WHAT CHIROPRACTORS WANT TO KNOW

NCMIC

Jon Kec:

Welcome to Chiropractical. I'm Jon Kec, and on this episode, we're flipping the script. No interviews, no guests. You just get me and a stack of your questions — and some total honesty. From my secret hype rituals to the future of AI in your clinic, we've got a lot to answer today.

Welcome back to Chiropractical. I'm your host, Jon Kec. This episode is a special AJA one. We'll call it Ask Jon Anything. Over the course of the past few months, we've been getting questions and comments from our fantastic listeners, and we thought we'd spend this episode answering them. Some are about the chiropractic profession as a whole, some are specific, and some are going to be a little personal for me — but in a good way.

So let's get right to it. First up, from Dr. Marcus in Washington, he asks, “Jon, do you have a preshow ritual? Is there a hype song you listen to to get yourself in the right mindset?”

Not really. My biggest thing is that I am just trying to do the best I can. I want to make sure I come into every conversation with some perspective, understanding who our guests are and what we're really going to be talking about, so I have good questions for them and you get the best information out of them. Other than that, it's just trying to be as focused and present with them as I can. They bring amazing information. I'm just here to hopefully get some good information out of them and over to y'all through the conversation.

From Dr. Rachel in Boston, she asks, “Statistically, only a small percentage of the population sees a chiropractor regularly. What do you think is the biggest barrier keeping the rest of the public from walking into a chiropractic clinic for the first time?”

It's a question I feel like we bring up a lot. It's a question I had in school, and it's a question that we asked a lot while I was in school as well as when I was in practice. I think it's just misunderstanding, or a lack of understanding. A lot of people don't really know what to expect

when they walk into a chiropractic office. Part of that, I think, is on us as a profession. We're all so different, which is great, but the experiences are so different from one office to the next that people don't really know what they're getting when they walk into an office. Again, that's a good thing. There is that variability, so there is a place and a spot for everybody.

What we need to do is get out there and be as educational to the public as we can. We do great work. We spend time with our patients. We really get to know them and their problems, and that's not something you can say for a lot of other professions, other medical disciplines, or most of the offices they're used to going into. They're running behind, trying to move them as quickly as possible, and charging a ton of money for five minutes of their time. It's not what we do, but people don't necessarily know that, and they don't necessarily know what that experience is going to be like.

The best thing we can do is talk to our patients and have them talk to their friends and family, because the more we can share what the profession is and what the experience in a chiropractic office is, the better chance we have to get them into the office.

Next up, Trevor in Denver sent us a note. “I was listening to the show featuring keeping patients on their treatment plan. Where do you see the communication breakdown that causes a patient to walk away mid-treatment plan?”

Honestly, I think it starts at the beginning. One of the biggest things we take for granted as providers is that we assume everybody knows what we know, and we don't necessarily set the stage well enough for them to really understand what to expect. Once they commit to treatment, they have a set of expectations and we have a set of expectations. If we don't marry those two things from the beginning, we set ourselves and them up for failure.

So, have that open line of dialogue with them. Say, “Hey, this is the issue. This is what I'm seeing. This is how I want to approach it, and this is how I see things going. We're going to reevaluate at four visits, six visits, eight visits — whatever it is.” Make sure they understand they may not be fully better at that first reexam. They may not be fully better after the first treatment. If that's something they're expecting and we don't bridge that gap, we set them up to feel like it didn't work. They weren't ready to come for eight visits or 12 visits, or whatever we think they need. Next thing we know, they're not feeling like they're where they want to be, they fall off their care plan, we never end up seeing them again, and everybody is in a bad spot.

Dr. Dave in Chicago wanted to know, “What's the one movie or TV show you find yourself binging over and over again?” I'm a Seinfeld guy. I will watch Seinfeld on repeat. I'll have it on in the background, filling the silence as I'm doing the dishes. I've seen probably the entire show 20 times, and I will probably watch it 20 more — maybe this year. Who knows? Anytime I'm looking for something completely mindless and relaxing, it is the first thing I put on.

This is a question I love from Alana in Florida. “You've mentioned in a few podcasts that NCMIC is more than malpractice. For a new DC just opening their doors, what's an overlooked insurance coverage outside of malpractice that I should be considering on day one?”

Kind of already mentioned it: business insurance of some kind. If you're opening your own practice, you are responsible for everything that happens inside that practice or inside that building. Your malpractice is going to cover you and your license. It's going to cover the scope-of-practice stuff that you are allowed to do with that license. But what about all the other stuff?

You have a space. That means you have people coming into that space, and you're responsible for the safety of that space. It's a silly example, but I use it all the time because I think it's the easiest one that makes sense: a patient sits down in a chair in your waiting room or treatment room, the chair leg breaks, they fall, they try to catch themselves, and they break their wrist. They're not going to sue you for malpractice because they didn't get hurt because of your care. They got hurt because the chair you told them to sit in wasn't safe. You're still responsible for the safety of that chair, so what's going to cover you in that case? That's your business and general liability insurance.

Sarah in Texas asks, “When you were practicing, what was your first encounter with a new patient like? What questions did you ask? And looking back, would you have changed anything?” Yes. Second answer first: yes, I would have changed some things.

We know a lot, but I don't know if we trust what we know. My first year in practice was a lot of figuring out who I was and how to manage myself, my time, my communication, and my treatment. Those early first encounters, and follow-up visits too, were probably a little clunky. I appreciate all the patients who gave me some grace as I figured it out, because it's daunting.

Once I got my feet underneath me, I got into a really good flow. One of the things that really helped me was body diagrams. That visual brought it to life for patients. Being able to see areas of the body, how one area may interplay with another, and why we're treating this and then that put them in a position where they could truly understand it. If they didn't, they could ask questions, point to things, and we could talk it through in a different way.

They see their body and they see shoulder pain, but they don't always understand how their neck or midback may be playing into that. Taking them through that process and that story was always helpful. It took more time. I was never in a place where I was spending five, 10, or 15 minutes with a patient. It was typically 20 to 30 minutes, at least, to get them that understanding. For me, that was extremely valuable.

Again, there are plenty of things I would have changed from those early encounters as I really grew into it. Having assistance from visual aids — body charts and muscle charts — was extremely helpful for me. And I'm going to hammer it again: communication, communication, communication. Make sure you're both on the same page, both at that initial visit and on follow-up visits, even if they're not true reexams.

Another question from a recent grad, Liam in Missouri: first, congratulations, Dr. Liam. “If you could add a mandatory class to the curriculum at any chiropractic college that doesn't necessarily have to be clinical, what topic would it cover?” Business. Running a business, whether that's as an associate or as a business owner, and how to function as a professional beyond just the clinical stuff.

Some schools have it. I shouldn't say that — I think all schools have it. Some probably do it better than others. Really understanding what it takes to be a practicing professional outside the clinical side is important. We do a lot that is focused on delivering the best care to our patients: how to evaluate them, how to treat them, and how to take them through continuity of care. But I think we are often underserved in how to balance our day-to-day.

We don't talk about business insurance very much. We don't talk about cyber insurance, disability insurance, or workers' compensation enough to make sure we're protecting ourselves. We also don't really talk about how to structure a business or how to get funding for your business, and I think that's all huge. Even as an associate, you still need to understand how to

get out and market yourself. Some of us are exceptionally lucky and end up in practices that are rocking and rolling, busy from day one. But a lot of us, even in associate roles, aren't. Some practices expect us to build our own book, and that's okay. It's a matter of making sure you have that groundwork and understanding to get out there and do it.

The practices that expect you to do it may be great at teaching you how and helping you through that process, but some aren't. They're giving you a place to practice, and everything else is on you. You're an associate, so you need that help. Business course, business course, business course. If any presidents of the colleges or anyone in charge of curriculum is listening, I felt underserved coming out, and I hear that experience from a lot of doctors coming out. It's something I would absolutely recommend we take a look at and figure out how to make stronger.

Tyler in Dallas asks, “Jon, on the show you've spoken with 40-year veterans as well as brand-new graduates. What advice have you heard, or do you have, that new grads should hear?”

You're ready. I think that's the best place to start. We get so much information in school. We go through boards. We take on all this stuff just to get to the place where we get a diploma and our license, and then it feels like the whole process maybe starts over. It does, but you're ready for it. You know more than you think. Trust yourself. Talk it out with friends and colleagues. You are more ready than you think. It's the first step in a really long journey, and it may not be the journey you expect from day one, but it's going to be an awesome one. Don't second-guess yourself. Just make sure you're doing the things you need to do, both personally and professionally, to keep yourself moving forward. You're ready.

A question from a different Rachel, this time from Nashville: “The episode with Dr. Fuchinari about burnout really hit home for me. Do you have any other ideas to help us stay healthy mentally?” I think he did an amazing job of giving us perspective and strategies to understand that burnout is fluid and varied. One day we may be great, and the next day we may feel like we've hit a wall. It may be for a completely different reason than the last time we felt that way.

The biggest thing we can do is take care of ourselves. Whatever decompression, unplugging, or getting-your-mind-off-work time you need, do it. Don't underestimate the impact that can have, even in the short term. Maybe that's 15 minutes in the middle of your day to get outside and get some sunshine on your face. It helps. Figure out what's best for you.

For me, it was always exercise. It was a nice mental reset. I tried it at the beginning of my day, middle of my day, and end of my day. It wasn't ever consistent because each day is different, but that was what helped me reset. Figure out what that thing is for you, and on a day-to-day basis, make sure you incorporate it.

Bigger picture, find some time to get away. For me, that was always big. A long weekend here, a true vacation there — those types of things allowed me to step away for a minute. I have a tendency to get too deep into it and too consumed by it. I check emails late, I check them early, and I respond when I probably don't need to because it could wait until tomorrow. That's a habit I know I have. The things I can do to get away and turn all that off are extremely helpful.

Emily in Illinois You talk with doctors at every stage of their career When you look at the happiest DCs is there a common thread that keeps their passion going I feel like in all the conversations I've had passion comes through in different ways Um it may be passion for documentation Mike Whitmer It may And for clarity Mike wasn't a doctor but Mike was so rooted in this profession he may as well have been one Um but you know passion for documentation

passion for helping people which I think is true for a lot of us passion for building a business passion for the the geeky side of AI and things that it can do there in some of my other conversations And Dr J geeky in a good way uh no disrespect there Um but I think that's been the biggest thing is is figuring out what really truly drives you that all these doctors have had in common and then leaning into that Is it helping a patient with you know a a new cuttingedge technique Is it having that time to spend with patients finding a practice where you can sit down for 20 30 minutes an hour if that's what you wanna do and and really invest the time I feel like if you if you figure out what that is it it stops becoming work and it starts becoming just the norm It's it's your day It's what you're supposed to be doing and that just feeds itself Again back to earlier you're gonna hit walls You're gonna have burnout at times But I think a lot of times what that is is we've we've lost our focus right Something has pulled our our attention another direction and once we get a chance to identify that refocus a bit I think it it helps us through that And there are other things you may need to do along the way but it really helps us through that One of the other big things I think that that a lot of the people that we've talked with has have shown us is that that passion runs deep Um they they had that moment where maybe they were 15 and it was the first time they got treated or it was they were at a seminar and something just clicked But they had that moment they can identify that says Hey this is truly what it's about for me And I think we've all had that I don't know if all of us have recognized that yet So if you do find yourself you know wavering a little bit maybe considering a change in practice or or whatever it may be take a second step back try to identify that for yourself because I think that'll give you some guidance and some perspective that it it's right there under the surface You just gotta go look for it

Rhi posed a question to me: “If NCMIC handed me a plane ticket to anywhere in the world for a two-week, all-expenses-paid vacation, where am I headed?” I've got two competing answers here: New Zealand or Europe. I've been to Australia and loved it, but I was young, so I didn't get to enjoy it the way I would as an adult. I didn't have the freedom to go where I wanted to go. New Zealand, for sure, has the weather and the appeal of beaches in the morning and skiing in the afternoon. Or Europe, doing a big trip around the continent: flying into London or somewhere central and taking trains through Italy, Greece, Spain, England, Ireland, and more. To get all of that in one trip would be absolutely amazing.

We've received questions from a number of you about AI and the future of chiropractic. First, go back and listen to the episode with Dr. Foxworth from last season, and the one we did about AIO and SEO with Jacob and Grace a handful of episodes ago. The big question I get asked a lot, both online and in person, is where I think the profession is heading and what is a good indicator that the profession is actually thriving.

I just came out of a continuing education seminar two weekends ago. The more I talk to people and sit in this kind of stuff, the more I realize that it's not necessarily AI-specific. It's not that the profession is becoming AI-dominated. It's about how we leverage AI to help us. I think that's where we go next.

We are all busy professionally and personally. What can we do to offload some of that and free up more time? Whether that's time to see more patients, build your practice, decompress, or unplug because you're feeling a little burned out, it will change from situation to situation. What can we do to take some of the load off our plates? I think that's where the profession is heading: how we leverage time better. AI may have a lot to do with that, as those episodes show.

As far as an indicator that the profession is thriving, more people in the office is always going to be the first thing. But I do think there is a component that is happiness-driven. As professionals, we face a lot of challenges as chiropractors. We can have conversations all day about reimbursement and utilization, and those are valid conversations. But we also need to step back

and figure out what we need to focus on personally to make sure we're happy with our day-to-day and thriving as professionals.

The better we thrive as professionals, the better the profession thrives as a whole. That's all going to snowball, too. We're happier. Our patients know we're happier. Our patients have better experiences. We start asking the right questions to help them refer other patients, which is an art. That increases utilization. Increased utilization and good results drive potential reimbursement conversations, and all of this starts to snowball. I really think it starts with us. For me, one of the best indicators of the profession's success as a whole is how happy providers are with their choice to become chiropractors. That's a multilayered conversation, but I think we each have to figure out what that means for us.

That wraps up our first annual Ask Jon Anything episode. I want to say thank you to everyone who's not only listened to Chiropractical, but also took the time to send us questions and comments. I greatly appreciate it. Obviously, this show couldn't have happened without you. I'd love to do it again, so keep them coming.

Before we end today's episode, I did want to let you know that Chiropractical will be back at FCA's The National in Orlando in August. We'll be in the NCMIC booth on Friday, so stop by and say hello. I'd also love to meet you in person and have some conversations. Who knows? Maybe you end up on an episode as well.

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Be sure to watch the video version of this episode on the NCMIC YouTube channel. If you have any questions for me or the show, you can always email me at jkec@ncmic.com. Who knows? You may be one of the questions on our next Ask Jon Anything. Thanks again for listening. I'm Jon Kec, and this has been Chiropractical.