

Toss Out Those Scripts. There Is An Easier Way. Just Ask Any Patient.



by David Marcarian, MA

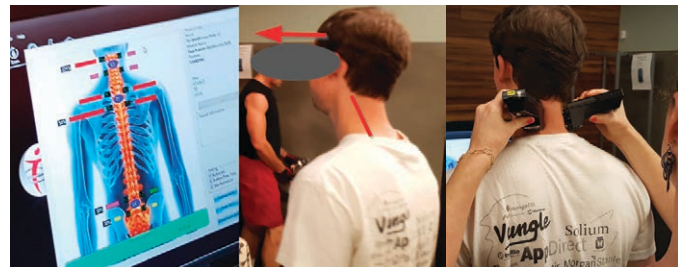
Twenty years of practice management “just read the script” and we are still at 5 to 7% of the population, not to mention that we have a reputation which Gallup rates at only 38% compared with 98% for MDs. Why? They have data and we do not.

The modern patient is used to being sold everything by everyone. Where do they turn? To objective data to establish whether what you say is real or not. It is like a truth test. Prove to me that I truly need you or I’m on to the next. Can you imagine a cardiologist relying solely on the stethoscope to determine need for care? The EKG is what led to the cardiologist not only receiving full reimbursement but also being able to show in seconds why the patient needs treatment. Does this not underline to you the importance of objective data?

We were raised in a world where chiropractors “believed” we just needed to promote our “religion” to the public. The louder and more consistently we preached the more likely patients would “buy in.” It failed. Make no mistake about it – we’re still at 5 to 7%. (I’m sure you’re familiar with the

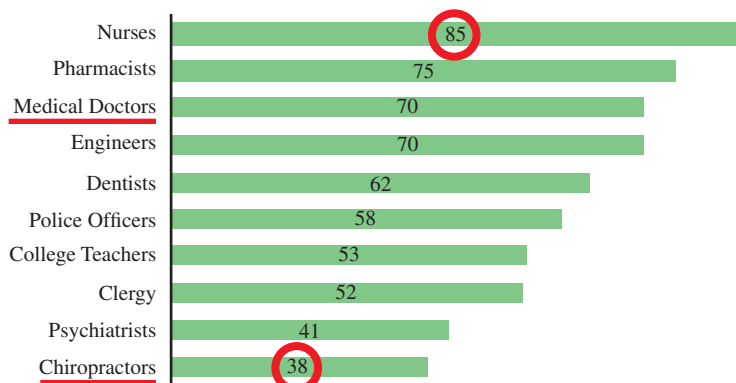
common quote about “insanity.”)

Well, why not consider a low-cost alternative approach? You say “junk science?” That was true with all prior machines, but the MyoVision Static sEMG is the only REAL NASA-derived device (not a scam) and the REAL choice of the VA Hospital due to the extreme reproducibility and accuracy of the device. With the ADA tax credit and write-off, the cost of the least expensive and extremely reproducible Static sEMG is only around \$2,000. Think about it. You paid \$250,000 for your education but you don’t want to spend a month and a half of practice management consulting fees on a tool which could change your practice and your life?



Gallup Poll: Americans Have Low Opinion Of Chiropractors' Honesty And Ethics

Medical Doctors, Five Other Health Occupations Rate Higher



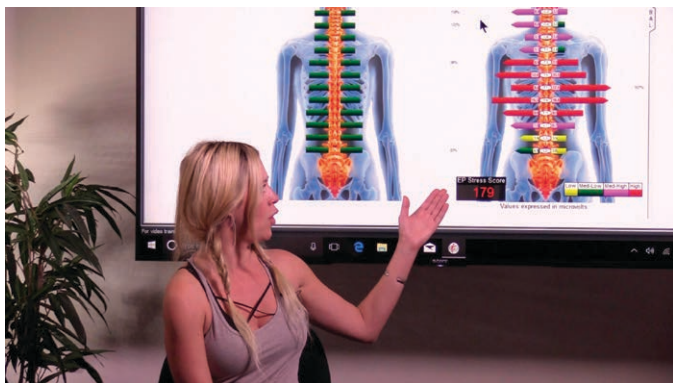
Ask patients, and most say they feel like they are being “sold” too often by chiropractors. However, when you use objective data the patient feels in control of their care, and you scarcely need speak a word. The data exposes that which has been intangible up to this point. Why? You are the experts on neurology and so it’s easy to comprehend that patients become desensitized to the spinal issue, just as one doesn’t feel the watch on their wrist.

As an example, an entire hotel staff received their first adjustment due to the fact the MyoVision demonstrated

problems which they forgot they had. “OMG” said one, “I totally forgot about this pain in my shoulder.” **The process is simple:**

1. Test the prospective patient. Do not try to sell them on anything; the data becomes their report of findings.
2. Do not **OVERSELL** the device. Explain that muscles compensate for subluxation, the arrows point the direction of imbalance, and the length of the bars is proportional to muscle tension.
3. **BE QUIET.** Count to 5, and watch them express their spinal story. In 90% of the cases they will spout out all of the issues they forgot they had.
4. **ACTION FOLLOWS** as you have now established yourself as credible by this machine demonstrating what they **FEEL** inside. Who do they look to for the solution? **YOU.** It is really that simple.

What a compelling difference. As T.J. Osborne, DC in San Jose, California stated “I spent over an hour attempting to convince a patient in the traditional manner using all the scripted techniques I’ve learned on her need for chiropractic care. Before leaving, the MyoVision rep arrived to demonstrate the machine. I said to my patient ‘How about we test you with this new machine?’ She said ‘This looks interesting’ and after a 1-minute-30-second test she became a patient. And after sending the test data via email to her husband he is now a patient. The income from one patient paid for the entire machine.”



“I would have never considered chiropractic without the MyoVision Scan. It was so accurate that I instantly trusted the chiropractor.”

Don’t underestimate the power of objective data. It is what your patients are looking for, and it saves you both time and money since you only need 2 minutes, instead of an hour, to demonstrate the intangible. Patients want data, not dogma; they do not care about your “religion” any more than you care about theirs.

Life University, Palmer College of Chiropractic, and other major schools have signed contracts to implement over \$750,000 of MyoVision equipment. Why? They know the

world has changed, and the techniques of the 1980s are over. We either capitalize on the evidence-based model or we flounder. Patients cringe at hearing scripts; you may like them but they don’t. Data makes clear the purpose and allows them to track progress. The big surprise? According to a prominent DC in Seattle “I purchased to impress patients, and no longer lose patients like I was. I was applying the same technique to everyone. The MyoVision showed me that my technique was not working on every patient, so I altered techniques to meet each patient’s differing needs, and now my PVA has jumped by ten-fold. It has made me a better doctor.”



Just don’t make up stories, e.g. I’ve known doctors to claim that the results mean the patient will get cancer if not adjusted. One patient called and said “He had me at the scan. Why did he have to make up a story?” I replied that “overselling is a sad byproduct of some of the training they receive. Give him another chance. He’s actually a talented chiropractor.”

We live in an evidence-based world, there is no doubt about that, and data is paramount in any successful practice. I think that we really do need to consider what BJ Palmer suggested back in 1938 and that is to “provide proofs that are the last word and incontrovertible.” Indeed, if he were alive today, I have absolutely no doubt that BJ would fully integrate the MyoVision in each and every patient treatment.

References:

1. Nederhand MJ, Ijzerman MJ, Hermens HJ, Baten CT, Zilvold G. Cervical Muscle Dysfunction In The Chronic Whiplash Associated Disorder Grade II (WAD-II). *Spine* 2000 Aug 1;25 (15): 1938-43.
2. Sihvonen T, Partanen J, Hänninen O, Soimakallio S. Electric Behavior Of Low Back Muscles During Lumbar Pelvic Rhythm In Low Back Pain Patients And Healthy Controls. *Arch Phys Med Rehabil* 1991;72:1080-7.
3. Sihvonen T, Huttunen M, Makkonen M, Airaksinen O. Functional Changes In Back Muscle Activity Correlate With Pain Intensity And Prediction Of Low Back Pain During Pregnancy. *Arch Phys Med Rehabil* 1998;79:1210-2.
4. Geisser, ME, Ranavaya M, Haig AJ, Roth RS, Zucker R, Ambroz C, Caruso M. A Meta-Analytic Review Of Surface EMG Among Persons With Low Back Pain And Normal, Healthy Controls. *The Journal of Pain*, Vol 6, No 11 (Nov) 2005: pp 711-726.
5. Gerhardt JJ, Cocchiarella L & Lea, R.A. *The Practical Guide To Range Of Motion Assessment*, 2009. Published by the American Medical Association.
6. *Merritt vs. Florida DOH. Case# 04-1149RX. Case files can be downloaded at <https://www.dynarom.com/supreme-court-case.html>.*

About The Author: David Marcarian, MA, is a NASA-trained expert on electrophysiology. He is founder and president of MyoVision, and inventor of the DynaROM. Call David toll-free at 800-969-6961 or email him at info@myovision.com.