

I Want to Be Like Mike

I recently purchased a text titled *The History and Physical Examination Workbook; A Common Sense Approach*. It is a nice book. It is full of history and examination forms that cover a variety of conditions, body areas and systems. The authors (doctors of osteopathy) call the history and examination forms "Flows".

Advice from the introduction of the book recommends against memorizing the flows. When I read this I was surprised. I was surprised because I have never had an encounter with an osteopathic or medical doctor who used an examination form or flow. At some point they have memorized the history and examination procedures for various areas, systems and complaints.

I am sure these doctors were not expected to memorize flows early in their training but, at some point they memorized them. General practitioners and emergency room physicians probably had it tough when it came to this. They encounter a variety of conditions. Other practitioners have it easier. Specialization leaves the doctor responsible only for the history and examination flows concerning his area of practice.

This author disagrees with the authors of the above text. The flows presented in this text and others are the basics of patient history and examination. Basics should be memorized. This is true in healthcare and other endeavors. Reading and writing cannot be accomplished without first memorizing the ABC's, spelling and phonics. A musical instrument cannot be mastered without memorizing the basic techniques and scales of the instrument. Without a sturdy foundation in the basics you cannot advance.

Several years ago when Michael Jordan was still playing in the NBA, a television sports caster offered a very insightful description of Jordan's talents. He described Jordan as having such a strong foundation in the basic skills of basketball that the skills are unconscious. He went on to say that with the basics unconscious his mind was free to be creative.

It was the combination of strong basics and creativity that wowed us when we watched Jordan. Jordan's successes lead to a string of Gatorade commercials that said, "I want to be like Mike". We should all be like Mike. Maybe not in basketball but in whatever we do.

Applying this to history and examination flow means memorizing the flows and the procedures they contain. Until these are unconscious, a doctor cannot free his mind to understand the results obtained from history and exam procedures.

When I was in Chiropractic College, it typically took two or more hours for an intern to perform a new patient examination. This was a real deterrent to patient recruitment. Patients were reluctant to sit through an examination that lasted over two hours in order to establish records and begin receiving adjustments.

Having been through the examination process as a patient when I first arrived at school I was determined not to put my patients through this ordeal. Once in clinic, I organized and memorized the examination procedures for new patients. With practice I was eventually able to perform the examination in forty five minutes. This was done without excluding any content from the examination process. The key was memorizing the process.

The true significance of this did not hit me until I was in practice and I had to be even more efficient. I revised and memorized the examination procedures further. Over the years the continued revisions became the basis for the book, *Practical Assessment of the Chiropractic Patient; A Thorough Orthopedic and Neurological Examination in Less Than 10 Minutes*.

I have spent a large portion of my career teaching and writing about efficiency and examination procedures. Some of my methods are not traditional. They go against long established methods. Field practitioners are fond of the methods and doctors in academic settings often roll their eyes at them.

After seventeen years of private practice I returned to academia. To my dismay it still takes an intern two or more hours to do an examination. Have observed this I am convinced more than ever that a new method of teaching history and examination procedures is needed.

Chiropractic students learn orthopedic, neurological and other physical examination procedures in class and labs. Months later they encounter these procedures again as they begin their clinical experience. The gap between the initial instruction and the first practical use of the procedures is problematic.

This problem could be eliminated by continued rehearsal of history and examination processes until the intern's clinical experience begins. Unfortunately, this is not the most practical solution. Adjustment skills are the only skills interns show a desire to rehearse between initial instruction and the beginning of their clinic experience. A more practical solution is decreasing the gap between initial instruction and the beginning of the clinical experience.

Another problem is learning the procedures only as individual entities and not as a part of an overall process. Once the procedures are learned individually, they should be memorized as an examination in an efficient order. The student should be required to perform the full examination in order to pass the class. If the class covers the shoulder then the student should be able to perform a shoulder examination without depending upon an examination flow for content or order. The same should apply to lumbar, ankle, abdominal and other examinations.

Once an examination is memorized a flow (history/examination form) serves only as a method for recording examination findings, not as a crutch for the intern.

The basics in patient history and examination procedures begin with the conscious knowledge of the test purpose, possible responses and interpretation. Motor skills to perform the tests accurately and efficiently are also required.

The next step is the rehearsal of the basics until they are unconscious. As with Jordan, until the basics are unconscious the student's conscious mind will not be free to go further. Freedom here is not to be creative but to allow the intern's conscious mind to grasp and interpret history and examination responses.

The recommendation here is to 1) teach interns test names, performance and interpretation, 2) as an immediate follow-up require memorization of the tests for each region as a complete examination 3) require these basics to be in place prior to clinical experience. With these steps in place the interns' minds will be freed for clinical interpretation and diagnosis. This would lead to better patient care. Surely, this would provide interns with a more advantageous clinical experience.

The primary problems with implementation are; breaking from tradition, academic scheduling and intern self-discipline. Breaking from tradition is difficult in many situations. Surprisingly, this is despite the obvious fact that after more than twenty years interns still cannot perform examinations in a time efficient manner. Scheduling has to address the instruction and memorization of basics just before their implementation. Intern self-discipline is difficult to address. Attitude and work ethic are hard to influence in interns. Mandating memorizing, utilization of effective teaching methods and maintaining high academic standards will help but not solve this barrier to implementation.

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