A Co-operative Chiropractic and Medical Practice

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ABSTRACT: Chiropractors and medical practitioners working together in a clinical setting is unusual. Subjective evaluation and objective examination of six years' experience in such a clinic suggests that the benefits outweigh the disadvantages. A survey of two hundred current patient files was conducted. The data from these files shows, amongst other things, that 27% of those patients attend both a chiropractor and medical practitioner at the clinic. This paper focuses on our experiences in a co-operative chiropractic and medical clinic.

INDEX TERMS: Chiropractic; medicine; clinic; multidisciplinary.

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INTRODUCTION

Ringwood Clinic in suburban Melbourne is a multidisciplinary clinic with three chiropractors and three medical practitioners working in an integrated and co-operative environment.

The concept of chiropractic and medicine working closely together is unusual. Although Jamison has shown that chiropractors believe that they can co-operate with medical practitioners in patient management,1 the medical profession still perceives the greatest obstacle to cooperation with chiropractors as being their inability to recognise their limitations and restrict their scope of practice accordingly.2-4 Other authors offer advice on how to overcome the obstacles preventing cooperation.3-7 This advice concerns chiropractic philosophy moderation, a more rational approach by organised medicine, and above all placing the welfare of the patient first.

At Ringwood Clinic both chiropractors (DCs) and general medical practitioners (GPs) maintain their independence and primary contact status. Patient records are shared by both DCs and GPs, there is a common reception area, waiting room, administration, filing system, library and staff facilities.

SUBJECTIVE EVALUATION

Benefits of the DC/GP Clinic

Shared Records

In our opinion this allows both DC and GP access to an often meaningful history which may influence decision-making in patient care. In those instances where the patient sees both DC and GP, the practitioners do not have to rely totally on the patient to provide an accurate history.

Learning Process

We have found that the DC/GP clinic allows for an accelerated learning process for both DCs and GPs. For the chiropractors, there is a growing understanding of the need for medication and surgery in many instances. This concept is often learned as the DC independently observes satisfied patients visiting a GP for musculoskeletal complaints which the DC feels eminently more qualified to treat. The DC also witnesses how truly unwell GP patients present, which increases their understanding of sickness and health and therefore gives a clearer perspective of where chiropractic and medicine fit into the health provider spectrum.

The DC also begins to appreciate the stress that GPs are placed under in a general practice setting.

For their part, the medical practitioners learn more about the diagnosis and management of musculoskeletal complaints and become more mindful of the role of

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skeletal structure and its potential effect on bodily functions.

The GP also begins to appreciate the knowledge and skill the DC can impart on musculoskeletal matters. This appreciation leads to a trusting relationship which allows the DC to advise the GP where appropriate.

**The Availability of Care**

The ready availability of medical care for appropriate chiropractic patients and conversely chiropractic care for appropriate medical patients produces a type of service which is practical and convenient. When a patient is referred DC to GP, or GP to DC, it is our policy for the receiving practitioner to confirm or deny the initial diagnosis. In our opinion, this policy provides three benefits:

- It gives the patient the benefit of a second opinion;
- It maintains the primary contact status of both DC and GP;
- It engenders continuing respect between DC and GP.

After the review of diagnosis there are four possible outcomes:

- Medical management alone;
- Chiropractic management alone;
- Combination management;
- Specialist referral.

In the cross referral process, the referring practitioner may suggest a course of action, however the decision to carry out this action is subject to discussion, and ultimately the choice of the practitioner who is asked to provide it.

Medical or chiropractic management alone is usually seen in patients who clearly have a condition which is outside the expertise of the other provider.

Combination management provides as a benefit the blending of two distinct therapeutic approaches to tackle one complaint. The most obvious example is the patient who has facet joint dysfunction with associated inflammation. The combination of non-steroidal anti-inflammatories and spinal manipulation is a common approach at the clinic.

Specialist referral allows the DC to learn much from the advice of specialist physicians and surgeons. When a chiropractic patient is referred to a specialist via the GP, the specialist’s advice is always accessed by the DC. This provides two extra benefits:

- An increased understanding of the diagnosis and therapies required in difficult cases;
- An increased awareness of chiropractors by the specialist.

The referral letters to the specialists are not couched in a negative way about chiropractic care. The letters often advise the specialists that the patient is having continuing chiropractic management and that the referring GP believes this therapy is needed and reasonable. This access to specialists by DCs via GPs provides opportunities for one-to-one communication between DC and specialist on a more regular basis.

**Disadvantages of the DC/GP Clinic**

**Intellectual Laziness**

One potential disadvantage is the loss of skills from over-reliance on each other. For example, it is far easier to have an GP listen to a pleural rub than the DC. It is important to continue using learned skills and not give them up because of intellectual laziness.

**Costs and Complex Legal Structure**

In the State of Victoria, the Medical Act and Regulations do not allow GPs to form a partnership with another health provider. Therefore a costly and complex system of companies must be formed to achieve this goal de facto.

**Prejudice**

From our experience, the GP and, to a lesser extent the DC, can expect some derision by elements of both professions. This has only had material effects on us when advertising for further GP staff as the clinic expanded. The prospect of working with DCs has been too intimidating for some GP applicants. At first this made the recruitment of high quality medical staff difficult, but with time and perseverance this obstacle was overcome.

**METHODS**

In order to better understand the cross referral process between DCs and GPs at our clinic, we selected two hundred patient histories in alphabetical order from the previous two months' files.

**RESULTS**

Ninety-nine males and 101 females were selected. The data from their files shows that 27% (n=54) of patients attend both a chiropractor and medical practitioner at the clinic. Of these, 75% (n=41) saw a chiropractor at the clinic first, 33% (n=66) saw a chiropractor only and 40% (n=80) saw a medical practitioner only. The average age of chiropractic patients was 41, medical patients 30, and medical/chiropractic patients 34.

**DISCUSSION**

Most of the patients who were seeing both a DC and a GP saw a DC first (76%). It is possible that this figure reflects inter alia the greater community demand for medical rather than chiropractic services.
The lower average age of medical patients may reflect the higher proportion of paediatric care delivered by the GPs and the increased incidence of musculoskeletal problems in the 25-59 age group. Over a decade ago, the Australian Government Inquiry into Chiropractic (1977) found that 72% of chiropractic patients fall within this age range.8

CONCLUSION

It is the author’s opinion that a chiropractic/medical multidisciplinary clinic of our type offers distinct advantages for the patients and practitioners alike over the orthodox solo clinic concept. Accordingly, it is commended to both professions as a worthwhile alternative.

REFERENCES


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