Your guide to

DEVELOPING PAEDIATRIC REFERRAL NETWORKS

WITH MEDICAL PRACTITIONERS AND OTHER HEALTH PROFESSIONALS

DR GLENN MAGINNESS

B.App.Sc(Chiro), MCSc(Paeds)

Contents

The three modules within this course explore the many strategies associated with developing paediatric referral networks throughout your community.

It is for you to decide which specific strategy or strategies suit your unique personality, comfort level and style of practice. Even if you decide to employ only one or two of the strategies, if you have real focus and approach them ethically, with integrity, commitment, knowledge, your belief and your passion, they will make a huge difference to your practice on many levels. Even if your practice currently sees a large number of children, the strategies, procedures and protocols discussed here will allow you to connect with even more families. They will provide you with the opportunity to influence positively the health and lives of many more children in your community.

The step-by-step procedures discussed here are those that I have followed for many years, and still do on a regular basis. They are what have helped me create the wonderful family practice I now have and allowed me to connect with thousands of children in my community who may not have visited a chiropractor otherwise.

Dr. Glenn Maginness
B.App.Sc(Chiro), MCSc(Paeds)

DEVELOPING PAEDIATRIC REFERRAL NETWORKS

Introduction

An essential component to building a clinic full of children, a practice full of families, is creating referral networks throughout your community that will result in child new patients on a daily or weekly basis.

In a paediatric or family practice, you will not survive without a steady supply of child new patients through your practice door. For this reason, a large part of your strategy to increase the number of children who attend your practice should be to detail in a dedicated document, with very clear procedures, protocols and action steps, exactly how you are going to attract children to your practice.

Having a clear plan is an essential beginning to seeing more children in practice. The next very important step is to *act on that plan* and follow through on the action steps you have detailed. You need to understand that *wanting* to have a paediatric practice more than anything in the world, wanting to have a practice filled with children and families, will, on its own, not build your practice.

What counts is action and developing ongoing strategies that will fill your practice with child new patients *on a consistent basis*. It is not good enough merely to *want* it to happen; you need to have a strategy, and you need to act on that strategy to *make* it happen:

> 'Good intentions are no substitute for action; failure usually follows the path of least resistance.'

The next step in building a successful family wellness practice is to have specific procedures in place to increase your chances of creating a lifetime chiropractic family from every child new patient who attends your practice.

Knowing chiropractic as we do, we understand that for a child and family to get the most from their chiropractic care, they need to be under care for an extended period. Therefore, if your dream is to build a very busy, wellness-based, family practice, you must not only learn to generate child new patients on a consistent basis but also to have strategies in place that will see those families embracing chiropractic wellness care.

This is covered by something called the '80/80 rule'. I was first introduced to the 80/80 rule a number of years ago and we have used it as a measure of our ongoing success in my practice ever since. The 80/80 rule is a very useful guide to assessing whether your practice is achieving the results a true family wellness practice should achieve.

Essentially, the rule states that if your practice can achieve a level of chiropractic awareness and commitment among your patients to the extent that 80 per cent of your new patients accept your initial recommendations for care, and 80 per cent of these patients then accept your follow-up recommendations (in other words, wellness care), you will have a healthy, thriving and vibrant family wellness practice.

Therefore, what you and your team need to do, is everything you can from a chiropractic educational perspective that supports the 'first 80' followed by everything you can possibly do to support the 'second 80' in the 80/80 rule. This is a practice principle that my team has adhered to for many years. The 80/80 rule allows my team to assess just how well our practice procedures are working.

For every child new patient who enters my practice, my goal is quite simply to be a part of their childhood: to see them on a regular basis throughout their childhood and beyond, and ensure they have the best possible chance to grow up strong, straight and healthy. Therefore, with every child that I see as a patient, my aim is not to see that child for a week, a month or a year but *for a lifetime*.

I love seeing my patients grow up. I love being an important part of their development, an important part of their childhood. Experiencing the difference chiropractic makes to a child's overall health and life on a daily basis is what drives me. One of the greatest joys I have in practice now is seeing newborns with mothers who themselves have been my patients since they were children.

Thus, a significant focus of the information presented here is on helping you to achieve two fundamental goals: first, to create community strategies that will attract children to your practice on an ongoing basis and, second, once they are there, raising the families' level of awareness so that chiropractic and wellness care is the next natural step for them. In other words, creating lifetime chiropractic patients.

VIDEO: INTRODUCTION

GLENN MAGINNESS

Chiropractic Community Presentations

One of the many decisions you need to make when deciding on how you plan to connect with more children, is to decide whether you are going to hold talks on chiropractic within your community. For many people, the concept of speaking in front of a group, small or large, can seem somewhat daunting. However, holding a chiropractic presentation in your practice or within your community can be very rewarding and a fantastic way to build a family practice. A great way to boost massively the number of families you see is to hold presentations on chiropractic for groups within your community. Speaking to groups of parents or to influential people within your community is a great way, first, to get the Chiropractic for Kids (C4K) message out there and, second, to successfully establish your clinic's 'unique selling point' (USP). Just like workshops or health care classes that you may hold within your practice, the new patients generated from these presentations will tend to be better educated, more compliant, more loyal, a steady source of referrals and, quite simply, much less work for you, the chiropractor.

However, for any number of reasons, you may have already decided that you do not want to hold presentations. It may be too far outside your comfort zone or the whole idea may seem just a little too confronting. Be aware when making that decision that you are drastically limiting your exposure to the public and your ability to get the C4K message out to the community. This will directly affect how successful you will be in your practice in the weeks, months and years ahead.

You need to be aware that chiropractic presentations do not necessarily need to be to large groups. You may decide to meet with people on an individual basis or perhaps with two or three individuals at a time. This can be a very effective way of communicating the C4K message to your community. Should that person you meet with be in a position of influence of some kind—such as a school principal, the head of a medical practice or midwifery department or a politician—then meeting with them may have a flow-on effect, influencing tens or even hundreds of other people.

Regardless of who or the number of people you meet, there is absolutely no doubt that you will see more children and families in your practice if you connecting with more members of your community. How you choose to connect with more children in your community will be determined by a number of factors: your levels of competence, confidence and energy; your enthusiasm; and perhaps, above all else, your knowledge, belief and passion for what you do.

However, if you have decided that holding a chiropractic presentation is simply not for you, it is important for you to realise that the information contained in this module, the 'what to say' and 'how to say it' material, is still very relevant to you. Whether you are talking to a whole group of parents, two parents or only one parent, the fundamental principles, your planned objectives and goals, remain the same.

GOALS

Essentially, whenever I address anyone (be that a group or an individual) on the topic of chiropractic care for children, I have two goals. The first is to ensure my audience understands the potential of chiropractic care in health—both children's and adults'—and the second is to make sure that the audience thinks about my practice when they think about chiropractic.

Conveying the Potential of Chiropractic

First, I aim to get my audience to understand the enormous potential of chiropractic in children's (and adults') health, to broaden their perspective and to get them to 'think chiropractic' instead of 'thinking medical doctor'. When I have discussed this with chiropractors in the past, on occasion certain chiropractors have raised

the issue of political correctness. A question often asked is 'What about "chiropractor" *as well as* "medical doctor"?' However, I do not accept that approach. As a primary health care practitioner, you need to realise just how many children receive inappropriate care every single day due to poor or inadequate advice from their medical doctor.

Given this, why should we direct a child to a medical doctor before they see us? I have total clarity with this approach; for me, it is a black and white issue with no grey areas: chiropractic is what I want for every child I see, what I want for my children. I call it my 'If this were my child what would I do?' approach to paediatric health care. If I do not want my children seeing a medical doctor first, how can I possibly justify selling this approach to the parents of my paediatric patients? Be honest with yourself. Be honest with the parents of the patients you are seeing. I encourage you to tell parents what you believe, not what is easier for you to say or the parents to hear.

An important quality of the paediatric chiropractor is recognising and responding appropriately to the seriously ill child. If that child requires medical care, we are trained as primary health care practitioners to refer to a medical doctor. However, if that child has a throat infection, should they be checked for the presence of a vertebral subluxation? If the child has a headache, should they be adjusted? If a child has fallen over at school and hurt themselves, should they have their spine and nervous system checked?

In my opinion, the answer to all these questions is very straightforward. I do not want my families seeing a medical doctor first; I want them to see me first. Then I can convey to the parents what I think is best for that child, based on my balanced and informed point of view.

If that child sees a medical doctor first, what are the chances of those parents receiving a balanced and informed opinion?

That is not to say the medical doctor is not well meaning; however, their limited knowledge of what we do, of the amazing potential of the chiropractic adjustment and of where chiropractic fits into the paediatric health care model, means the parents are unlikely to receive the best advice.

Quite simply, when a child gets an ear infection, I want the parents thinking 'We need to go to the chiropractor'. When their child has a fall, I want them thinking 'Let's get her spine and nervous system checked'. When their child has a fever, I want them thinking 'Let's make sure her spine and nervous system are okay. Let's see the chiropractor first and then perhaps if things don't settle, then we can go to the medical doctor.'

The importance of establishing yourself as the family doctor is discussed in the 'The Four Keys to Paediatric and Family Practice Success' module. If you truly want to be a family wellness practitioner, you should aim to position yourself first in line, the first port of call for every one of your families: first in line to reassure, to offer advice, to provide care—not second, not third, not when everything else has failed.

Encouraging Your Audience to Think about Your Practice

The second goal I have when 'talking chiropractic' to a group or an individual is to ensure that when my audience 'thinks chiropractic', that they also think of *my* practice when considering future talks, care for their children (or themselves) or when referring patients. The second thought that immediately enters their mind after 'Let's go see the chiropractor' must be 'Let's go to the Mt Eliza Family Chiropractic Clinic'. I believe you should aim to make chiropractic and your practice synonymous in your audience's mind.

WHO SHOULD YOU TARGET?

So, which groups or organisations should you target? A great place to start is your local council. Many local councils produce a printed book (sometimes called a 'community contact' book). This book lists every group in that community, the number of members each has and group contact names and details, including addresses and phone numbers. There are many different groups you can approach—sporting, support, scout, singing, church, elderly, youth and gardening, among others.

I would also encourage you to use the Internet as well as the yellow pages to search for potential target groups for your presentations. My strategy in the past has been to make a list of a few eligible individuals, practices, groups, organisations and/or individual businesses in the area then consistently and systematically contact every one of them over a set period. The sky really is the limit. The number of talks you do is really only limited by you—the amount of time you have, whether it is within your comfort zone, how much energy you have and so forth.

GLENN MAGINNESS

Developing Paediatric Referral Networks with Medical Practitioners and Other Health Professionals

In the 'The Evidenced Based Family Wellness Practice' module, the importance of evidence-based practice in chiropractic and how it can and should be incorporated into a family wellness practice is discussed. This first module of Course 2 looks at how, as a family wellness practitioner, you can maximise your referrals from medical doctors, both general practitioners and specialists, and other health professionals such as midwives using specific strategies that incorporate research and effective, high-quality inter-professional communication. The module also addresses how to generate referrals from mothers' groups and antenatal classes.

MEDICAL DOCTORS

This group includes general practitioners and specialists including paediatricians and obstetricians. There is no doubt that this group is often going to be the greatest challenge for you as a chiropractor, but it can also *potentially* be the most rewarding. For this reason, I would encourage you to seriously consider incorporating this potentially very powerful strategy into your practice.

Chiropractic marketing to medical doctors has traditionally involved letters of introduction. Historically, these campaigns have had consistently poor results for most chiropractors. This may be why many chiropractors feel a certain apprehension and nervousness when considering personally approaching a medical doctor. However, research actually suggests that their apprehension is unfounded. Surveys illustrate that medical doctors *want* to learn more about chiropractic care and that they prefer personalised presentations focused on scientific literature.[1] Therefore, my approach with medical doctors combines an introductory, research-based letter and a follow-up phone call with a face-to-face chiropractic presentation to between one and 15 medical doctors, as warranted.

When speaking with medical doctors in private practice, more often than not, I have found that your time is limited and that medical doctors are much harder to impress with anecdotes about successful outcomes with your paediatric patients. In my opinion, you should not try to impress the medical doctor with individual patients of yours who have responded wonderfully to chiropractic care. All medical doctors like to believe they practice evidence-based medicine, so in most cases they will require the research supporting what we do as chiropractors.

MY APPROACH

The usual procedure I follow when meeting a group of medical doctors is as follows. On the day of the meeting, I usually arrive with my laptop, as I am usually in a situation in which I will be addressing a group of medical doctors sitting around a table. I will use my laptop and a Microsoft® PowerPoint presentation specifically designed for medical practitioners. As I have indicated, I may be presenting to as few as one medical doctor or as many as 15, or perhaps more if it is a large medical group. However, if I am aware that there is going to be a roomful of medical doctors, I most commonly present the information using a digital projector and a screen.

When presenting to medical doctors, PowerPoint is a terrific way to deliver the chiropractic message, but I certainly do not rely on it too heavily and I am not too regimented in my approach. You should be flexible enough to follow the direction of the discussion. You also must be confident in the research you have available for the medical doctor(s) to read and, above all, you must not be *intimidated* by the medical doctor. If you are unfamiliar in dealing with medical doctors, it is important for you to understand that you will only be intimidated if you *allow yourself* to be intimidated. Following, some common situations are presented in which the young or inexperienced chiropractor may find themselves intimidated by the medical doctor—I have certainly found myself in these situations many times in the past.

THE SUPERIORITY COMPLEX

The more medical doctors that you meet, the more likely it is that you will be confronted by a doctor who has placed themself on a pedestal and is very condescending to you. This doctor has what I call a medical doctor 'superiority complex'. The best way to deal with this type of medical doctor is to begin by establishing an understanding of the doctor's belief system about chiropractic care. A simple statement to begin with is, 'Doctor, could you share with me what is your experience with chiropractors or your understanding of chiropractic care?' This may initiate a discussion that allows you the opportunity to uncover any potential objections and to establish a basic understanding of what direction to take with your presentation. It is important throughout your meeting to be genuine and to try to convey the knowledge, belief and passion you have for chiropractic and children. When a medical doctor sees the true potential of chiropractic for improving the health of children, then they will usually lower their defences.

THE RESEARCH SNOB

There is a very good chance that at some point you will come up against a medical doctor who makes a comment such as, 'You don't have any research' or asks, 'Where is the research to support what you do?' As noted, medical doctors like to believe that they practice evidence-based medicine (this is certainly a debatable issue, but is not explored here). If a medical doctor at any point during your presentation questions the research presented to them, it is important to remain professional and to 'nod and agree' with them.

Our research is *not* overwhelming, our research *does* lack volume and our profession *does* need randomised controlled trials to gain serious scientific acceptance. At the same time, point out (in a friendly manner and with a smile) some of the research that is available in support of what we do. This research should be included in your PowerPoint presentation. It may also be useful to mention the article 'Where is the wisdom ...? The poverty of medical evidence', 2 which is mentioned in the 'The Evidenced Based Family Wellness Practice' module. In this *British Medical Journal* article from 1991, it is reported that, at a conference, Professor David Eddy, professor of health policy and management at Duke University, North Carolina, observed that the majority of standard treatments given by all health care providers for all disorders, whether these be minor or life threatening, have not been validated by scientific evidence. According to the article, Eddy explained that 'only 15% of medical interventions are supported by solid scientific evidence ... This is partly because only 1% of the articles in medical journals are scientifically sound and partly because many treatments have never been assessed at all.'[2]

Thus, this article questions the validity of *all* medical research. This article will certainly call into question the doctor's perception that all medicine is evidence based. However, it is very important that you do not lose sight of the reason for your visit. You do not want to alienate the medical doctor. You need to be charming, non-argumentative and informative, all the while conveying to the medical doctor your knowledge and passion for chiropractic care for children.

THE SAFETY ISSUE

The safety issue will occasionally be raised by a medical doctor. This is a very difficult area to address without upsetting the doctor. The reason for this, as discussed in the 'The Evidenced Based Family Wellness Practice' module, is that our safety record with children is just so good and theirs is so awful. However, once again, you cannot directly state this or you will have defeated the very purpose of your visit. So what should you do?

I believe you need to change the medical doctor's *focus*. You need to move the medical doctor away from the concept of 'manipulation', which they will invariably have, and towards the concept of 'chiropractic adjustment'. Talk about the adjustment itself. Perhaps show them an activator. You should talk about our examination procedures to screen for possible contra-indications to adjusting. Perhaps discuss our low professional indemnity insurance premiums—this is certainly a topic of concern to every practicing medical practitioner, and one to which they can certainly relate.

It can also be useful to go through the statistics associated with chiropractic safety for children and compare this with a few other medical statistics. However, you should not start quoting medical figures on iatrogenic illness and death and compare this with chiropractic statistics, as this is a perhaps misguided way to increase their confidence in you and what you do. You will not win your audience over or develop a lasting professional relationship with them by attacking their safety record or highlighting how poorly the medical profession compares with chiropractic when it comes to paediatric safety.

Focus on What's Important

It is so important to focus on the reason for your visit. Your goal is to inform and educate, with your objective being the medical doctor becoming a regular source of child (and adult) new patients for you. Convey your belief in chiropractic, convey your passion about what you do, deliver the research and, if that doctor is remotely open minded, you may make an impression and a professional relationship may develop. That is the reason for your visit with the medical doctor. The very best outcome from your meeting is the establishment of a professional relationship with that doctor, from which you receive a constant stream of child and adult referrals into the future.

From a parent's point of view, there is absolutely no doubt that the greatest achievement your clinic can have is a professional relationship or association with a 'real' doctor. The form this relationship takes can vary. It may be that the medical doctor talks positively about your practice or that they refer you patients; they may be a patient of your clinic or their children may be. Regardless of the connection, *any* connection is terrific public relations for your practice. To the parent, rightly or wrongly, it legitimises what you do. It says you must be good at what you do. *In almost every case, it reinforces the parent's decision to bring their children to see you.*

THE RESPONSE TO YOUR MEETING

Over the years, I have met with many, many medical doctors, as well as a number of paediatricians and obstetricians. The response to the meetings has varied from doctors embracing the chiropractic philosophy to indicating that they want absolutely nothing to do with my profession or me. This latter medical doctor is the one who looks down their nose at you and simply uses the meeting to bring into question everything you do as a chiropractor. This medical doctor has already made up their mind about chiropractic prior to your meeting; as such, the outcome of your meeting is predetermined and cannot be changed regardless of what you do or say.

One medical doctor in my hometown of Mt Eliza did not make eye contact for the entire meeting. In fact, for the first five minutes of the meeting, he steadfastly refused to look at me, instead choosing to gaze out the window, and then he finished the meeting with a frosty 'So what is the purpose of your visit?' You need to be aware that this will happen to you. If you choose to meet with medical doctors on a regular basis, there is no doubt that you will occasionally come up against doctors who simply do not like chiropractors.

So how did I handle that situation? In answer to the doctor's question, 'So what is the purpose of your visit?', I simply responded with something like this:

Doctor, you will undoubtedly see patients of mine in the future—in fact, you may well have already done so—who have responded wonderfully to chiropractic care. I felt that this meeting was an opportunity for you to gain a greater understanding of what chiropractic is, why I do what I do and why so many patients choose to attend my clinic. I felt that a greater understanding of chiropractic might give you an insight into your patients with colic, ear infections, headaches and a whole host of other symptoms who relate to you the positive changes they have had as a result of chiropractic care.

In response to this, however, the doctor continued to gaze out of the window. I then thanked him for his time and left.

These occasional less than enthusiastic responses aside, I have also had a number of great successes with medical doctors and paediatricians. One paediatrician explained to me at

our meeting that he had had so many of his patients experience a positive outcome through chiropractic that he really felt he needed to know more about it.

THE STONECUTTER

You will certainly have your successes, but you will also have your miserable failures—do not be put off by thoughts of these or by less than enthusiastic responses.

When nothing seems to be making a difference, I would encourage you to think of the stonecutter, hammering away at a rock—perhaps a hundred times—without so much as a crack appearing. Yet at the hundred and first blow, it will split in two.

Was it that blow which made the difference or was it the cumulative effect of all the blows? In many aspects of practice, success is like that. You can do something once with no result. You can something different and again have no result, and so on.

Nevertheless, with each blow, you are edging closer to a result. With each blow, you are getting a little better at what you do. With each blow, you are becoming a little closer to splitting that rock in two. When this does occur, the result can be very satisfying. I have seen it happen in my practice and in many other practices in Australia and around the world, and you will see it, too. You just need to persevere. You need to believe in yourself and in chiropractic.

VIDEO: MEDICAL DOCTORS

Keep It Simple

One of the most important lessons to learn about this group of health professionals is that, when it comes to the spine and the nervous system, they are simply not that knowledgeable. When I coach chiropractors on holding presentations for medical doctors, this is perhaps the most difficult concept for chiropractors to grasp; but there is absolutely no doubt in my mind that this is a statement of fact.

Many years ago, a patient of mine who is a surgeon (he now sees one of my associates as I only see children as patients), presented with an acute torticollis with radicular symptoms, muscular spasm and pain. I examined, X-rayed and finally adjusted him. He also saw one of the massage therapists at my practice. Over the next few days, his symptoms gradually improved. We made sure (as we do with all our patients) that he was chiropractically educated by attending one of our practice's health care classes. This resulted in his children also beginning care. However, one thing I will always remember—the purpose of relating this story—is something this surgeon said to me a few days after he had attended one of our chiropractic health care classes. He said to me, *'So Glenn, what you are saying is that the reason I had symptoms in my arm and hand with my neck pain is because the nerves are being pinched as they exit between the vertebrae in my neck.'*

At the time, I was somewhat bemused by this comment, as I expected him to have a far more scientific understanding of his condition. I replied with, *'Ah … yes that's right'*. He then queried, *'And the reason I felt better when you adjusted me was because you took the pressure off the nerve. Is that right?'* And I said, *'Um … that's right'*. To which he replied, *'It really just makes sense, doesn't it'*. When I chatted further to him about his apparent lack of appreciation for the dynamic relationship between the spine and the nervous system and the important role the chiropractor can play in this, he was quite open about his knowledge. He simply stated that it had not been in his training, and that what he did learn at university that he did not use on a daily or weekly basis he has simply forgotten. This story illustrates the maxim 'if you don't use it, you lose it'. Thus, the message from this story is to *keep it simple*.

A study in the *Journal of Bone and Joint Surgery* concludes, 'Current medical school training in musculoskeletal medicine is inadequate.'[3] The authors of the article further observe that their 'study clearly documents the inadequacy of medical school education with regard to musculoskeletal medicine' and note that, 'for the study population as a whole, the mean duration of instruction in orthopaedics was only 2.1 weeks.'[3]

At the risk of overstating my case, let me relate to you another incident that occurred some time ago. This incident involved a presentation I gave to a group of about 15 medical doctors in a large medical practice during their lunch break. As is often the case, I was required to provide lunch for the doctors (this is something that many general practitioners are conditioned by drug representatives to expect). I arrived with a projector screen, my digital projector and an associate of mine who was learning what was involved in conducting a presentation and, of course, I also arrived with lunch.

Midway through my presentation, I felt confident that everything was going well: they were all enjoying the lunch that I had provided and I had fielded some questions that showed me they were indeed listening and taking in what I had to say. Then one older doctor put his hand up and, in a very condescending manner, commented, *'What do you mean you "adjust" the atlas? How can you say you "move" the atlas? The atlas is fused to the occiput. It's all one bone!'*

This is hard to believe, but very true. He was a fully qualified medical doctor who provides musculoskeletal 'advice' to his patients every single day. Yet, he had absolutely no idea about the dynamics, the workings or function of the spine, let alone a vertebral subluxation. It is important to realise that this doctor is not alone. The average knowledge level of medical doctors on the workings of the spine and nervous system is at best rudimentary. Thus, you need to be confident that you have perhaps *forgotten* more about the spine and nervous system than the average medical doctor has ever known.

As such, when you are addressing medical doctors, you should always keep the message and explanation of chiropractic simple. For example:

Let me tell you in a few brief sentences what a chiropractor does … This is the brain, this is the spinal cord, these are the spinal nerves. It is a known fact that every cell in the body must have a nerve supply to function correctly. Chiropractors locate interruptions to the nerve supply between the brain and the body and we remove that irritation. That's what we do!

Alternatively:

Let me tell you briefly what a chiropractor does … This is the brain, this is the spinal cord, these are the spinal nerves. It is a known fact that for a child to be healthy, these pathways need to be open and clear. Chiropractors locate interruptions to the nerve supply between the brain and the body and we remove that irritation. That's what we do!

Keeping the message simple may make the difference between achieving the results from your meeting that you hope for and failing to do so.

VIDEO: KEEP IT SIMPLE!

GLENN MAGINNESS

Compiling a List of Doctors to Contact

Once you have decided to contact members of the medical profession in your local area, I recommend creating a list of medical doctors, grouped according to your relationship with them.

THOSE WHO DIRECTLY REFER

The first group comprises those medical doctors who actively refer *directly* to your practice—these are the doctors we would all like to have in our neighbourhood, who say to their patients, 'Go and see this chiropractor. He is really good'. It is vitally important that you have a list of the medical doctors who actively promote your practice. It is very important to nurture your relationship with these doctors. Send them progress reports on any patients who they have referred to you. Call them and have discussions on the telephone about your patients. When your patients are looking for a new medical practitioner, you should be actively referring them to these doctors. Perhaps a couple of times a year, arrange to meet with each of these doctors for lunch.

In short, when you have a medical doctor who actively refers to your practice, you need to do everything you possibly can to ensure this relationship continues.

THOSE WHO INDIRECTLY REFER

The second group comprises those who refer to you *indirectly*. This is another very important group. Doctors in this group advise the occasional patient that they or their child should see a chiropractor. The important point here is you do not want that doctor simply saying, 'Go to see a chiropractor'; you want them to say, 'Go to see *this* chiropractor at *this* practice. You need to make an appointment to see this chiropractor because they are very good at what they do.' Your goal with this type of medical practitioner should be to ensure that, instead of simply suggesting chiropractic, they specifically suggest *your* practice. Achieving this goal can be as easy as arranging to meet with the doctor to discuss what you do. When they are able to put a face to a name, you will be far more likely to receive a direct referral from them. In my practice, if a parent indicates that a medical doctor suggested they should look into chiropractic for their child, I immediately note down the doctor's name and I phone *that day* to arrange an appointment to see them.

THOSE WHO ARE TOLERANT OF US

The third group comprises those doctors who are simply *tolerant* of chiropractic. When a parent says they are taking their child to a chiropractor for colic or for ear infections, a doctor in this group will reply with something like, 'That's fine if you feel it is helping' or words to that effect. You must also meet this medical doctor, as, with a little education and encouragement, this doctor may become a great source of adult and child referrals to your practice. Once again, I will arrange to meet such a practitioner as soon as possible.

THOSE WHO JUST DO NOT LIKE US!

The final group comprises medical doctors who openly criticise chiropractic. Those who say, 'You shouldn't see one of them because …' Such doctors may perhaps question the safety of chiropractic. We are all aware of those doctors who simply do not like us: they do not like our profession, they do not like us as individuals, they do not like us as health professionals. Every community has doctors who fall into this category. It is essential to be aware of this and to keep track of these doctors. Essentially, this is so that you know who they are, where they practice, what and how strong their views are and, most importantly, which of your patients are also patients of theirs. If you have a parent who brings their child to see you and they have indicated on their examination form that their family doctor is a medical doctor who you know openly criticises chiropractic, this is very important information for you. This will give you advanced notice that this parent may receive, at best, mixed messages from their doctor and, at worst, very clear instructions to stop coming. You need to educate this parent chiropractically as soon as possible. All too often, such a family will be lost if you do not take an active approach to their education.

VIDEO: CREATING YOUR M.D. LIST

Organising Your Presentation

Let us now discuss the step-by-step process involved in organising your presentation. The steps you need to follow to ensure every presentation to medical doctors will be a success.

The five steps I address in planning a presentation are:

1. making initial contact with the medical doctor (by way of a letter of introduction)
2. making a follow-up phone call to the doctor
3. delivering the presentation
4. sending a follow-up letter to the doctor
5. building on the relationship with the doctor's medical clinic.

In this first module, the first two of these very important steps are discussed. Steps 3, 4 and 5 are discussed in subsequent modules in this course.

MAKING INITIAL CONTACT: THE LETTER OF INTRODUCTION

Your first step involves deciding which medical doctor and which medical clinic you would like to address. You should not spend days or weeks deciding on your target doctor. Understand that, regardless of which doctor you decide to meet, a positive outcome for your practice will result. At best, the medical doctor will become a constant source of child and adult new patient referrals to your practice. At the very least, the doctor will learn a little more about chiropractic and what you do as a chiropractor. There really is no downside to holding a presentation.

Once you have decided whom you would like to meet, send them your letter of introduction. This letter should convey your clinic's USP: why *you* should be the one to talk to that doctor or medical group, why it is *their lucky day* that you have contacted them! I would encourage you to use a letter, or at the very least the structure of a letter, which has demonstrated itself to me to be successful—I am a great believer in not reworking something that has already proven successful. I have used a simple but very powerful structure for the letter of introduction to medical doctors for many years in my practice and I have great confidence that it will work as well for you as it has for me.

As I have said many times when addressing members of the chiropractic profession in my role as practice coach, there are two ways you can chose to learn. The first is by trial and error. However, the problem with learning from your mistakes is that, as Minna Antrim once put it, *'Experience is a good teacher, but she sends terrific bills!'* The second way of learning is to learn from other people's experiences and knowledge, through education, advice, mentoring and coaching. My preference is always for the latter method, as it avoids you making costly mistakes and can help speed you towards attaining your desired results.

The structure of the letter that I use, and the letter that I recommend *you* use, has worked in countless practices throughout Australia and around the world including in New Zealand, South Africa, the United Kingdom and the United States. Thus, I believe it just makes sense for you to follow a similar strategy.

STRUCTURING YOUR LETTER OF INTRODUCTION

First, it is important that you address your letter to a *specific* medical doctor. In other words, you should always use a name. If you do not have a name, then ring the medical practice, talk to the medical receptionist and find out to whom you should be addressing your letter. A letter is far more personal and, therefore, impacting when addressed to a specific person. This may be the head of the medical practice or perhaps a doctor who you have had correspondence with previously.

Then, when possible, in the opening sentence of your letter you should name one of your patients who has experienced a successful health outcome through your chiropractic care, who is also a patient of that medical doctor. This will help to establish some common ground with the doctor. For example, you could use a simple statement such as, 'A mutual patient of ours, Rachel Smith, speaks very highly of you and the care you provide to her family.'

In this opening paragraph, you should then go on to detail who you are and what qualifications you hold. You could perhaps list for how long you went to university, what postgraduate courses you have completed and how long you have been in practice (unless you are a relatively new graduate, of course).

Following this, attempt to establish your clinic's USP. For example;

At my clinic, we have a special interest in paediatric health care. As a result of this, I get many babies and young children referred to me from a variety of sources, including hospitals, maternal child health centres, medical doctors (in fact, some of my patients are the children of doctors). I also receive a large number of word-of-mouth referrals from satisfied parents. The large variety of conditions that present to my clinic range from colic, reflux and sleep disorders, to recurrent ear infections, constipation and headaches.

Then explain the purpose of your letter:

My reason for contacting you is, first, to introduce myself and my clinic and, second, to see whether it would be possible for me to meet with you to give you perhaps a greater appreciation for what I do as a chiropractor.

It can also be very effective to provide a detailed account of similar presentations you have conducted at other medical clinics in the past. When appropriate, you should also discuss the positive response from the doctors at these clinics.

At some point in your letter, you must let the doctor know exactly how *they* will benefit from your presentation. In other words, specifically what they are going to get out of their meeting with you. For example, you could say:

The presentation has always been very well received and often generates lively discussion. The topics I cover may vary depending on the direction the questions or the discussion goes, but, essentially, I focus on ...

At this point, you can detail the specific topics, conditions and/or research that you will address in your presentation.

Finish your letter with a promise to call to arrange a time and date:

I would be very grateful for an opportunity to talk with the doctors at your practice. I will give you a call in the next couple of days to arrange a suitable time.

Thank you for your time.

Yours sincerely,
Glenn Maginness

In my opinion, it is best not to include 'Dr' before your name. I have learnt, through painful experience, that the most effective way to sabotage a meeting with a medical doctor is to highlight the fact that chiropractors are also legally called doctors. You do not want to antagonise the doctor or begin your relationship with them on the wrong foot. Therefore, my advice to you is to swallow your pride, be bigger than the medical doctor and just sign your name *without* the 'Dr' title.

To summarise: in your letter, inform the doctor who you are, highlight your USP, explain your reason for writing to them, briefly mention what you will talk about as well as how they will benefit from the meeting, and finish with a promise to call them during the coming week. It really is that simple. Again, I would encourage you not to try to reinvent some-

thing that has already proven successful; the letter to a medical practitioner available through the C4K 'Paediatric Practice Building Letters' CD (see the C4K website), has been shown to be consistently very effective. However, should you wish to design your own letter, I would encourage you to use the format that discussed here, as I believe this will substantially increase your chance of a successful outcome.

MAKING THE FOLLOW-UP PHONE CALL

After sending the letter, the next step is the follow-up phone call. In the days immediately following sending the letter, you should call to try to establish contact with the medical doctor. This may or may not be possible depending on how available the medical doctor makes themself. Usually, at the very least, you will be advised of the best time to call the doctor.

Perseverance will usually overcome any difficulties in connecting with a medical doctor. Once you have the doctor on the phone, you should simply reiterate those points made in your introductory letter.

Should the doctor indicate a willingness to meet with you, it is very important for you to determine the length of time the doctor will set aside for you. Whatever time you

are allowed, you should always respond with, 'That's perfect!' You must always be flexible in your approach when presenting to medical doctors, tailoring the information you present to the amount of time you are allocated.

The beauty of PowerPoint is it allows you to do just that. You can add or subtract slides easily to create a presentation perfectly suited to the time permitted.

YOUR PRESENTATION

The next step in this process is the all-important presentation itself. *This is such an important topic that it is discussed in detail in Module 2, 'Holding a Chiropractic Presentation'.*

Other Health Professionals

In this section, we discuss the procedures and protocols involved in the presentation of the chiropractic message to other health care providers, including maternal health nurses, naturopaths, homeopaths, podiatrists and massage therapists.

NURSES AT MATERNAL HEALTH CENTRES

My practice receives the majority of its baby new patient referrals from maternal health centres and has done so for many years. Due to the extensive effort my practice has made over the years to create referral networks, every single week we have babies referred to us from maternal health centres. The power of these referrals in building a family practice lies in the fact that, in the majority of cases, the *baby* is the first member of the family to receive chiropractic care. Once the parents have been educated through our program *(discussed in Course 3, 'Educating Your Patients')*, they will have a far greater understanding of the amazing potential of chiropractic and will invariably book the rest of the family in for care. This will usually include any brothers and sisters, as well as the parents themselves.

Can you see how powerful and important these referrals could be for *your* practice? Every child referred to your practice has the potential, *provided you follow the correct procedure*, to translate into two, three or more new patients for your practice. Every child referred to your practice has the potential to create a lifetime wellness family. For this reason, if you truly want to connect with more babies and children in practice and create a successful family wellness practice, it is important that you understand the processes involved in developing referral networks with nurses at maternal health centres.

Maternal health nurses fall under the important directive of meeting with a person in a position of influence. A maternal health nurse, because of their trusted and respected position, has the potential to influence the life, and shape the thoughts, of hundreds, perhaps thousands of new mothers. They can (and often do) have an enormous influence on the way many people view you and chiropractic. Thus, as a chiropractor meeting with a maternal health nurse for the first time, you need to appreciate the very real potential this meeting has to create a flow-on effect, influencing many other people (both children and adults) in your community. This will always translate to a greater understanding about chiropractic, which will naturally result in more new patients (both adults and children) for your practice.

VIDEO: MATERNAL HEALTH NURSES

MY STORY

For you to understand how best to create your own referral networks from maternal health centres within your community, an understanding of *my* journey to creating such networks over the years may prove helpful.

As a result of following the very same procedures outlined in this section, I was fortunate enough for many years to hold presentations for local mothers' groups at a number of health centres in my local area. Every six to eight weeks, I would hold a talk at

each centre. As there were quite a few centres, this meant that I was holding a large number of talks on an ongoing basis, perhaps two every three weeks. The number of mothers in the groups I addressed varied greatly, from as few as three or four, to as many as 20 or more. It was a great way to introduce the concept of the importance of chiropractic care for children, in general, and for newborns, in particular, to new mothers. It was a great avenue to exploring birth trauma and where chiropractic may fit into paediatric health care. In short, it was an excellent way to encourage babies and infants into my practice and it was certainly a very effective way to introduce entire families to chiropractic.

Unfortunately, however, this avenue for referrals was closed for our practice a number of years ago. There was a directive from the local council that went out to all health centres, which specifically detailed that only those practitioners who were not privately employed could address new mothers. This effectively *initially* ruled out presentations to mothers' groups as a means of educating new mothers about chiropractic. It was a ridiculous decision, but a decision perhaps similar to many in our history, which, as a profession, we have become accustomed, and even to a certain degree desensitised, to over the years. The decision was made without logical reasoning, as it quite simply did not benefit anyone. The maternal health nurses knew and trusted me and enjoyed my visits to their centres; the mothers enjoyed the presentations, as they learnt important information relating to the health of their newborn; and the newborns, as a result of the care they received at my practice, were certainly much healthier (and happier) as a result of my presentations. Unfortunately, the people making the decisions (as is so often the case) were making these from a position of ignorance, without having all the information in front of them.

However, following this decision, I managed to turn a potential negative into an absolute positive for my practice. Refusing to let the matter rest, I decided to arrange a meeting with each of the heads of all the health centres in the two local areas in which I had been conducting my presentations. At these meetings, I explained to each head maternal health nurse the importance of the information contained in my presentations. We discussed at length the important relationship between the health of the spine and the health of the body. We discussed the issue of birth trauma, and we explored the role of chiropractic in paediatric health care. As a result of these meetings, a second round of meetings came about. Each of these second meetings was with *all* the health centre sisters in each region. This means I spoke to approximately 15 to 20 health centre sisters on each occasion on the importance of newborns being checked by a chiropractor soon after birth. I talked about birth trauma and the potential for harm that the birth process poses to a newborn. I spoke for 45 minutes at each meeting and there were many questions, which in turn generated much interest, and an enormous amount of animated discussion followed.

The follow on from these two presentations has been a steady stream of baby and child new patients referred to my practice, from that moment to the present day.

Nurturing the Relationship

As mentioned a number of times, when organising presentations, you should always aim to speak to people in positions of influence. If you talk to one parent, you may see one child; if you talk to one health centre nurse, you may see one child a month for the next 10 years; but, when you talk to 40 health centre nurses, you may see 10 or 15 children a month for the next 10 years. That said, a very important part of maximising the referrals you receive from a presentation is ensuring that you *nurture the relationship*. This is discussed further in Module 2.

An important element of my practice's relationship building with maternal health nurses is the many different letters sent over the years to nurture and build on this relationship. In turn, this has encouraged the continued referral of paediatric patients to our practice. These various 'thank you' letters are sent solely to strengthen the association we have with those particular centres.

As an example, for every referral you receive, a 'thank you for the referral' letter should be sent back to the maternal health nurse. First, this should briefly detail that you appreciate the referral and, second, it should provide a short outline of what you found on examination of the patient, as well as your proposed management plan (this can be as simple as, 'A short course of chiropractic care I believe will benefit this child greatly.'). You then follow this up with ongoing progress reports on that child.

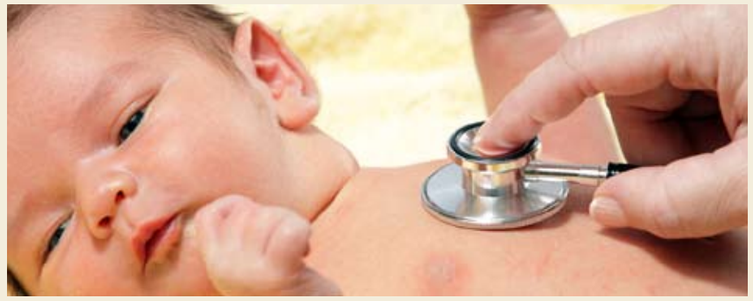
So, why is it so important for you to send a thank you letter? Quite simply, it is important because referrers like to feel good about what they have done. Referrers love hearing how well a child is doing. They love to know that their referring this child to your practice has had a positive outcome and that they are appreciated for it. Thus, by sending a thank you letter to a maternal health nurse, you are encouraging the referrer to refer again.

You may also wish to send a general thank you letter to all centres once or twice a year. This can be a very effective way of letting those maternal health nurses who do not refer to you know that many others *do* refer to you. It may also be a less-than-subtle way to generate interest about your role in paediatric health care. In short, it may encourage the maternal health nurses who do not currently refer children to you to think about chiropractic and perhaps spark an interest into learning more. The letter may begin something like this:

Once again, thank you for the confidence and support shown by many of you over the last year(s) in my clinic. For those of you who have recommended my clinic to parents, I would like to acknowledge and thank you for caring enough to suggest chiropractic to the mum with the colicky child/ the baby with reflux/the baby that won't sleep. For those of you who have not met me, my name is …

At this point, you should detail how long you went to university, what postgraduate courses you have completed and how long you have been in practice. Then, you can continue with something like:

We have had some great results over the year, with all sorts of baby and childhood conditions responding wonderfully to chiropractic. (Babies who would not have improved if you had not referred them!). In many of these cases, the parents comment on



how thankful they are that someone cared enough to 'go out on a limb' and recommend chiropractic to them for their child.

This letter may perhaps encourage some nurses (those nurses who do not refer) to re-think the advice they provide to new mothers and may generate some new sources of referrals for your practice. At the same time, very importantly, this letter acknowledges those maternal health nurses who do choose to refer to your practice.

When you have a baby present at your practice who has been referred by a maternal health nurse (or any health professional) who has not previously referred patients to you, it can be also very useful to *educate* that health professional about chiropractic in your thank you letter. For example:

A 'subluxation', in chiropractic terms, is essentially an area in which there is dysfunction in a spinal joint that can potentially lead to a decrease in the passive range of motion and, in turn, to neurological dysfunction. A subluxation may manifest in a child in a number of different ways, including in one or more of the following: asymmetrical breastfeeding; favouring turning the head to one side, perhaps with subsequent development of plagiocephaly; classic irritable baby syndrome encompassing those symptoms exhibited by a child who has colic, wind or reflux; and excessive crying, difficulty settling after feeds or problems sleeping.

Incorporating this type of information into a thank you letter not only lets the health professional know that you appreciate their referral but also educates them about *other* children they may see who could benefit from chiropractic care.

At our practice, we also occasionally send a letter summarising research studies clinically relevant to the maternal health nurse—for example, research on colic, dysfunctional nursing, reflux, irritable baby syndrome, plagiocephaly and childhood sleeping problems. Our letter includes the following:

I feel that as a result of this, the chiropractic message is getting out to families who might otherwise have never been exposed to the role chiropractic can play in children's (and adults') health. During the course of my discussions with maternal health nurses, I am often asked a variety of questions. Sometimes these questions centre on the issue of research to support the claims that chiropractic can help with colic, reflux, poor sleeping, ear infections, plagiocephaly, breastfeeding difficulties and so on. With this in mind, I have taken the liberty of including with this letter a folder of just a small sample of the research currently available supporting the importance of chiropractic care for the paediatric patient.

The research summaries provide a valuable resource for the maternal health nurses that they can refer to, as well as information (in the form of information sheets) they can provide to their mothers. We use and recommend information sheets available through C4K that are summaries of research studies specifically addressing those conditions most relevant to maternal health nurses and are in an easy to read format for parents.

You may even wish to combine a thank you letter with a 'referral package' of information. For instance:

Thank you for sending little Tom to our clinic with his colic and reflux problems. His presentation is consistent with a child who has experienced spinal trauma at birth and I believe chiropractic will make a big difference. I appreciate that you chose to refer an infant to our clinic. With this in mind, I thought the easier I made the process of referral to my practice for you, the more children we may be able to help. For this reason, I have enclosed a number of parent information sheets. As you and I both know, chiropractic care for babies and infants can be extremely beneficial. The hardest part is often getting this information out to parents. We feel the information sheets may make this task a little easier. Each information sheet summarises research, in an easy to read way, on a variety of conditions you encounter every day in the babies you see. I have also included our clinic pamphlet with information on our practice.

You may wish to add other information in the package you send—any information you feel may help the maternal health nurse to convey the chiropractic message to the mothers they deal with on a daily basis. This may certainly include information on the safety of chiropractic and children. One of the greatest reasons why some health professionals choose *not* to refer to chiropractors is often because of perceived concerns regarding the safety of chiropractic and children. Thus, we also occasionally send a letter discussing the safety of chiropractic for babies and children.

This letter includes the following:

Occasionally, the questions posed to me from nurses, medical doctors and other health professionals concern the safety of chiropractic. It is not unusual for critics of our profession to question the safety of chiropractic care for kids generally and babies in particular. So, what are the facts?

I then list very clearly and succinctly the facts on the safety of chiropractic care for children.

These are just a sample of the many letters in the 'Paediatric Practice Building Letters' CD available through C4K, that we use on a consistent basis with the maternal health nurses in our community to nurture our relationship with them.

Midwives

It is also important to educate another group of health professionals with the potential to become a great source of paediatric referrals for your practice: midwives. A midwife, just like a maternal health nurse, is in a position of trust. Her attitudes, views and advice on health and wellness and how these relate to paediatric health care are respected and, more often than not, followed by new and seasoned parents alike. Therefore, a midwife has the potential to influence the life and shape the thoughts of hundreds, perhaps thousands of new mothers. For this reason, they can (and often do) have an enormous influence on the way many people view you and chiropractic. Thus, it is very important to convey to midwives the importance of a chiropractic assessment for the newborn.

Your goal when addressing a midwife, whether this is on a one-to-one basis or in a group situation, should always be to bring their level of understanding about chiropractic nearer to yours. You want them to *know* chiropractic as you *know* chiropractic. You want the midwife to understand the amazing potential of chiropractic when it comes to paediatric health care. You may already receive the occasional referral from midwives of children who have suffered a traumatic birth. While this is a good start, in my view, there is still more to be accomplished in this situation.

Your aim should be to get *every* midwife in your community to understand that every newborn needs to get their spine and nervous system checked by a chiropractor. Can you see the downside to a midwife looking at a newborn and thinking, 'This child had a tough birth; they need to see a chiropractor'? The downside is they also may look at another baby and think to themselves, 'This child *didn't* have a tough birth, so this child *doesn't* need to see a chiropractor'. You do not want the babies who are referred to you to be limited to only those who have been through a difficult delivery. Your objective should be to ensure that *all babies* born in that hospital, all babies whose births that midwife has attended, are referred to you, without exception. If you can increase a midwife's awareness about how absolutely necessary it is for a newborn to have a thorough chiropractic assessment, if you can get her level of understanding somewhere near yours—to understand chiropractic like you understand chiropractic—then every single birth in which she is involved will result in that baby being referred to your practice. That should be your goal.

In addition to this, I believe you should also raise the awareness of the midwife on the importance of regular chiropractic care for the mother through her pregnancy as well as the importance of the mother having a chiropractic check-up soon after the birth.

IN THE HOSPITAL SETTING

I have held many talks in midwifery departments in hospitals. The audience has included midwives but also medical doctors, obstetricians and paediatricians at various times. As a result, many parents leave the hospital with their newborns and come to my practice for their child to have a spinal assessment—often even before they go home.

As already discussed, it is vitally important when holding these presentations to educate your audience about the amazing potential of chiropractic, regardless of whether your audience comprises nurses, paediatricians or new mothers. With every group I address, I always try to convey my knowledge, my belief and my passion for chiropractic and the essential role it has to play in paediatric health care, which means I always find myself with an attentive and interested audience—an audience who *always* has children, grandchildren or neighbours or friends with children and who always knows of someone who could benefit from chiropractic care.

One factor that will definitely work in your favour when contacting hospitals to arrange a chiropractic presentation—whether that be to talk to a midwifery department or address a group of the general nursing staff—is that the hospital administration will often be looking for in-service training ideas. This means that they will be frequently more than happy for you to address their department, especially when they are informed that you do not expect to be paid. This will almost guarantee you a yearly appointment for you to hold your presentation. When you have an arrangement with a hospital department to speak at the same time each year, you will find that it is perfectly acceptable to deliver the same presentation every year. Due to the large staff turnover and because many of the staff who have heard you speak previously will already be patients at your practice and will certainly benefit from hearing the chiropractic message again, presenting the same information will still have a significant impact on your audience.

Depending on the size of the group I am to address, I either take a laptop or a projector and a screen. Often hospitals have their own screen, so you may wish to enquire first. Once again, PowerPoint is a terrific way to deliver the chiropractic message, but I certainly do not rely on it too heavily and I am not too regimented in my approach.

MIDWIVES IN PRIVATE PRACTICE

An alternative is to approach individual midwives. It is just as important to educate midwives in private practice about chiropractic and birth trauma as those who work in the hospital setting. If you have a midwife as a patient, recognise this as a great opportunity to say, 'I'd love to sit down and have a chat with you about what I do/why I see so many newborns/birth trauma/how we can work together for the benefit of both the mother and the newborn.'

In these situations, you may wish to use your PowerPoint presentation with a laptop or you may chose simply to hold a frank discussion with the midwife on the role of chiropractic in paediatric health. The laptop and PowerPoint presentation will certainly allow you to present the research more effectively, but the choice is yours.

You can access a list of midwives in private practice online or consult the yellow pages. I would encourage you to make a list of midwives and then systematically work your way through it, meeting with each midwife, perhaps aiming for one meeting per week. Meet with the midwives, present the information, present your research then watch the amazing effect this has on your family practice.

VIDEO: MIDWIVES AND ANTENATAL CLASSES

YOUR PRESENTATION

Whether you are presenting to a group of midwives or to only one midwife, the information and research you present should always be interesting, informative and entertaining. As with every presentation you hold, you should focus on information that is relevant to your audience. You need to make it relevant to, topical and interesting for each specific group you address. These factors combine to determine how much of an impact your presentation will have on that audience.

With midwives, you should refer to research relevant to those conditions they see every day. Your PowerPoint presentation should include research on birth trauma, the influence of chiropractic on pregnancy and labour, plagiocephaly, Joan Fallon's work on ear infections, the most recent colic studies, perhaps dysfunctional nursing and the influence of chiropractic on sleep patterns and behaviours. This research will help you build your case for the important role of chiropractic in the health of the expectant mother and the newborn.

Other Health Professionals with an Interest in Children's Health

This group includes podiatrists, naturopaths, homeopaths, psychologists, kinesiologists, dentists, massage therapists—in fact, anyone who may have an interest in paediatric health care. The professions that come under the heading 'other health professionals' are usually very open to what you have to say, so it can be very rewarding for your practice to speak with them. The reason for this is the real potential for the development of a 'symbiotic' relationship—that is, a relationship involving a mutually beneficial arrangement. Whether you have 100 or 600 patients visit your practice every week, you will generally see far more than does a massage therapist, naturopath or podiatrist. In most cases, these practitioners will immediately recognise the potential benefits of a professional relationship or association with your practice. In addition to this, the patients who visit these practitioners are more likely to be those you would like in your practice: very often, they will be health conscious, embrace 'alternative' therapy and not necessarily symptom orientated. This is a massively untapped market, so it makes sense to take advantage of it.

The specific procedures involved when presenting to these health professionals are discussed in the next module. Briefly, when presenting to people in this group, I talk with a laptop on their desk while I sit knee to knee with them and take them through the presentation. I build on my USP—emphasising that my practice is *the* family practice—while reinforcing the importance and the benefits of a cross-referral system. You may say something like:

> *I have always been very aware of the importance of correct foot biomechanics for children in the development of young spines and I am looking for a good podiatrist in my local area to whom I can refer my patients. If I am to refer my patients to you, and for our professional relationship to develop, it is very important that you appreciate the role chiropractic can play in children's health.*

Alternatively:

> *I have always been very aware of the importance of naturopathy for children as part of their overall health management, and I am looking for a good naturopath in my local area to whom I can refer my patients. If I am to refer my patients to you, and for our professional relationship to develop, it is very important that you understand the value of chiropractic in the overall health of children.*

In this way, the concept of the 'symbiotic relationship' is clearly introduced.

My next step with these practitioners is to encourage them to attend one of our chiropractic health care classes. Again, because they will appreciate the benefits of a professional association with your practice, the suggestion that they attend an information evening is usually met with enthusiasm. At that point, the motivating factor is the potential positive impact that a relationship with your practice may have on their practice. However, it should not matter what motivates them to attend your information session, you just want them to come! As the more they understand about chiropractic, the more likely they will be to refer patients, and their own children, to your practice.

Therefore, while one purpose of your one-on-one meeting with them is certainly to get their attention, open their minds to the potential of chiropractic and broaden their perspective on the amazing benefits of chiropractic, another is to present to them a wonderful business opportunity.

The chiropractic information session (addressed in Course 3, 'Educating Your Patients') is designed to take their knowledge to the next level—to ensure *they know* chiropractic like *you know* chiropractic. Only then will they become true 'referral warriors' for your practice.

The procedure we use and recommend for this group of other health professionals at my practice is essentially the same as that used with medical doctors and midwives. We begin by using the Internet or yellow pages to make a list of all the other health professionals in our area then systematically meet each of them. Each year, we update our list and make sure we meet any who are new to the area.

VIDEO: OTHER HEALTH PROFESSIONALS

Promoting Referrals from Patients

GLENN MAGINNESS

The Mother's Special Visit

You may wish to consider implementing a very simple yet very powerful procedure to help generate opportunities for you to connect with new mothers and speak to them about chiropractic care for babies and children. In our practice, we call this our 'mother's special visit'. This visit is a special appointment used to promote referrals and generate potential community talks at mothers' groups. Briefly, the chiropractor discusses with the mother of a newborn the possibility of holding an informal discussion with the members of that parent's mothers' group. This discussion can take place at any time during the care of a child that the chiropractor determines is most appropriate. Ideally, this will be when a parent has been to a chiropractic information session and the child has begun care and is experiencing good results from this. In our practice, once these three criteria have been achieved, the parent is booked in for her mother's special visit.

HOW IT WORKS

The procedure for this special visit is as follows. First, the chiropractor informs the CA that the next visit is a mother's special visit and the appropriate time is allowed for this appointment. When the parent arrives for their child's next appointment, the CA gives the parent the appropriate form prior to the appointment beginning. The content of this form is presented in Figure 1. This form is self-explanatory in terms of what we are trying to achieve with this special appointment.

VIDEO: MOTHER'S SPECIAL VISIT

Patient name: . . . . . .

Date: . . . . . .

Family members who are also patients: . . . . . .

. . . . . .

Our practice has a focus on caring and educating the families of our patients, with the goal being to improve health potential through chiropractic care, as well as to create a greater understanding of the value of a healthy spine and nervous system.

Having attended our chiropractic information session and seen our DVD presentations on chiropractic, you should now have a greater understanding of the fact that the health of the spine and nervous system play an integral role in the overall health of your child. One of the topics we may have discussed with you relates to the potential for harm to a newborn's spine and nervous system that exists in the birth process and how chiropractic can be a gentle and highly effective means of allowing the baby's spine and nervous system to function free of interference.

We frequently address community groups, including mothers' groups, midwives, maternal health nurses and medical doctors, on subjects unique to the developing baby. This includes topics such as 'plagiocephaly' (flat-head syndrome), neurological development in infants, dysfunctional nursing (problems with breastfeeding) and other important information parents need to know, such as about Jolly Jumpers®, pillows and baby walkers. We also address common childhood issues such as colic, reflux, sleeping issues and irritable baby syndrome. We will often also have a general discussion on the importance of spinal health and wellness in newborns.

The continued positive feedback we receive from the groups who we address is the motivation for us to continue to share this very important message throughout our community.

For this reason, we would like to offer this opportunity to the mothers' group you attend. We would love to meet with your group and discuss with you the issues that are most important to you. We can hold this meeting at our practice or we would be more than happy to come to you.

Kindly indicate your interest: Yes No I am not sure

Thank you for your time. We look forward to discussing this further should you be interested.

Figure 1: Mother's Special Visit Form

Download Print Version

The chiropractor briefly reviews the parent's response prior to entering the adjusting room, thus determining the best approach with this parent. Regardless of the parent's response, it is very important for the chiropractor to make the parent feel very comfortable about their response.

If the parent has indicated that they would like the chiropractor to address their group, it is important for the chiropractor to chat with the parent to see this is actually something with which they are comfortable (in some cases, a parent may answer in the affirmative, simply because they feel they are obliged to do so). If the perception of the chiropractor is that the parent is a willing participant, then they will move on to the next step. This involves encouraging the parent to distribute our information sheet (see Figure 2) to each of the mothers in the group at their next meeting. This information sheet will enable the mothers to make their decision about your presentation from a more well-informed position: they will have a general understanding of what your practice stands for and what the p*resentation itself will be about*.

Our practice is committed to providing information to parents on those issues that are most important to them, thus allowing them to make informed choices when it comes to the health of their children.

We frequently address community groups, including mothers' groups, midwives, maternal health nurses and medical doctors, on subjects unique to the developing baby. This includes topics such as 'plagiocephaly' (flat-head syndrome), neurological development in infants, dysfunctional nursing (problems with breastfeeding) and other important information parents need to know, such as about Jolly Jumpers®, pillows and baby walkers. We also address common childhood issues such as colic, reflux, sleeping issues and irritable baby syndrome, as well as having a general discussion on spinal health and wellness in infants.

The presentation can be as long or as short as is required. Usually, we will speak for approximately 20 minutes and there will be the opportunity for questions afterward. We would welcome the opportunity to address your group.

As a special thank you for allowing us to extend this community service to your group, we also provide, free of charge, the wonderful worldwide bestseller *Well Adjusted Babies* by Dr Jennifer Barham-Floreani.[4] This book is a terrific guide to holistic parenting, from pregnancy to early childhood.

We also have a number of copies of Dr Barham-Floreani's new book *Ticklish*[5] available free of charge.

Figure 2: Mothers' Group Information Sheet

Download Print Version

You may wish to use a similarly structured document or to design your own. Regardless, you do need to provide something that allows the members of the group to make their decision from an informed position.

It is not good enough simply to ask the parent to ask their group, as this is unlikely to result in the best possible outcome for you. We find that offering the books is a great incentive for the group to take you up on your offer, and the books will further educate that group about the importance of chiropractic care for babies and children.

Following this, we determine when the next mothers' group meeting is scheduled. Once this is established, we simply say to the parent that we will call them the evening following their next meeting to obtain the group's response. This is then diarised so it is not forgotten and the call is made in due course. Should the group be in favour of us addressing them, then it is simply a case of setting a date and determining where the presentation will be held. Usually, it will be held at the home of one of the members.

If the parent indicates that they are *not* comfortable with the chiropractor addressing their group, then it is very important to make the parent comfortable with this decision. We let them know that we do not mind and move on. It is very important not to dwell on this or make the parent feel uncomfortable; otherwise, you may lose that patient. You may wish to make a statement such as that shown below then simply move on to another topic.

> *Sarah, that is no problem at all. We simply offer this to all of our new mums, so perhaps just keep it in mind, and if you could see this being of value in the future, please let me know. Now, let's talk about …*

The mother's special visit is a strategy with the potential to increase enormously the number of mothers and families you connect with in your community. It is simple to implement, cost and time efficient, yet can be so effective in extending your reach into the community—thus, I would encourage you to implement this strategy purely for these reasons.

Antenatal Classes

Antenatal classes have been a consistent source of baby new patients for my practice for many years. The goal with antenatal class presentations is not only to maximise the number of expectant mothers who present as patients to your practice but also to ensure their newborn is assessed as well. For this reason, it really helps if the *partner* also attends the presentation. Thus, when organising your presentation, be sure to suggest that partners are present as well. As it is now common practice for partners to attend antenatal classes, this is usually arranged easily.

The purpose of antenatal classes is to prepare the couple for what to expect through the pregnancy, the mother for the labour and the birth and the couple for early parenthood. Information is presented to the couple with the express purpose of placing them in a position from which they can make informed decisions.

The role of chiropractic in paediatric health care is information that every expectant couple should know. *Knowing* chiropractic like *you know* chiropractic will allow that couple to make better informed decisions regarding the health of the mother and the newborn.

THE IMPORTANCE OF THE PARTNER ATTENDING

As stated, it is helpful—even essential—for the partner to attend your presentation also. One of the greatest barriers for expectant couples to getting their baby checked soon after birth is *their perception* that it is not 'normal' to take a baby to a chiropractor. You need to change that perception. You need to understand that the most common reason why pregnant women do not seek chiropractic care is their perception (or, as is often the case, their partner's perception) that chiropractic care during pregnancy may be dangerous for the expectant mother and perhaps for the unborn child. This is your opportunity to change that perception. However, you need to present your case for chiropractic to both parents so that they can make an informed decision together when it comes to the mother's health and the health of their newborn.

BUILDING YOUR FAMILY WELLNESS PRACTICE

As with the referrals you may receive from maternal health nurses, a baby who arrives at your practice as a result of an antenatal class presentation will frequently be the first member of the family to receive chiropractic care. This means that once the parents have been through your education

process (see Course 3, 'Educating Your Patients'), they will have a greater understanding of the amazing potential of chiropractic and will invariably book the rest of their family in for care. Simply, this means that for every child referred to your practice, there is the potential, if you follow the correct procedures, to translate this into a further two, three or more new patients for your practice. Every child referred to your practice brings with them the potential of a lifetime chiropractic wellness family. As such, if you are serious about seeing more babies and

children in your practice and truly want to create a successful wellness practice, it is very important that you understand the power of antenatal class presentations.

EDUCATING THE MIDWIFE

The first step with this group is to make contact with the midwife who runs the classes. The midwife may be a patient of yours or perhaps one of your pregnant patients who attends the antenatal class may put you in touch with the midwife. Your goal when addressing the midwife should be to get her level of understanding about chiropractic somewhere near yours. As already mentioned, you want her to *know chiropractic like you know chiropractic.* She must understand that every single child born needs to get their spine and nervous system checked by a chiropractor. They also should understand the importance of regular care for the mother during her pregnancy as well as her receiving a check-up after the birth. Once they know chiropractic like you know chiropractic, they will welcome the chance to have you address their group.

YOUR PRESENTATION

Once again, the size of the group will determine how you present your information. To a small group of four or five you may wish to use a laptop in an informal presentation around a table. For larger groups, you may wish to use a screen and projector. Method, duration and group size aside, it is very important to remember that addressing antenatal classes is a fantastic opportunity for you to connect with more families in the community—an opportunity to make a huge difference to the number of expectant mothers and newborn babies that you see, so your presentation needs to be interesting, informative and entertaining. Essentially, as with any other presentation you deliver, your presentation to an antenatal class group should focus on information that is relevant for that audience. So, you must make it relevant, topical and interesting to each expectant couple sitting in front of you. As such, you might want to focus on Joan Fallon's research dealing with the effect of chiropractic on pain during labour or on the duration of labour; all expectant mothers will find this information interesting and thought provoking. You may want to discuss the research on how chiropractic decreases the risk during labour for both the baby and the mother. Your PowerPoint presentation needs to display the information that couples need to know, so that they can make an informed decision as a couple about the health of the mother and her child.

ORGANISING YOUR PRESENTATION

As previously stated, the best way to organise an antenatal class presentation is to approach your patients who are midwives or your patients who are pregnant and currently attending an antenatal class. However, you can also access a list of antenatal classes online or contact local community hospitals. There will always be a number of classes underway at any one time. When the midwife understands chiropractic and its importance for the expectant mother and her newborn, usually you will find that you will be invited back to address antenatal classes repeatedly.

Conclusion

The strategies discussed in this module are designed to help you connect with more children, more families, in your community. They will provide you the opportunity to influence positively the health and the lives of an enormous number of children. All you have to do is take that first step!

References

1. Brussee WJ, Assendelft WJ & Breen AC 2001, 'Communication between general practitioners and chiropractors', Journal of Manipulative and Physiological Therapeutics, vol. 24, no. 1, pp. 12–16.
2. Smith, R 1991, 'Where is the wisdom ...? The poverty of medical evidence', British Medical Journal, vol. 303, no. 6806, pp. 798–799.
3. Freedman KB & Bernstein J 1998, 'The adequacy of medical school education in musculoskeletal medicine', Journal of Bone and Joint Surgery, vol. 80, no. 10, pp. 1421–1427.
4. Barham-Floreani J, Well Adjusted Babies.
5. Barham-Floreani J, Ticklish.