

10. How to Use Spinal Screenings to Attract New Patients

Spinal screenings have proven to be a marketing strategy that produce a high number of new patients at a relatively low cost for most chiropractic practices. In addition to generating new patients, the people who you meet during screenings help develop your personal network.

The more people you know and the more activities you're involved with, the better off you will be.

Remember what happens to the people we don't meet: more drugs, more surgery, and other silly medical methods to address conditions that chiropractic alone is best suited to address.

There are many different types of setups for screenings. Generally speaking, the more people you screen, the more new patient invitations you give out. The more invitations you give out, the higher the number of people who will come to your office. And the more people who come to your office, the more new patients will begin chiropractic care.

My goal when screening is to generate at least one new patient per screening hour. But this is just the base; I have seen hundreds of screenings that generate more than ten new patients per hour.

The following are notes to guide you through the actual screenings, once you have a time and place scheduled.

Step 1: Setup

Whether you are setting up a small, medium, or large screening, look as professional as possible. Make sure that you are as visible as possible. If you are using signage, it should be fresh and clean. All paperwork should be first generation, clean copies.

The doctor's attire should be professional – a dress-casual shirt or a shirt and tie, or the equivalent for women – depending on the site. Assistants should be in uniform; golf shirts and khakis work well in most cases.

After arriving on site, set up and prepare to screen. I prefer the following equipment for a medium setup: a SAM or Myovision (or other) screening device, signage, two folding chairs, a plastic spine, between three and five clipboards, and all necessary paperwork. I set the two chairs up face-to-face, with the spine next to them. I use this area to talk to the prospects and then walk them to and from the SAM or Myovision device.

Step 2: Attraction

While you are doing a screening, your job is to interact with the public. Whether you're at a mall or visiting a private company, try to communicate with each person that you come in contact with.

Ask people:

- Would you like to get your spine checked? It takes two minutes, and it's totally painless.
- Would you like to have an ergonomic posture check?
- *What's wrong?* (to the person who's obviously in bad shape)

If the above questions aren't working, or if you want to change the pace, you can also try to engage people in other conversation: the weather, sports, or news of the day (but try to avoid religion, politics, or sex).

If you are not screening at least three people per hour, you probably should not be at the event, or else you really need to open your mouth more. I know many doctors who are uncomfortable promoting themselves. While you should work to have others promote you whenever possible, if you can't promote yourself then your progress will be significantly slowed.

Step 3: Consultation

After a person agrees to be checked, I have them fill out a screening form. I get their address, phone number, and insurance information, as well as what clinically is bothering them. I then ask them about any of the symptoms they checked off. I will go through the PQRST pain assessment and other questions until one of two realities becomes clear: either the person has a health problem that they're concerned about, or they don't.

If I am not sure, I will ask, "If you could leave all of the problems with your pain behind, would you want to?" If they answer yes or have already indicated that they are concerned about their health, I proceed on to a thorough screening. If they don't qualify, I screen them quickly and give them advice to get a full chiropractic exam if appropriate.

By the end of the consultation, I know if they qualify and I also know:

- Where they work and live
- If they have a problem that they want help with
- If they have some way to pay (insurance, accident coverage, or a last name like Kennedy)

Step 4: The Screening

Regardless of *how* you are screening (SAM, EMG, Posture Pro, blood pressure, Metrecom, or other device), the goal is to have the person understand how a positive screening finding (high shoulder, weight differential, red or non-bilateral EMG readings, abnormal blood pressure, poor posture) is related to their spine. This damage to the structure or function of their spine can pinch, choke off, or irritate the nerve, which can be the cause of their problem.

During the screening, I will perform the test and then explain it to the person, trying to create as many of these connections (I call them *physical ah-ha's*) as possible.

For example, if I am using a SAM, I set the strings at the level of the person's ears, shoulders, and hips, as well as view their lateral posture. Then I will explain my findings like this:

Mary, if you look at these strings, they represent the level of your ears, shoulders, and hips. Do you see the problem? Your head is tilted to the right, your left shoulder is higher than the right, and the right hip is higher than the left. You also carry your head significantly forward over your body. Lastly, your weight differential is twelve pounds more on the right.

If the prospect is there with anyone else, like a spouse, sibling, or friend, I will have the other person confirm my findings. If I am in a really good mood, I might have the other person do the screening. I will also answer any questions right there at the SAM.

Step 5: Transition to Close

At this point I take the person back to the chairs, and I grab the spine. I show them that if their spine is out of place, their nerves can be pinched. I may stick their pinky into a lumbar IVF and pinch it to demonstrate. I go on to explain that when this occurs, it may cause symptoms like theirs.

Step 6: The Close

I will then use my “million dollar close.” Over decades of practice and conversations with hundreds of doctors, I have found that using this close on qualified prospects (they have a problem they want help with, are close enough to get to your office, and have a way to pay) will close at least half.

Mary, from the look of your screening, you may have some serious structural damage in your spine. If it were me, I would get it examined, and examined thoroughly. In my office when we examine people we do over sixty tests to check muscles, bones, and nerves. The exam is designed to tell me two things: first, what is really causing the problem. And second, whether or not chiropractic would help it. Normally this exam is \$65 (or whatever your fee is), but in conjunction with this event, I’ve set aside a small number of appointments to provide the exam at

no charge. There are two conditions to the offer. The first is that you're serious about finding out more about your health, and the second is that you schedule the appointment today for later this week or next week. Don't take one if you aren't going to use it, but if I offered you a free exam would you use it?

Note: you may have a different offer than a free exam. I have seen \$25 first visits (exam and x-rays) work well. I have also seen DCs take a \$20 deposit that is returned when the patient shows up for the appointment.

If the person says yes, immediately schedule an appointment, giving them choices to keep them engaged and moving forward:

What day is better for you, Monday or Tuesday? Morning or afternoon? 2:30 or 5:00?

Carol, from our office, will call to make sure you know how to find us and to get some additional information for your file. What number is best?

Great. The office is on Main Street, across from the police station. We'll see you on Tuesday at 5:00.

Oh, one last thing, Mary. Missed appointments really affect us negatively in two ways. Is this something we need to talk about?

This is known as a post-sale.

If they hedge at all, I will continue: I set aside these times for you, and I will meet with you personally. If there is any chance you won't be able to make this appointment, I would like to reschedule it now. By missing the appointment, you won't only not learn how chiropractic can help you, but someone else who would use the appointment slot won't be able to.

Step 7: Post Screening

When the screening is over, pack up, leave, and if possible, go back to the office. Put all the equipment away and record your appointments immediately in your appointment book, spreadsheet, software, contact management, or however you keep your schedule and patients in one central location.

Step 8: Pre-Call

One to three days before the appointment, I start to pre-call my prospects. CAs can do this, but so can DCs. The script is as follows:

This is Carol from Dr. Newman's office. The doctor told me you met over the weekend, and that you decided to take advantage of one of our Invitation to Health appointments. Did he also tell you that this is a no-charge visit designed to see if chiropractic can help you? I have your last name as Jones, J-O-N-E-S. Is that correct? Our office is located at 1927 Carson Street on the south side of the street. Where will you be coming from? (Make sure that your directions are specific.) The doctor usually runs on time, so if you could show up ten minutes early to fill out some paperwork, the doctor will see you right at your appointment time. Great, I look forward to meeting you tomorrow.

Step 9: Follow-up

I call any missed new patient appointments until they come in, or until they tell me they're not interested anymore. If I can't reach them after two weeks, I add them to a mailing list that is contacted twice a year.

I try to have at least eight hours of screenings a month, with the goal of producing eight new patients. If you are not getting those results, try reviewing all of these step and make a list of things that could be improved.

The screening process can be blocked at any of the steps, so it's important to identify where you are stuck if things aren't working. De-bugging is not only important, but essential.