palliative	– <i>What makes it feel better?</i>
Provocative	– <i>What makes it feel worse?</i>
Quality	– <i>Type of pain – Is it dull, achy, sharp, shooting, etc?</i>
Radiation	– <i>Does that pain refer from or to anywhere?</i>
Severity	– <i>On a scale of 1-10, with 10 being the worst pain possible, rate the pain.</i>
Timing	– <i>What time of day do you feel it the most?</i>
Understanding	– <i>What is the patient’s understanding of his/her issue?</i>

Common Duties of the Chiropractic Therapy Assistant

Sample Intake Form

(Please print)

Date _____

Name _____ SS: _____ Home Phone _____

Address _____ City/State _____ Zip _____

Age _____ Birth Date _____ Marital status M S W D

Email _____ How many children? _____

Occupation _____ Employer _____

Address _____ City/State _____ Zip _____ Phone _____

Name of spouse _____ Occupation _____

Patient's nearest relative _____ Address _____

City/State _____ Zip _____ Phone _____

Referred by: _____

Describe your pain _____

How did your symptoms begin? _____

How often have you been experiencing symptoms? (Please circle)

- 1) Constantly (76-100% of the day) 2) Frequently (51-75% of the day)
3) Occasionally (26-50% of the day) 4) Intermittently (0-25% of the day)

Are your symptoms: improving getting worse same

Indicate the average intensity of your symptoms None 1 2 3 4 5 6 7 8 9 10 Unbearable

Does your spine feel like it has a **catch** or that it needs to be **stretched**? (Please circle)

How much has pain interfered with your normal work (including both work outside the home, and housework)

- not at all a little bit moderately quite a bit extremely

During the past 4 weeks, how often have your symptoms interfered with your social activities?
(like visiting with friends, relatives, etc.)

- all of the time most of the time some of the time a little of the time none of the time

In general would you say your overall health right now is....

- excellent very good good fair poor

Activities of Daily Living

Have you noticed that any of your HOME activities are different **NOW** than from **BEFORE** the injury?

- yes no If yes, list them as: (please be very specific)

Those activities that you are now unable to do are _____

Those activities that are now painful to do are _____

Those activities that are now difficult to do are _____

CHAPTER 5

Is there anything else we should know? _____

Who have you seen for your symptoms? **No One** **M.D.** **Chiropractor (D.C.)** **P.T.**
 Other _____

Names: _____

What treatments did you receive? _____

Diagnostic testing? **X-rays** **CT scan** **MRI** **Other** _____

Dates: _____

RELEVANT MEDICAL HISTORY (Check if you have had in the past or present)

<input type="checkbox"/> Arthritis	<input type="checkbox"/> Epilepsy/Seizures	<input type="checkbox"/> Psychological problems
<input type="checkbox"/> Asthma	<input type="checkbox"/> Fibromyalgia	<input type="checkbox"/> Neck pain or spasms
<input type="checkbox"/> Anemia	<input type="checkbox"/> Hand or wrist pain	<input type="checkbox"/> Neuritis
<input type="checkbox"/> Back pain/Sciatica	<input type="checkbox"/> Headaches	<input type="checkbox"/> Numbness
<input type="checkbox"/> Cancer	<input type="checkbox"/> Heart problems/Stroke/TIA	<input type="checkbox"/> Polio
<input type="checkbox"/> Concussion	<input type="checkbox"/> Hepatitis	<input type="checkbox"/> Rheumatic fever
<input type="checkbox"/> Convulsions	<input type="checkbox"/> High/Low blood pressure	<input type="checkbox"/> Sinus trouble
<input type="checkbox"/> Diabetes	<input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> Osteoporosis
<input type="checkbox"/> Digestion problems	<input type="checkbox"/> Measles/ T.B.	<input type="checkbox"/> Thyroid or menstrual problems
<input type="checkbox"/> Dizziness	<input type="checkbox"/> M.S./ Muscular dystrophy	<input type="checkbox"/> Venereal diseases

What operations have you had? _____

Serious illnesses _____

Family health history _____

What medications or drugs are you taking? _____

Have you been treated for any health conditions in the past year? _____

Have you ever seen a chiropractor? **yes** **no** If yes, who? _____

Do you have a living will or a durable power of attorney? **yes** **no**

Name of personal medical doctor _____

Patient Signature _____ Date _____

Review of Systems

The following pages are a concise grouping of common questions utilized to ascertain the health status of a given organ system of the body. By no means, do these questions encompass a complete list for each system, but will allow a good foundation to the beginning interviewer.

General Overall Health State

Has the patient gained or lost significant weight?

If yes, over what period of time did the weight change occur?

Had the patient been trying to change his or her weight by diet or other factors?

Does the patient experience fatigue?

Does the patient experience weakness or malaise?

Does the patient have a fever?

Does the patient experience chills?

Does the patient experience sweats or night sweats?

Skin

Does the patient have a history of skin disease (eczema, psoriasis, hives)?

Has the patient experienced pigment or color change?

Does the patient have a mole that has changed?

Does the patient experience excessively dry or moist skin?

Does the patient experience excessive bruising?

Does the patient have a rash or lesion?

Hair and Nails

Is the patient experiencing hair loss?

Has the patient experienced a change in hair texture?

Has the patient experienced a change in the shape, color, or brittleness of his or her nails?

Head

Does the patient experience unusually frequent or severe headaches?

Has the patient suffered from a head injury?

Does the patient experience dizziness (syncope) or vertigo?

Eyes

Does the patient experience difficulty with vision, such as decreased acuity, blurring, or blind spots?

Does the patient suffer from eye pain?

Does the patient experience double vision (diplopia)?

Does the patient experience redness or swelling of the eyes?

Does the patient experience watering or discharge from the eyes?

Does the patient have glaucoma or cataracts?

Ears

Does the patient experience earaches or ear infections?

Does the patient experience hearing loss?

Does any fluid discharge from the patient's ears? If so, what color and texture is the discharge?

Does the patient experience vertigo?

Nose and Sinuses

Does the patient experience unusually frequent or severe colds?

Does the patient suffer from sinus pain?

Is there nasal discharge? If so, what are its characteristics?

Does the patient experience nasal obstruction?

Does the patient experience nosebleeds?

Does the patient suffer from allergies or hay fever?

Has the patient experienced a change in his or her sense of smell?

Mouth and Throat

- Does the patient experience mouth pain?
- Does the patient frequently suffer from a sore throat?
- Do the patient's gums bleed?
- Does the patient suffer from a toothache?
- Is there a lesion in the mouth or on the tongue?
- Does the patient experience difficulty swallowing (dysphagia)?
- Does the patient experience throat hoarseness?
- Has the patient noticed a change in his or her voice?
- Has the patient experienced altered taste?
- Has the patient ever had a tonsillectomy?

Neck

- Does the patient suffer from neck pain?
- Does the patient experience limited range of motion (ROM)?
- Does the patient have lumps or experience swelling in the neck?
- Does the patient have enlarged or tender nodes?
- Does the patient have a goiter?

Axilla (Underarm)

- Does the patient experience tenderness?
- Does the patient have a lump or experience swelling?
- Does the patient have a rash?

Respiratory

- Does the patient have a history of lung disease (asthma, emphysema, bronchitis, pneumonia, tuberculosis)?
- Does the patient experience chest pain with breathing?
- Does the patient experience wheezing or noisy breathing?
- Does the patient suffer from shortness of breath? If so, does activity precede shortness of breath?

Is the patient suffering from a cough?

Does the patient expel sputum? What are the characteristics (color, amount)?

Does the patient experience hemoptysis?

Is the patient often exposed to toxins or pollution?

Cardiovascular

Does the patient have a history of cardiovascular disorders? If so, explain.

Does the patient suffer palpitations?

Does the patient's skin appear blue (cyanosis)?

Does the patient suffer from difficulty breathing (dyspnea)? If so, qualify difficulty: panting, heaving, difficulty when lying down, difficulty when sleeping.

Does the patient have a history of heart murmurs?

Does the patient experience hypertension?

Does the patient have a history of coronary artery disease?

Does the patient have a history of anemia?

Peripheral Vascular (Arms, legs, hands, and feet)

Does the patient have a history of any blood diseases?

Does the patient currently experience or have a history of blood clots?

Does the patient experience coldness in the extremities?

Does the patient experience numbness or tingling?

Does the patient experience swelling of the legs? If so, what time of day does the swelling occur? Do certain activities precede the swelling?

Is there discoloration in the patient's hands or feet?

Does the patient have varicose veins? If so, has the patient experienced any varicose vein complications, such as clotting or bursting?

Gastrointestinal

Does the patient have a history of abdominal disease (ulcer, liver, gallbladder, jaundice, appendicitis, colitis)?

How is the patient's appetite?

Does the patient suffer from any food intolerance?

Does the patient have difficulty swallowing (dysphagia)?

Does the patient experience heartburn or indigestion?

Does the patient suffer pain associated with eating?

Does the patient suffer other abdominal pain? If so, explain.

Does the patient experience a burning sensation in the stomach when belching?

Does the patient experience nausea or vomiting? If so, note characteristics.

Does the patient vomit blood?

How often does the patient have flatulence?

Does the patient have a history of rectal conditions (hemorrhoids, fistula)?

How frequently does the patient have bowel movements?

Has the patient noticed any changes in his or her bowel movements?

What are the patient's stool characteristics?

Does the patient suffer from constipation or diarrhea?

Has the patient had black stool?

Has the patient suffered rectal bleeding?

Musculoskeletal

Does the patient have a history of arthritis or gout?

Does the patient suffer joint pain or stiffness?

Does the patient experience swelling? If so, where?

Does the swelling change location?

Does the patient have deformity?

Does the patient experience limitation of motion? If so, what effect does it have on daily activities (grooming, feeding, toileting, dressing... etc.)?

Do the patient's joints make noise when in motion?

Does the patient suffer from muscle pain, cramps, or weakness?

Does the patient have difficulty walking or have unusual walking patterns?

Does the patient struggle with coordinated activities?

Does the patient have a history of back pain or disc disease?

Does the patient experience other pain?

Neurological

Does the patient have a history of seizure disorder, stroke, fainting, or blackouts?

Motor Function:

Does the patient experience any weakness?

Does the patient experience a tic or tremor?

Has the patient ever suffered from paralysis?

Does the patient struggle with coordination?

Sensory Function:

Does the patient experience any numbness or tingling (paresthesia)?

Cognitive Function:

Does the patient have a history of a memory disorder?

Does the patient suffer from disorientation?

Mental Status:

Does the patient have a history of mental health dysfunction or hallucinations?

Does the patient often feel nervous?

Does the patient suffer from mood changes?

Does the patient suffer from depression?

Hematological

Does the patient have a history of hemophilia?

Does the patient experience excessive bruising?

Does the patient suffer from swollen lymph nodes?

How often is the patient exposed to toxic agents or radiation?

Has the patient ever had a blood transfusion? If so, did the patient experience a reaction?

Endocrine

Does the patient have a history of diabetes or diabetic symptoms (polyuria, polydipsia, polyphagia)?

Does the patient have a history of thyroid disease?

Does the patient experience intolerance to heat and cold?

Has the patient noticed a change in his or her skin pigmentation or texture?

Does the patient experience excessive sweating?

Has the patient noticed a correlation between his or her appetite and weight?

Does the patient have abnormal hair distribution?

Does the patient suffer from nervousness or tremors?

Does the patient need hormone therapy?

Functional Assessment

Are there any limits on the patient's usual activities of daily living, including work? Please specify.

Activities of Daily Living

Bathing _____

Dressing _____

Toileting _____

Eating _____

Housekeeping _____

Shopping _____

Cooking _____

Nutritional Status

How does the patient eat and drink?

Does the patient take supplements?

Self-care Behaviors

Does the patient's work involve heavy lifting, repetitive motion, or chronic stress to joints?

Has your patient made any efforts to alleviate his or her symptoms?

Does the patient have an exercise program? In what type of exercise does the patient participate?

How often does the patient exercise?

Does the patient practice warm-up and cool-down techniques?

Self-concept and Coping

Personal habits: ___ Alcohol ___ Smoking

Patient's Perception of Health

Does the patient prioritize his or her health?

What health concerns does the patient have?

What are the patient's health expectations?

Knowledge of Chiropractic Care

What does the patient know about Chiropractic Care?

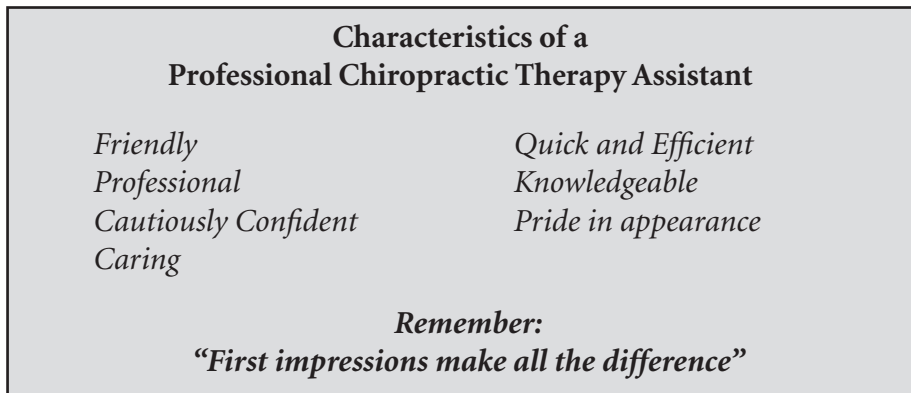
Has the patient been to a chiropractor before?

Patient Interaction

Professional Image

It is important for chiropractic assistants to present themselves in a professional manner on a daily basis. The patient will often spend as much or more time with the therapist as they will with the doctor, therefore it is important to look and sound professional. Professionalism instills confidence in the patient. The patient wants to know you are qualified to help him/her and your attire, demeanor, words, and actions support this. Introduce yourself, shake the patient's hand, and look him/her in the eye when you first meet them and continue to do so regularly when you see him/her.

FIGURE 5.B



Every office will have different uniform requirements. Some common uniforms are khaki pants with a polo, or t-shirt and scrubs. All attire should be clean, wrinkle free, and fit properly. If badges are utilized in the clinic, they are typically worn near the collar. It is also important to remember that you are a representative of your chiropractic clinic and your profession both in and out of the office and should act and dress accordingly.

Work to maintain patient-focused care. Often patients inadvertently veer the conversation toward the CTA which can be distracting. Patient-focused care maintains that all aspects of the patient's visit are about him/her. Be professional with your words, actions, and thoughts, and you will gain the respect of your peers, doctors, and the patients. Become a leader that sets the standard in your environment.



Proper

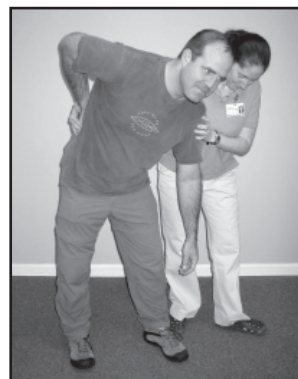
Not Proper

Proper

Assisting Patients in Pain

Pain is the driving force that brings many patients into the chiropractic clinic. It can be a daunting task to look a patient in severe pain in the eyes and assure him/her, “you are in the right place.” Becoming comfortable with assisting the patient in pain will make the patient more at ease and decrease the stress and anxiety the patient may feel. Patients should never feel like their pain is insignificant or an annoyance. There are many steps to helping a patient feel more comfortable in any situation. With regards to patients entering the clinic, be sure to acknowledge their time, and identify ways to make him/her comfortable. Below is a list of common tasks to perform to make sure a patient is adequately taken care of.

- 1) From the moment the patient is in the office; if necessary, utilize wheel chairs, crutches, walkers, or canes to help the patient around the office and reduce the risk of further injury.
- 2) When in severe pain, lend a helping hand while patients walk through the office to the desired room. This act of caring will reassure the patient of his/her choice of clinic.



- 3) Try to take the patient in severe pain back to a private room as quickly as the office is able. Patients often become more uncomfortable if they believe people are watching them.
- 4) Assist the patient with paperwork if need be, to allow him/her to remain in the most comfortable position.
- 5) Offer the patient a glass of water; people in pain tend to become very thirsty and nervous while waiting for the doctor. Offering them water gives a value added service.
- 6) Make sure the air temperature is adequate. Pain tends to raise blood pressure, thereby raising the patient's internal temperature. If the patient is chilly, offer them a blanket.
- 7) Identify the most comfortable position in which the patient can lie or sit, while waiting for the doctor to arrive. Pillows, knee bolsters, wedges, and braces should be used whenever possible to decrease discomfort.



Comfortable Position

- 8) Continually assess the patient while they are waiting. Listen for slurring of words, alterations in skin color, increased loss of motor skills, crossing of the eyes, or erratic speech. If any of these signs are noted, tell the doctor immediately.
- 9) Notify the doctor if the patient's pain increases, increased numbness occurs, a headache begins, or if the patient experiences any negative change in his/her condition while on treatment, in the waiting room, or even as he/she is speaking to you on the phone.

Tip: Use a wedge and knee pillow for optimal comfort when the patient is on his/her side or back.

Tip: Remind patients to BREATHE when getting up and down. Holding their breath increases pressure and pain.

- 10) Existing patients of a chiropractic practice have a tendency to come into the office with a new injury without informing the front desk personnel. It is important to identify the newly developed injuries, disorders, accidents, or falls. Patients do not always realize a new condition typically requires a new exam.
- 11) Provide a ritual for them to perform when they get home. Patients want to take an active role in their care, so let them. [Example: 1) get up every 30 minutes except for sleeping hours. 2) Sleep on your side with a pillow between your legs. 3) Ice every 1-2 hours for a maximum of 20 minutes.]
- 12) Walk patients out to their cars and make sure they are able to drive home. A caring phone call to the patient's home provides much comfort to someone in pain.

Remember a time when you have been injured and place yourself in that position when speaking with a patient. Were you grumpy, negative, hateful, mean, or unresponsive? Placing yourself in their shoes will help you work with them better. Some of the most difficult patients that enter the clinic often become the most loyal and rewarding patients the clinic will have the privilege to treat. These are the patients the CTA saw at their worst and nursed them through the injury and helped them heal.

The CTA's Supporting Role in Patient Progress

The CTA plays a large role in the patient's recovery and overall impression of chiropractic care. A positive attitude creates a healing environment. Chiropractic therapists give the chiropractic physician another set of eyes and ears in understanding and treating the patient's condition. Patients will often relay information to a chiropractic therapist that they may not have told the doctor. They are often more likely to tell the CTA than the doctor if they are unhappy with their treatment or progression.

Building a relationship with patients gives the chiropractic therapist a unique opportunity to be a part of the healing process. Patients can be encouraged by your reports of their progress. You can mo-

tivate and encourage them to follow their treatment plan, perform their exercises, and keep a positive attitude about their recovery. You also have the opportunity to educate those around you of the value of chiropractic care.

Tip: Remember to focus on the patient and give him/her your attention when performing therapy. You might be the only person to listen and give them a kind word all day.

Throughout the treatment experience, it is important to continually educate the patient on his/her stage of care, empower him/her on exercises and daily living habits. Ask the doctor if it is okay to call and check on the patient periodically. Inform the doctor of any positive or disparaging remarks the patient may have stated within the course of the conversation. The relationship between the CTA and the patient is paramount to the continued success of a loyal, satisfied, and happy patient.



Patient Interaction