

Why would anyone want to learn a new technique?

The reasons may surprise you **by Tedd Koren, D.C.**



SINCE FINDING MYSELF IN THE WORLD OF TEACHING A NEW adjusting protocol/technique/system (Koren Specific Technique or KST), I've asked many of the doctors coming to our seminars why they took the plunge to learn a new way of caring for patients. The most common reasons given may surprise you:

1. The doctor is physically damaged from years of adjusting and needs something less traumatic to his/her body.
2. The doctor has health issues and is looking for something that can help him/her.
3. The doctor is bored or dissatisfied with his/her present system.
4. The doctor wants better results with corresponding practice growth.
5. The doctor likes learning and growing.

Of course, the most powerful motivator is pain. Whether it's physical or emotional pain, we are in some ways like amoebas: we avoid pain and seek pleasure. That is why the first three reasons on the list are in the avoidance of pain category. I'm not writing from some high horse either; it is why I was searching for something new myself. Actually, I was in all five categories, and perhaps you see yourself in a few of them as well.

Is having a pain-free, satisfying, even pleasurable, practice important?

You bet it is! Years ago an epidemiological study on the causes of death listed unhappiness at work as the number one predictor of an early death.

“Technique doesn't matter”

There are those in our profession who say it doesn't matter what technique is used, as long as the doctor has the correct attitude. I do not agree. Not all techniques are created equal and not all techniques work equally well. Imagine if MD's were to say, “It doesn't matter what drug I give people, as long as my attitude is correct?” It's just as silly as chiropractors saying it.

I discovered KST when, after traveling the country and being adjusted by lots of people with wonderful attitudes using all kinds of different chiropractic techniques, I still had health problems. With KST I was able to adjust myself back to wellness.

“Was it really this good?” I wondered. I started making announcements at my regular philosophy/research/vaccination

seminars: “Anyone with a health issue that you still have after years of chiropractic care, see me. I've developed a new technique that may help you.”

I expected to see one or two people—instead the line went out the door. They would then get more dramatic results from one KST adjustment than they'd had from years of regular chiropractic care. Don't tell me that that technique doesn't matter; it matters big-time.

Which technique is right for you?

Deciding which technique to use is like deciding which school is right for you.

Is there a good fit? What should you look for? First and foremost, is it philosophically vitalistic or mechanistic? In other words, does it treat the body like a dumb machine or a vital, living, intelligent organism that is constantly changing, adapting and adjusting to its environment?

Is it specific? Do you know exactly what needs to be corrected or are you just introducing forces?

Do you know if the subluxation/dysfunction was corrected? Just because you get an audible doesn't mean the subluxation is fixed.

Do you get results? If so, are they long lasting? Are subluxations really corrected or do they keep coming back? Will this

technique become a bore after a while or does it permit you to explore, learn and grow?

These are all important questions to ask.

What about the cost?

On one hand, I understand when a doctor complains about the costs of learning a new technique. Indeed, some techniques are very expensive to learn and implement because of investment in machinery and staff training. On the other hand, when it comes to money, it all boils down to one thing: cost/benefit.

Will the investment pay off?

Let's say you go to a seminar and get a load of new patients as a result. How much is one new patient worth? The figure can vary, but I've heard estimates from \$1,400 to \$5,000. How many patients do you need to make it worthwhile?

If you spend \$1,000 on a seminar and get one hundred new patients the first year as a result, then it's a helluva investment. But there's another benefit.

Not all techniques are created equal and not all techniques work equally well.

How much are you enjoying yourself?

This cannot be overlooked. If you learn a new technique and enjoy it, if you're not bored anymore, and if you're excited, you'll be happier. Your staff and patients will feel it; your practice will grow naturally.

Burnt out? Variety is the spice, well, you know.

Too many doctors are burnt out with doing the same thing all the time. Sometimes just doing something different can turn on your staff and practice.

Addicted to crack?

While I am refraining from commenting on specific techniques, I must comment on so-called "diversified" adjusting. It is among the worst techniques ever used. Actually, a lot of it is old, discarded osteopathic moves. That this racking and cracking is even taught at many chiropractic colleges is an embarrassment.

However, a lot of doctors like it because it is easy, quick and can get dramatic results as old stress patterns are suddenly shifted and released. The problem is that, after the first few adjustments, there is rarely, if ever, a dramatic improvement in the patient. In fact, you can "crack" a patient's back three times a week for life—their subluxations never seem to go away. Is that healing? Is that chiropractic? The short answer is, "No."

The cracking sound that doctors (and patients) often expect doesn't even mean the subluxation was even corrected. Sometimes doctors will use a little more force just to get the sound and that can be dangerous.

In my seminars, I ask doctors how many of them were hurt in chiropractic school from these diversified adjustments. Most of the attendees' hands go up. Further, I know of four DC's in my area who have had surgery after years of high-force techniques.

Yes, some doctors and patients are addicted to "crack." I'm sure there's even a release of endorphins associated with some stress release. But it is a crude, primitive form of care that is more akin to ancient tribal health practices than modern subluxation correction.

Finally, I don't know about you, but I'm pretty tired of all the cracking jokes of which chiropractic has been the butt. It's time we moved on to specific, scientific procedures.

Let your practice be as sophisticated as your philosophy and science

Chiropractic, with its wonderful philosophy and science based on empirical (vitalistic) principles, deserves techniques consistent with that philosophy and science.

Are you seeing miracles?

Chiropractic was founded on medical failures. We'd take people whom medicine had given up on and give them their lives back. Are you seeing miracles in your practice? If you're not, change your technique.

Koren Specific Technique, developed by Tedd Koren, D.C., is a quick and easy way to locate and correct subluxations anywhere in the body. It is a gentle, low-force technique. Patients hold their adjustments longer. It's easy on the doctor, too. With KST, practitioners can specifically analyze and adjust themselves. For seminar information, go to www.tedd-korenseminars.com or call 800-537-3001. Write to Dr. Koren at tkoren@korenpublications.com.



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