

# MY CHIROPRACTIC PRACTICE

**John F. Thie, D.C.**

During 29 years of chiropractic practice I have always attempted to find the most effective way of serving my patients and staff (including myself). I have developed many different formats of practice, each one built on previous experience accumulated through the use and study of other methods. This desire to be better prepared led me to learn about applied kinesiology from George Goodheart, D.C. From the time I first met him I have used AK and, in fact, organized the International college of Applied Kinesiology so that these methods could be available to my patients and others worldwide.

Our clinic's new brochure describes my philosophy of chiropractic care which we call "The One-Two-Three Approach to Health without Drugs or Surgery."

"One" represents the Thie Chiropractic Clinic. I want this clinic to be a true healing center. I want it to be a place where doctors, staff and patients can rely on the word of everyone else. I want it to be a place where people receive the rewards that they earn in just amounts. A place where healing takes place because hope is present and because scientific methods are utilized. A place where we give the kind of care we would extend to our own families, and where each person is treated uniquely.

I expect our clinic to be a facility where doctors,

of the consultation I will have determined whether or not I can meet the patient's needs and if he believes I can help him. I then outline the steps I would take.

In the usual case I will then perform a spinal examination and the muscle tests found in the Touch for Health manual. If I need further examinations before making a diagnosis, prognosis and treatment plan I will order postural x-rays and an orthopedic-neurological examination. Laboratory tests may also be ordered. The minimum laboratory is a lingual vitamin C test and a urinalysis, including the microscopic examination. I request that the patient fill out another questionnaire called a Symptom Survey of approximately 200 questions. This gives me information related to the organ system and the nutritional status and indicates what supplements might be needed. In gathering all the information I might order a toxic mineral analysis, an analysis of the hair for mineral storage or a computerized nutritional survey to determine the content of the patient's diet. A combination of these surveys reveals how foods are being digested and if particular supplementation is needed. Analysis of the blood can reveal hypoglycemia, anemia, hypercholesterolemia and other pathologies. In selected cases special computerized tomography, nuclear magnet resonance or dye studies might be indicated, but they are rarely ordered. Additional tests might include postural biomechanical evaluation of the person in standing, walking, running and seating postures and examination for orthotics. If indicated, another health professional's opinion might be sought.

Diagnosis, prognosis and a treatment plan should be determined before treating any new patient, and I will not proceed until I have made these determinations. Diagnosis must be stated in words that translate the patient's symptoms and signs into the common language of health professionals. Frequently I find that a person has more than one diagnosis and that the prognosis is different for each one. The overall prognosis is the time which I believe necessary for the person to achieve maximum improvement. It is my professional guess of the amount of improvement that can be expected for each condition if everything progresses in an ideal manner.

The treatment plan includes how often the patient needs to receive treatments and interim examinations. Usually I make recommendations only for the first interim exam. The decision to continue treatment depends on the patient's improvement or lack of improvement and his willingness to follow further instructions. The treatment plan may also include special exercises, diet and supplemental nutritional support with exact directions. Special orthopedic supports might be orthotics, cervical pillows, or cervical collars. For home care we also explain Touch for Health techniques and sometimes recommend taking a Touch for Health class.

The length of treatment varies. Persons in good health with an occasional problem may require only one or two treatments and a re-examination in one or two years. Patients with chronic conditions may need daily treatment. This is also true for accident victims and those with job-related injuries. Changes

are made in treatment plans to suit individual needs. Our goal is to inform the patient about the steps required to make maximum improvement in the minimum amount of time. This is an educational process, moving the patient from the common view of "I didn't have anything to do with how I got here," "It wasn't my fault," to assuming some responsibility for finding out what isn't working. The educational process takes place slowly and gently so that patients can learn to see themselves on a continuum where disease and injury are at one end, and optimum health is at the other. I want people to know that sickness and disease are not inevitable in old age -- that death can occur without trauma. I think that human beings should be able to die at home in their own beds with as little pain and suffering as possible.

The basic Touch for Health muscle balance is included in each treatment given at our clinic. This may be the total treatment, if that is all that is required for the patient to make improvement that day. Usually, however, a chiropractic adjustment of the spine and a check for cranial faults and other energy imbalances will be included, as well as advice regarding exercise, diet and changes in habits, attitude and lifestyle.

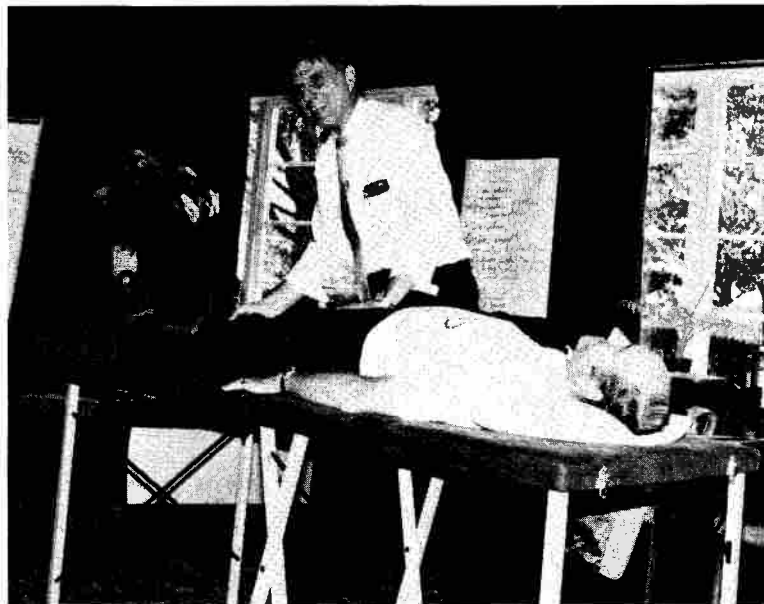
During re-examination patients fill out a feedback form in which they rate their progress and describe how they have followed their home care. This form also lets me know how well I have motivated them to follow instructions and how they feel about our services. I get very good feedback which often leads me in a different direction for further care.

I also compare results of the first and second examinations to determine what improvements have been made in the spine and body functions. Most frequently patients notice improvements in areas they did not believe were related to our care. Frequently breathing capacity is improved. Fat loss is found. Range of motion is improved and blood pressure is more normal. My conclusions lead to recommendations for further care. I update my diagnosis and revise the prognosis if required.

The patient is discharged when he and I agree that maximum improvement has been made (the goals accomplished to correct the original condition). For job-related or accident injuries, this means a state of health enjoyed before the problem occurred. Often when people do not recover from injuries as quickly as they would like, it is due to underlying conditions not covered by the third party insurance. This is why I attempt to determine underlying problems for acute injuries. Our treatment of the whole person relieves sprains and strains of the muscles and ligaments, allowing us to balance the energy of the entire person and correct underlying spinal problems.

In closing I believe that Touch for Health tools can be used to treat the whole person in many health care-givers, from skilled professionals to lay persons helping their own families. The effectiveness of Touch for Health depends largely on the person using that tool. I hope you will encourage others to open the TFH tool kit and benefit from these methods that so many of my patients have found valuable.

Dr. John Thie utilizes the basic muscle tests from Touch for Health prior to any type of chiropractic adjustment. All the doctors in his clinic use Touch for Health. They believe that the adjustments "hold longer, because of the balancing".



**D**r. John F. Thie, a prominent Pasadena Chiropractor, is the Founder and president of the Touch for Health Foundation. He realized a growing need for people to take personal responsibility for their health and developed the Touch for Health technique as a usable tool for self-care and preventive medicine.

Dr. Thie received his Bachelor of Science degree from the University of Southern California, and his Doctor of Chiropractic from the Los Angeles College of Chiropractic. He was professor of Kinesiology and Sports Medicine at Pepperdine University in Malibu, and has taught at the University of California in San Diego and Riverside.

Articles by Dr. Thie have appeared in *Healthways Magazine*, the *European Chiropractic Journal*, and the *Journal of the California Chiropractic Association*. He is frequently interviewed on radio and television programs. You may have seen him on a recent edition of the popular television program, *Eye on L.A.* or *Viewpoint on Nutrition*.

Dr. Thie recently completed a European lecture tour, and we are delighted to have him home with us again, inspiring us with his dynamic energy and teaching special workshops here at the Foundation.



Elizabeth Gunn, Administrative Assistant for the Touch for Health Foundation with the map of scheduled TFH courses across the United States.