

What Were You Thinking?

by K. JEFFREY MILLER, DC, DABCO

Recently I had lunch with another chiropractor. When our waitress discovered we were both chiropractors she began asking dozens of questions. At first I thought it was because she found chiropractic to be an interesting subject.

However, her line of questioning quickly led me to realize that it was more like the bearded lady and the guy who eats fire from the circus were dining out. The freakish novelty of the whole thing was generating the questions. (I, of course, was the guy who eats fire.)

When she suddenly realized she was asking everything but what we wanted to eat, she apologized for asking so many questions. "That's all right," I told her. "We make our living asking questions: 'Where does it hurt?' 'How did this happen?' And, the one that follows 'How did this happen?': 'What were you thinking?'" We all chuckled like clowns in a tiny car, and she was finally off with our order.

The Big Question

Later I began thinking about the question, "What were you thinking?" Early in my career, I would never have asked this question — I was too uptight. Now, I ask it all the time. As I said, I ask it after inquiring about the patient's mechanism of injury.

It fits there rather well. The answers I get often remind me of my favorite Jeff Foxworthy joke, "If one of your relatives died just after saying, 'Hey! Y'all watch this!' you might be a redneck." Obviously the patient I'm interviewing either survived or was an innocent bystander who suffered collateral damage.

The question, "What were you thinking?" also fits in with my favorite question on my office's history form: "Have you ever tried any store-bought or home remedies (care not recommended by doctor)?" I have been fascinated for years by the fact that patients who claim to be afraid of what a chiropractor would do to them have been torturing themselves at home. Friends and loved ones often assist in the torturing process. Their antics usually delay care and typically irritate or exacerbate their condition.



Just a Few Examples

Elderly folks in my area of the country rub WD-40® lubricant on their arthritic joints. They swear by it. Many in the WD-40 crowd also soak a sprained ankle or a gouty toe in kerosene. I am always sure to remind them not to smoke while they are doing this.

I once entered the exam room to find “Enoch” (not his real name) sitting with his right foot propped up on the desk. His great toe was twice normal size and beet red. I said, “Enoch, that is the ugliest toe I’ve ever seen.”

“Yeah,” he said, “it hurts somethin’ terrible, too.”

“It looks like gout to me,” I said. “It says on the update you filled out that you have been soaking it.”

“Yes.”

Then I asked, “What have you been soaking it in?”

He looked at me like I was really stupid and said, “A bucket.”

“OK, what was in the bucket?”

“Kerosene,” he replied. I could tell this conversation left him wondering what I would soak my foot in if it hurt.

Homemade mustard/pepper plasters are popular with our population of migrant farm workers. Having smelled these plasters and seen what the skin looks like after their use, I have thought these concoctions might be good for stripping paint.

Asking someone to walk on your back is another good one. This is an old Chinese treatment. However, in China the walking was performed by young girls who

did not weigh much and had tiny feet. They were also taught where to walk. The last patient who admitted to this home remedy in my office had his 250 pound co-worker who wore size 12 work boots perform the cure. His back pain was less noticeable afterward when compared to the two fractured ribs he gained.

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I treat a great number of horse farmers in my area. Horse people love to use horse liniments. Things such as DMSO that were banned for human use years ago are very popular. This stuff is so potent that just after applying it to a sprained ankle, the patient begins to taste it. How is that for getting into the system fast?

Pills that the veterinarian gave the dog or cat have been tried by a few. Many people, however, prefer prescription medications that were originally prescribed for other people and/or other problems. A while back I had a young woman who took Vioxx® occasionally for inflammation and back pain, and Valtrex® occasionally for outbreaks of genital herpes. When a friend began having knee pain, she loaned her the Valtrex. Well... they both start with “V.”

Scrambled Aches

The items listed above are just a few that the patients and their loved ones came up with. This does not include the ways they scramble the things you actually

told them to do. A few years ago I set a goal of having written instructions for every home therapy I recommended or product I sold to patients. Writing the instructions helped, but it did not guarantee that every patient would read the instructions.

For example, one of my patients peeled a layer of skin off her face with an ice pack. She had been given verbal and written instructions to apply an ice pack to her TMJ. The instructions were to keep a damp cloth between her skin and the ice pack, and to limit applications to 20 minutes. She applied the pack directly to her skin and left it there for over an hour. She freely admitted to not listening to or reading the instructions. Thankfully, it healed without a scar.

When asked about their bizarre methods of home care, patients often respond by saying, “You didn’t tell me not to do that,” as though their actions are the doctor’s fault. It never seems to occur to them that just because you did not discuss a certain home remedy, that it does not mean it is automatically acceptable. Or, that maybe they should ask the doctor before trying it.

What were they thinking? Who knows? I do know one thing for sure: There is seldom a dull moment in private practice. 